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Addressing the mental health needs of women in rural communities: A women's wellness group

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James Madison University

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Addressing the Mental Health Needs of Women in Rural Communities:

A Women's Wellness Group

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A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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Acknowledgements

Renee, Michele, and Jennifer: Thank you for seeing my potential and challenging me to reach it.

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Abstract

This paper explores the mental health needs of women in rural communities. Based on Myers and Sweeny's Wellness Model (2008), as well as other relevant research, I have developed a group curriculum as a unique intervention to reach this specific population. This paper provides an overview of relevant literature and includes both a handbook for group facilitators and a participant workbook that compliments the facilitator handbook. This group curriculum is suggested for Clinical Mental Health Counselors and other mental health professionals to promote wellness among rural women.

Introduction

Since the beginning of time, philosophers have pondered the concept of wellness. Socrates wondered “How Shall we live?” He further posed an important question that I personally consider frequently: “What does it mean to live *well*?” I think these questions are at the essence of what brings most people to counseling, as they sort through existential wonderings of purpose and meaning.

This paper explores the mental health needs of female residents of rural communities and proposes one way in which to meet this need. A broad literature review was conducted of rural mental health needs, the specific needs of women, and the benefits of group counseling.

I became interested in the mental health needs of rural women while working as a counseling intern in Page County, Virginia. As I reflected on various sessions with different female clients, I noticed a pattern. These women seemed to view themselves as victims and to feel powerless in their situations. Additionally, I repeatedly observed the lack of autonomy for women in this rural community. I wondered if perhaps this lack of autonomy came from a scarcity of information about the empowerment of women to make informed decisions for themselves. While interning there, I made countless observations about the women that work with, and I wanted to consult the mental health

literature to learn more about what researchers have already determined about this population.

Based on my findings, I decided that a wellness approach through a group format would provide necessary psychoeducation as well as a sense of community and belonging for the women participating in the group.

Much of my personal counseling philosophy is based on strengthening autonomy. When I began working with clients who struggled with this concept, I realized I needed to address more fundamental needs and understandings in order to help women feel capable of making responsible decisions for themselves. Using the Wellness Model to increase autonomy fits because it includes concepts that I believe aid autonomy as well as overall wellness. As the wellness model represents, improving any part of the self improves the overall self.

As I read the literature about rural mental health services and thought about the specific needs in Page County, I decided to create a wellness group for women (see Appendix B). I also designed a participant workbook that compliments the facilitation plan (see Appendix C). Not only does this group follow the research based Wellness Model, the group incorporates activities and concepts from other notable research to make a collaborative and engaging group for women to grow towards wellness.

Literature Review

A Google image search for “Rural America” results in countless photos of idyllic farmland, rolling hills, and town squares, representing a slow and peaceful lifestyle.

However, the reality is not always so pleasant. The rural lifestyle does not protect from the perils of mental health issues, and frequently there is an unmet need for mental health services in rural areas. In fact, living in a rural area makes it harder to receive care because of accessibility, availability, and acceptability (Heath Resources and Services Administration, 2005). The primary problem for many is that there are few or no services in rural areas. If services are available, they can be hard for residents to access, often due to a lack of transportation. Lastly, even if rural residents can access these services, there may be a negative attitude and stigma that keeps people from seeking mental health services, which may deter people from getting the help they need.

Pursuing mental health services in rural communities seems to represent a personal deficit, or an inadequacy, based on a false belief that “better” people do not need these services (Calloway, Fried, Johnsen & Morrissey, 1999; Corrigan, 2004; Gamm, Ming, & Stone, 2002). Not only does the need for help negatively influence the self-esteem of the person who might need it, it is compounded by the fact that in a small community, it is difficult to privately receive mental health services without others in the community knowing (Berkowitz & Hedlund, 1979; Corrigan, 2004). The combination of the poor reputation and lack of privacy creates a significant obstacle.

Other barriers to seeking mental health services include cost and other financial constraints. Rural communities are often of lower socioeconomic status, and my find the concept of paying for mental health services to be limiting (Beck, Jijon, & Edwards,

1996). In addition, the lack of awareness about what it means to have a mental health need that could benefit from mental health services (Mohatt & Kirwan, 1995). There is a general lack of knowledge about mental health services and understanding of who can benefit from them.

Furthermore, many women who live in rural areas have unique mental health needs that are not being met. Some specific circumstances that impact the wellbeing of rural women include motherhood, poverty, education level, age, race, single parenting, and unemployment (Gamm et al., 2002). Furthermore, Shannon, Logan, Cole, and Medley (2006) found that women who experienced intimate partner violence and lived in rural areas used fewer coping skills than women living in urban settings. Specifically, rural women did not seek emotional support, participate in positive self-talk, or use exercise and meditation as frequently as urban women did.

Similarly, researchers studying rural women with breast cancer found that in comparison to urban women, rural women scored lower on emotional self-efficacy (Palesh et al., 2006). Lower self-efficacy means that women do not feel like they have control over their lives and therefore, may not be able to make needed changes for themselves. Higher self-efficacy leads to more resilience when stressors are present.

Rural women are at higher risk for abuse, are more isolated, have more economic instability, and are often left to be the primary caregiver for children. These additional stressors are linked with an increase in mood disorders (Smalley et al., 2010). Social support can alleviate some of these concerns. Rural women who have been fortunate enough to have the support of loved ones and professionals have been found to be more able to move past isolating situations and reconnect. These resilient women are able to

engage with their selves through self-talk and achieving goals (Geisinger, Lazzari, Porter, & Tungate, 1993).

Kenkel (2003) found that rural women in particular have a unique struggle with identity. There is dissonance between the traditional role of nurturer and emotional leader and having greater independence and autonomy. The phenomenon of becoming acculturated (i.e. more independent) can lead to isolation within the community. Some community members may judge and reject women for deviating from the traditional “homemaker” role by pursuing outside work and having a more equal role in relationships. This can lead to social judgment or rejection. Therefore, women might have to weigh the benefits of independence with the risks of isolation.

Research on an effective way to meet the needs of this population of rural women is lacking. Some researchers are studying the effectiveness of “internet therapy” and other web based treatment (Griffiths & Christensen, 2007). However, many people in rural communities do not have access to internet in their homes, and places like a library would be too public for any medical or psychological treatment. The quality of mental health services offered via the internet is also controversial. By delivering mental health services via internet, a service that is based on a relationship between two individuals, the quality and effectiveness of treatment may be sacrificed.

Currently, there is significant effort being made to integrate mental health services with primary care services, particularly in rural areas (Smalley et al., 2010). Not only does that integration improve access to services, it also decreases the stigma and represents mental health concerns as an important aspect of overall health. With

integrated services, rural residents who find ways to access health care, can then access mental health services in the same venue.

The link between health care and mental health care is also relevant for this population; Hill and Fraser (1995) report that rural residents prefer a holistic approach to health that incorporates social, physical, and mental health, rather than working on one targeted “issue.” Fortunately, there are models that approach health from a holistic lens, such as the Wellness Model (Myers & Sweeney, 1999).

A Wellness Approach

Wellness can be defined as a process to achieve full potential, supported by a healthy body and a healthy mind. The University of California-Davis (2015) defines it as a process in which individuals actively make choices to change and grow. No matter the origin of the definition, there is agreement that wellness is related to working toward a healthy life, emphasizing the holistic importance of both body and mind. In this view, one’s emotional experience is just as important as one’s physical experience. Myers, Sweeney, and Witmer (2000) define wellness from a counseling perspective as an integrated way of life where all aspects of life- body, mind, and spirit- are working towards optimal health and wellbeing.

Myers and Sweeney (1999) researched the concept of wellness and originally developed the Wellness Wheel. The Wellness Wheel incorporates 17 aspects of life that contribute to overall wellbeing. The researchers refined their original model and developed the concept of the Indivisible Self. Their new model was simplified to include just five factors: the creative self, the coping self, the social self, the essential self, and the

physical self. This holistic model assumes that all part of self are connected and impact each other (Myers & Sweeny, 2008).

The Creative Self explores aspects of self, including thinking, emotions, control, work, and positive humor (Myers & Sweeny, 2008). A fully developed creative self is capable of having flexibility and creativity along with curiosity as a way of engaging one's mind; accurately recognizing and labeling one's feelings and knowing how to share a spectrum of feelings with others; an internalized belief that with intent and a plan one is often able to achieve goals; and the ability to be assertive when expressing these needs. Myers and Sweeny (2008) report that if one embodies these practices, he or she can grow psychologically and live a more authentic and fulfilling life.

Next, the Coping Self (Myers & Sweeny, 2008) refers to one's coping skills, including stress management, leisure activities, and believed self worth. Embodiment of these aspects involves the ability to recognize and participate in an activity with which one feels engaged, in fact, where a person is so engaged that he or she is not aware of time passing. This activity is often done in one's free time for pleasure. The coping self also has an understanding of how stress affects oneself, an awareness of what influences one's stress level, and how to use coping skills to decrease feelings of stress.

Additionally, a well coping self has an internalized sense of self worth- where one gives value to one's self, despite positive and negative qualities, and accepting one's self with honesty and compassion. Similarly, one must have a realistic understanding that perfection is impossible yet bravely and actively shares one's self, despite this reality. Understanding these concepts enables individuals to intentionally participate in practices that increase wellness and therefore live life more fully.

The Physical Self (Myers & Sweeny, 2008) encompasses exercise and nutrition. Moving one's body, maintaining a healthy weight, and eating a balanced diet impact how a person feels in his or her body. If people do not feel well in their physical body, this will obstruct their ability to experience overall wellness.

The Essential Self (Myers & Sweeny, 2008) focuses on identity, including cultural and gender, spirituality, and self-care practices. This includes holding a belief that people have value greater than that of their physical being. Also, people may believe in something greater than themselves as having power in their lives. Being well in one's essential self involves experiencing congruence between who one is, and one's gender identity and cultural identity. Finally, this self includes self-care practices which are essential for overall wellness. Self-care involves actively taking responsibility for one's wellness by engaging in restorative activities and keeping one's self safe.

Finally, the Social Self (Myers & Sweeny, 2008) includes aspects of friendship and love and addresses issues that impact the quality of relationships. Effective and healthy relationships involve trusting another person and sharing one's authentic self with that person. This requires the ability to be mutually respectful, rely on others for support, and practice healthy communication. Humans are social creatures and need connection with others, and without these important relationships, one cannot live a well life (Myers & Sweeny, 2004).

Based on Adler's (1927) seminal writings on Individual Psychology, The Wellness model extends the exploration of the concepts of healthy living, quality of life, and longevity. Due to the interconnectedness of the aspects of wellness, if a person improves one domain of self, the whole self will see overall improvement. Additionally,

if one aspect of self is not well, it impacts a person's overall ability to be well (Myers, Sweeny, & Whitmer, 2000). To be well, individuals can be aware of these aspects and pay specific attention to how they each affect their day to day existence. Noticing how these aspects influence individuals allows them to make changes if necessary. Specifically, skills such as self awareness and mindfulness increase one's overall emotional state (Brown & Ryan, 2003).

Similar to the wellness model, more recent work in the field of positive psychology has included the creation of a "theory of wellbeing." Martin Seligman (2012), the father of positive psychology, writes in his book *Flourish*, about this theory. He defined five elements of well-being: positive emotion, engagement, relationships, meaning, and accomplishment. These elements overlap with the factors of wellness as defined by Myers and Sweeny. Seligman points out that this focus toward well-being needs to be maintained throughout life. These concepts are not to be explored just once and seen as a cure. They are to be integrated into the ongoing human experience for continued growth and change.

Group Settings

Because humans are social beings, addressing wellness issues in a group setting can be particularly helpful. Not only do clients receive support from the mental health professional, they also receive support and feedback from other group members. According to Yalom (1995), there are 11 therapeutic factors that explain the benefit of group counseling including the installation of hope, imparting information, the development of socializing techniques, and existential factors, such as life meaning, the reality that life is unfair, and personal responsibility for one's own life.

Some of the benefits of group come from giving and receiving feedback. Group members often share directly about how they experience one another. This creates the opportunity for a client to practice self-disclosure and direct communication by sharing how she experiences others. This can also create confidence because her thoughts and feelings are acknowledged as true and valid. Group members can also grow through the experience of receiving feedback in front of others, by being vulnerable (and imperfect) and still accepted. This group process can enhance a journey of self discovery (Luft & Ingham, 1961).

Additionally, if group members fear isolation or rejection, a group can create space for a corrective emotional experience. When a group member shares a thought or feeling with a group that he or she assumes will be rejected but instead receives a more positive reaction, the positive experience can lead to a behavioral change (Frank & Ascher, 1951).

Group can also provide a structure for psychoeducation (Yalom, 1999), which can be lacking in rural settings. Consistent with the lack of access to mental health services, the access to information about wellness, psychological well being, and self care is also limited in rural communities (HRSA, 2005). Therefore, offering this type of information in a group setting seems particularly appropriate.

Procedure

To combat the deficit of appropriate mental health service for women in rural communities, I have developed a research-based wellness group designed for women in rural communities. My hope is that offering a group focused on overall wellness may minimize the stigma traditionally associated with mental health services and be an attractive option to women such as those in Page County, VA. While I designed this group specifically for the community in Page County, it can also be used in other areas with a similar rural population (see Appendix B).

Hill and Fraser (1995) report that rural residents prefer a holistic approach to health that incorporates social, physical, and mental health. Therefore, the group I have developed integrates these concerns. This intervention is being presented as a group not only to reach more individuals, but because isolation has a remarkably negative impact on individuals in rural communities. Additionally, groups provide unique therapeutic factors that individual counseling cannot offer (Yalom, 1995).

The format for the overall group includes a psychoeducational component every week, followed by time for group members to process their experiences as we explore these various wellness topics. Thus, the group members become part of a community of women committed to furthering their own wellness and supporting the journey of others. The goals of this group include educating participants about wellness principles, including physical wellness, mental wellness, and emotional wellness, and providing a therapeutic space where women can discuss their challenges and successes with one another.

When designing this group, I followed the suggestions of Furr (2000). First, I determined my purpose (to meet a mental health need of women in Page County). Next, I established my goals and objectives (increase wellness: provide community experience, and educate women about relevant issues). Next, Furr (2000) suggests selecting content, designing experiential activities, and giving an evaluation -- the operational phase. Generally, I followed this guide, and worked in additional steps necessary for this project. An overview of the content and activities are below. For more detail, see Appendix B.

An Overview of the Group Protocol

Week One is comprised of an introduction to the group, to each other, to the concept of wellness, and to the confidentiality challenges the group might face. The group will explore and define the concept of wellness and individuals will set goals for themselves for the duration of the group.

To begin, the group will hold a conversation about confidentiality and stigma. As presented earlier, the stigma associated with seeking mental health services can be stifling. This stigma is self-perpetuating because people who could benefit from mental health services might experience decreased self-esteem as they recognize their own need for services. To address this concern, the group will directly and intentionally talk about the assumptions of what it means for a woman to participate in this wellness group (Corrigan, 2004).

Not only can the stigma associated with seeking therapy lead to feeling a lack of self-reliance, there is also less anonymity in seeking services in rural areas. The group will also discuss, together, the concept of confidentiality. The facilitator will help clarify any confusion about the concept and make sure everyone understands the limits of

confidentiality. It will also be helpful for the group to see that the other group members have the same information about confidentiality and are in agreement.

The group will continue, as Myers, Sweeny and Witmer (2000) suggest, by introducing the wellness model and reviewing the factors of wellness. This model stresses a lifespan perspective, taking into consideration how various factors have affected clients' overall wellness so far. Next, as part of the introduction, clients will define wellness for themselves. This is a time to reiterate that wellness is a process, not a destination. After clients define wellness individually, they will share their thoughts and feelings with the group.

As the group progresses, clients will develop their own plan for wellness including goals and objectives, methods to work towards their goals, and resources available to help them reach their goals. Goal setting is important because it increases motivation and overall outcome (Geissinger, Lazzari, Porter, & Tungate, 1993; Locke & Lantham, 2002; Ryan, 1970), specifically for low income rural women (Gill, Minton, & Myers, 2010). The group will close with a cognitive reflection about the day's experience. Concluding with a cognitive thought ensures that group members leave a perhaps emotionally challenging place and return to a more cognitive and stable head space, as they leave group for the week.

Week Two focuses on The Wellness Model's *Creative Self* (Myers & Sweeny, 2004) and Mindfulness. The Creative Self consists of the following factors: *thinking, emotions, control, work, and positive humor*. Also, in week two the facilitator will introduce the concept of mindfulness. Particular attention will be given to *thinking, emotions, and control* because it is important for participants to be able to reflect on their thinking,

emotions, and control for overall wellbeing. Mindfulness is a helpful practice of intense awareness and focused attention that can aid participants in learning more about aspects of the creative self. Mindfulness can be used effectively to identify thoughts and feelings and gain a better and deeper understanding of self.

Researchers found that mindfulness improves mental health by increasing subjective well-being. It also enables practitioners to more effectively regulate behavior, and lessen emotional reactivity and negative psychological symptoms (Brown & Ryan, 2003; Keng, Smoski, & Robins, 2011).

The structure of the group will include a check-in before the group begins with education about these concepts, led by the facilitator. The concepts will then be explored by the group, discussing what group members think and feel, increasing their feeling words vocabulary, and talking (and understanding more) about how these concepts specifically fit into their everyday lives. The group will close with a cognitive reflection about the day's experience.

Week three covers the wellness model's *Coping Self*, which includes *leisure, stress management, self worth, and realistic beliefs*. This week will also introduce the concept of flow, a state of full immersion and focus (Csikszentmihalyi, 1991). All of these factors are important for women in rural communities to increase self-efficacy and self-acceptance. For women in rural areas of lower economic status in particular, participating in activities that provide fulfillment leads to greater wellness (Gill, Minton, & Myers, 2010).

After the normal check-in, the group will progress with education about these concepts. These aspects of self will be explored by watching a TED talk about "The

Power of Vulnerability” (Brown, 2010) and an activity exploring believed conditions of worth. These reflections may provide a space to challenge outdated or untrue believed conditions of worth that group members hold about themselves. It will also enable group members to develop influence over a personal definition of self worth. The group will close with a cognitive reflection about the day’s experience.

Week four focuses on physical health, or the wellness model’s *Physical Self*. The *physical self* factors include *exercise* and *nutrition*. This session will also include discussion about sleep habits and hygiene. The National Alliance on Mental Illness emphasizes the importance of physical health on mental and emotional health, reiterating their connection. In addition to exercise and nutrition, the group will also cover the importance of sleep on overall wellness. Dement and Vaughan (1999) argue that sleep quality can have a greater effect on overall longevity even more than diet, exercise, and genetics.

Week four will consist of a weekly check-in and continue with education about these concepts of exercise, nutrition and sleep. The facilitator will emphasize the connection between mental health and physical health, and group members will reflect on their own experiences relevant to these concepts. The group will close with a cognitive reflection about the day’s experience.

Week five introduces the concept of the *essential self*, which includes the concept of identity, and will follow up with a previous week’s focus on the *coping self*. The essential self is comprised of *spirituality, gender identity, cultural identity, and self care*.

For women in rural communities, it is especially important to review the concept of identity within the context of culture and gender. Gender roles in rural areas can be

different from gender roles in more urban areas. For example, rural women may struggle to meet their own needs because culturally, women are expected to prioritize the needs of others. Mothers, especially, experience a cultural expectation to sacrifice their own wellbeing for that of their children (Kenkel, 2003). Because self care is such an important component of wellness, the group will spend time discussing how it feels to intentionally engage in self-care activities.

After the typical check-in, the group will continue with education about these aspects of the essential self. Group members will participate in a values card sort to identify and prioritize their personal values. The group will discuss how these values impact the above mentioned aspects of the essential self. The facilitator will ask group members to ponder the question *Who am I now?* and *Who do I want to be?*, promoting a sense of personal control and empowerment. Additionally, the group will have a discussion about continued reactions to self care. Does self care seem selfish? Does a lack of self care get in the way of being the person you want to be? At the conclusion of the self care discussion, the group will come up with a list of (non selfish and important) self-care practices. The group will close with a cognitive reflection about the day's experience.

Week six and Week seven focus on the *Social Self*. Women in rural communities may particularly benefit from examining *friendship* and *love* factors because of the isolation of living in a rural area. Week six will include discussion about the concepts of community and connectedness. Additionally, this group session will introduce basic communication techniques.

This group will provide the space and environment in which participants are able to reach out to others for support. Shannon et al. (2006) explained that urban women were more likely than rural women who experienced intimate partner violence to seek help by reaching out to others. The nature of a group intervention provides opportunity for women to work with each other to become more well and engage in relationship. Gill, Minton, and Myers (2010) suggest identifying relationships that produce positive feelings of kinship and reflecting on a personal experience of feeling part of a community. Through this reflection, group members will learn to identify aspects of meaningful relationships and therefore be able to seek out more relationships similar to ones from which they have already benefitted.

After the typical check-in, the group will continue with education about the social self. The facilitator will lead the group through an exploration of these concepts and reflections on personal experiences as part of a community. There will also be an exercise that teaches straightforward communication techniques and the opportunity for participants to practice. The group will close with a cognitive reflection about the day's experience.

Week seven continues exploring the *Social Self* and educates the group about boundary setting. Setting boundaries is a skill that many people are not taught and is not always intuitive, yet is extremely important for healthy relationships. Many people repeat what has been modeled for them in terms of interpersonal dynamics; sometimes what they have learned is healthy and sometimes it is not (Whitfield, 1993).

After check-in, the group will begin with the facilitator asking the group what they know about boundaries. Based on the group's response, the facilitator will explain

the concept of boundaries and why they are important in both friendships and more intimate relationships. The facilitator will lead group members through a boundary-setting activity. Members will then have an opportunity to practice combining communication techniques and boundary setting and discuss reactions to these ideas and practices.

The facilitator will also prepare the group for the closing group the following week and ask participants to think about metaphoric “gifts” to give the other participants. The group will close with a cognitive reflection about the day’s experience.

The final group, **Week eight**, is the closing group, focusing on understanding and implementing all the information that was learned, as well as reflecting on personal aspects of growth. Group members will have the opportunity to give each other feedback and metaphoric “gifts.”

Group members will also have the opportunity to share a plan for continued growth and wellness with the group. Additionally, the group facilitator will introduce the concept of gratitude and suggest practices for increasing gratitude, such as a gratitude journal (Seligman et al., 2005). This will lead to a concluding conversation about what it means to live well.

Finally, the group facilitator will lead a discussion about establishing guidelines for contacting each other now that the group is over. Because this group will take place in a rural community, there are often multiple connections between people. The group will decide as a whole how they want to handle those complicated circumstances. The group will close, as always, with a cognitive reflection.

Conclusion and Recommendations

I had originally intended to offer this group to women in Page County, Virginia (See Appendix A). I advertised the group through local medical offices, publicly placed flyers, and word of mouth. Due to low numbers, I was not able to run the group. At the first scheduled session, one woman showed up. As we waited for others, she told me that she “almost didn’t come.” When I asked her why, she said she was feeling guilty about leaving her four kids at home (with her husband). It seemed to her that it was her primary responsibility to be a mother, and her kids would not benefit from her participation in this group. In fact, she believed they might even be harmed or neglected by her absence. However, I believe that by attending this group and increasing wellness, women will actually have a larger positive impact on those around them. I see personal wellness as having a ripple effect. The more well one is, the more wellness he or she can spread through the world. It was interesting to me to realize that another big obstacle to receiving services that I failed to consider is that participants may view it as “selfish.”

I would suggest further research be conducted on the most appropriate way to reach this population. Specifically, it would be helpful to understand how women view the concept of wellness and receiving support in general. Perhaps a different approach is needed altogether. Perhaps a group for women promoting parenting or some other caretaking role is a more culturally acceptable avenue for receiving support. However, that approach might also reinforce ideas about a woman’s value coming from their performance in these caretaking roles, which is not the goal of this group.

Another potential consideration regarding the failure of the group is the time it was offered. The group was offered from 5:30-7:00 pm on Thursday nights, which may

have been inconvenient for many women, especially for those who may be tired after work or who would have to find child care. Therefore, exploring potential participants' availability and child-care needs prior to scheduling the group may improve participation.

Implications for Counselors

Clinical Mental Health Counselors can use this project and the group curriculum (see Appendix B) and participant workbook (see Appendix C) to reach women in rural communities. The themes of wellness are relevant across demographic categories, and the group protocol can be adapted as needed. While this paper is focused on women in rural communities, it can be used for cohorts of women in a variety of settings.

Although I was unable to collect data about the effectiveness of this protocol at this time, I do plan to implement curriculum and further develop this plan based on research results and participant feedback.

Just as I conclude writing this paper, the New York Times (Biel, 2015) published an article about increased suicide rates among people living in rural areas. The article echoed much of what I have written in this paper about the obstacles and complexities of receiving mental health services in small towns, including stigma, isolation, and simply the limited amount of services. This is a relevant issue in the United States. A wellness-based approach may be able to tap into rural residents' resiliency and can help provide the education and community support that is needed in order for this population to flourish.

Appendix A

James Madison University
Human Research Review Request

FOR IRB USE ONLY:				
Exempt:	<input type="checkbox"/>	Protocol Number:	1 st Review:	Reviewer:
Expedited:	<input checked="" type="checkbox"/>	IRB: <u>16-0019</u>	2 nd Review:	Reviewer:
Full Board:	<input type="checkbox"/>	Received:	3 rd Review:	

Project Title:	<u>Women's Wellness</u>
Project Dates: (Not to exceed 1 year minus 1 day)	From: <u>09/01/15</u> To: <u>11/30/15</u> MM/DD/YY MM/DD/YY

Minimum # of Participants:	<u>6</u>
Maximum # of Participants:	<u>10</u>

External Funding:	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Internal Funding:	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	If yes, Sponsor:		
	Will monetary incentives be offered with funding? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>		
	If yes: How much per recipient? <input type="text"/> In what form?		
Must follow JMU Financial Policy:	http://www.jmu.edu/financemanual/procedures/4205.shtml#.391Incentives		

Responsible Researcher(s):	<u>Andriana Hench</u>
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Department:	Graduate Psychology
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Please Select:	<input type="checkbox"/> Faculty <input type="checkbox"/> Undergraduate Student

	<input type="checkbox"/> Administrator/Staff Member	<input checked="" type="checkbox"/> Graduate Student
(if Applicable):		
Research Advisor:	<u>Renee Staton</u>	
E-mail Address:	statonar@jmu.edu	
Telephone:	540-568-7867	
Department:	<u>Graduate Psychology</u>	
Address (MSC):	MSC 7401	

Investigator: Please respond to the questions below. The IRB will utilize your responses to evaluate your protocol submission.

1. YES NO Does the James Madison University Institutional Review Board define the project as **research**?

The James Madison University IRB defines "research" as a "systematic investigation designed to develop or contribute to generalizable knowledge." All research involving human participants conducted by James Madison University faculty and staff and students is subject to IRB review.

2. YES NO Are the human participants in your study **living** individuals?

"Individuals whose physiologic or behavioral characteristics and responses are the object of study in a research project. Under the federal regulations, human subjects are defined as: living individual(s) about whom an investigator conducting research obtains:

(1) data through intervention or interaction with the individual; or (2) identifiable private information."

3. YES NO Will you obtain data through **intervention** or **interaction** with these individuals?

"Intervention" includes both physical procedures by which data are gathered (e.g., measurement of heart rate or venipuncture) and manipulations of the participant or the participant's environment that are performed for research purposes. "Interaction" includes communication or interpersonal contact between the investigator and participant (e.g., surveying or interviewing).

4. YES NO Will you obtain **identifiable private information** about these individuals?

"Private information" includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, or information provided for specific purposes which the individual can reasonably expect will not be made public (e.g., a medical record or student record). "Identifiable" means that the identity of the participant may be ascertained by the investigator or associated with the information (e.g., by name, code number, pattern of answers, etc.).

-
5. YES NO Does the study present **more than minimal risk** to the participants?

Faculty Advisor Signature

Date

Submit an electronic version (in a Word document) of your **ENTIRE** protocol to
researchintegrity@jmu.edu.

Provide a **SIGNED** hard copy of the Research Review Request Form to:

Office of Research Integrity, MSC 5738, 601 University Boulevard, Blue Ridge Hall, Third Floor, Room # 342

Purpose and Objectives

The purpose of this study is to provide a much needed mental health service and study its effectiveness. Based on the need for more counseling services, I have designed an 8-week wellness group for women in rural communities to be offered at JMU's Counseling and Psychological Services clinic, The Health Place, in Page County, VA (<http://www.iihhs.jmu.edu/caps/pagecounty.html>). This group will be comprised of 6-10 participants, co-led by myself, a graduate Clinical Mental Health Counseling student, and Holly Brear, a Licensed Professional Counselor.

In rural communities, the negative stigma associated with needing or seeking mental health services deters people from getting the help they need (Calloway, Fried, Johnsen & Morrissey, 1999; Corrigan, 2004; Gamm, Tai-Seale, Stone, 2002). Pursuing services seems to represent a personal deficit, an inadequacy, that "better" people do not need. Mental health services are limited in rural areas because of accessibility, availability, and acceptability (Health Resources and Service Administration (HRSA), 2005). "Availability refers to the presence or absence of services and service providers. Accessibility refers to whether or not people can reach the services they need. Acceptability indicates a person's attitude to mental health issues, willingness to seek services and enter treatment." (HRSA, 2005)

To combat this deficit, I plan to implement a wellness group designed for women in rural communities. My hope is that offering a group focused on overall wellness will minimize the stigma traditionally associated with mental health services, and be an attractive option to the women of Page County. Hill and Fraser (1995) report that rural residents prefer a holistic approach to health that incorporates social, physical, and mental health. Therefore, the group I am implementing will integrate these concerns.

This intervention is being presented as a group not only to reach more individuals, but also because of the therapeutic factors groups can offer. According to Yalom (1995), group counseling provides the benefit of 11 therapeutic factors. These factors are: the installation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors.

Therefore, I am combining the research indicating the need for more services with the known effectiveness of group counseling and a wellness approach to create a service for this specific population. To investigate these more deeply, the group will begin, as Myers, Sweeny and Witmer (2000) suggest, by introducing the wellness model and reviewing all of the factors of wellness. This model stresses a lifespan perspective, taking into consideration how various factors have affected clients' overall wellness so far. Next, as part of the introduction, clients will define wellness for themselves. This is also a time to reiterate that wellness is a process, not a destination. After clients define wellness individually, they will share their thoughts and feelings with the group. The format will include a psychoeducational part of every group, followed by time for group members to process their experiences as we explore these various wellness topics.

As the group progresses, clients will develop their own plan for wellness including goals and objectives, methods to work towards their goals, and resources available to help them reach their goals. Group members will support each other on their journeys, and will also be supported by a Licensed Professional Counselor and a Graduate Student in the Clinical Mental Health Counseling program.

Procedures/Research Design/Methodology/Timeframe

Describe your participants. From where and how will potential participants be identified (e.g. class list, JMU bulk email request, etc.)?

This research will be conducted in Stanley, VA at JMU's Counseling and Psychological Services' satellite location, The Health Place. The clinic in Page County is a partnership between JMU Graduate Psychology, IIHHS, and Page Memorial Hospital to provide education and training for students in the department of Graduate psychology. The clinic is responsive to identified community need and seeks to engage students through service learning in the area of clinical mental health and behavioral health counseling and assessment.

The participants in this study will be women over the age of 18 who live or work in Page County, VA and who have sought mental health services from the Health Place. They will be invited to participate by referral from a medical professionals associated with The Health Place or by referral from mental health professionals and student clinicians. Some participants may self refer. All will be screened (see below) prior to placement in the group.

Should participants in the group choose not to be part of the study, they may still participate in the group. To keep who is participating in the study confidential, the researcher will still have all of the participants complete the questionnaires, but the data will not be recorded. The researcher will know which responses are not to be recorded by participants checking a box at the bottom of each paper if they have chosen to not participate in the study.

How will subjects be recruited once they are identified (e.g., mail, phone, classroom presentation)? Include copies of recruitment letters, flyers, or advertisements.

Participants will be invited to participate in a screening process that will determine if they are able to productively participate in this group. This process will be an informal interview where

the primary researcher will have a conversation about the group process, how the individual sees herself working in a group, her personal goals regarding wellness, and an in-depth conversation about the restrictions of confidentiality.

Researchers/professionals agree that individuals struggling with: extreme anger, extreme hostility, high aggression, brain damage, paranoia, addiction, antisocial or psychotic features, an impaired sense of reality, extreme self-centeredness, extreme reactions to stress, or who are in crisis or are suicidal are not the best candidates for group counseling. Because of this, individuals manifesting any of those qualities will not be invited to participate in this group and will be offered individual-based mental health services instead.

Describe the design and methodology, including all statistics, IN DETAIL. What exactly will be done to the subjects?

The design for this study will entail the completion of a Women's Wellness Group Questionnaire (Appendix E) prior to the first group meeting. At the conclusion of each weekly session, participants will be asked to complete a brief evaluation (see Appendix C: Weekly Questions). At the conclusion of the 8 weeks, participants will be asked to again complete the Women's Wellness Group Questionnaire (Appendix E) as well as Summary Questions (Appendix D).

All forms will be anonymous. Any printed data will be kept in a locked file cabinet in a private office belonging to clinic director, Dr. Tim Schulte, at The Health Place.

The initial survey, the weekly questionnaires, and the final survey will each be printed on 8-10 different colored pieces of paper. The researcher will assign each participant in the study a color that they will be asked to remember throughout the 8 weeks. Each week, they will find the questionnaire with their own, unique color, and answer the questions. For example, participant 1 will get a pink piece of paper, participant 2 will get a yellow piece of paper, etc. The following week, participant 1 will, again, get the pink piece of paper, participant 2 will get yellow, and so on. This way, the researcher can track each individual's progress without any identifying information being collected.

Week 1 will be comprised of an introduction to the group, to each other, to the concept of wellness, and the confidentiality challenges we might face.

Week 2 will be focused on Myers and Sweeny's (2000) The Wellness Model's *Creative Self* and Mindfulness. The Creative Self consists of the following factors: thinking, emotions, control, work, and positive humor. Particular attention will be given to *thinking, emotions, and control*.

Week 3 will cover the wellness model's *Coping Self*, which includes *leisure, stress management, self worth, and realistic beliefs*. These factors are important for women in rural communities to increase self-efficacy and self-acceptance. This week will also include the opportunity to explore triggers for shame.

Week 4 will focus on physical health, or the wellness model's physical self. The *physical self* factors include *exercise and nutrition*. The National Alliance on Mental Illness emphasizes the importance of physical health on mental and emotional health. In addition to exercise and nutrition, we will also discuss the importance of sleep on overall wellness.

Week 5 will introduce the concept of the *essential self*, which includes the concept of identity, and will follow up with a previous week's focus on the *coping self*. The essential self is comprised of *spirituality, gender identity, cultural identity, and self care*. For women in rural communities, it is especially important to review the concept of identity within the context of culture and gender.

Week 6 and Week 7 are going to focus on the *Social Self*. Women in rural communities may particularly benefit from examining *friendship and love* factors because of the isolation that can come from living in a rural area. Shannon, Logan, Cole, and Medley (2006) explained that urban women were more likely than rural women who experienced intimate partner violence to seek help by reaching out to others. By the nature of this intervention being a group, it will always be addressing the social self because women will be working with each other to become more well.

The final group, **Week 8**, will be a closing group, focusing on understanding and implementing all the information that was taught, as well as reflecting on personal aspects of growth. Group members will have the opportunity to give each other feedback and metaphoric "gifts."

Data from the two Women's Wellness Group Questionnaires will be coded by color and entered in SPSS for comparison. Changes in ratings over time will be assessed descriptively. Data from the weekly and summary questions are narrative and will be transcribed by the researcher.

Emphasize possible risks and protection of subjects.

As is the nature of mental health counseling, participants in this study may experience emotional distress. They will be lead through this change process by a licensed professional counselor and a clinical mental health counseling graduate student, and given appropriate additional support as needed.

What are the potential benefits to participation and the research as a whole?

Participants in this study will receive group counseling focused on increasing wellness. These group members will be part of a community of women committed to furthering their own wellness and supporting the journey of others. The goals of this group include educating participants about wellness principles including physical wellness, mental wellness, and emotional wellness, and providing a therapeutic space where women can discuss their challenges and successes with one another.

Will data be collected from any of the following populations?

_____ Minors (under 18 years of age); Specify Age: _____

_____ Prisoners

_____ Pregnant Women, fetuses, or neonates

_____ Cognitively impaired persons

_____ Other protected or potentially vulnerable population

 x Not Applicable

Where will research be conducted? (Be specific; if research is being conducted off of JMU's campus a site letter of permission will be needed)

This research will be conducted in Stanley, VA at JMU's Counseling and Psychological Services' satellite location, The Health Place. The clinic in Page County is a partnership between JMU Graduate Psychology, IIHHS, and Page Memorial Hospital to provide education and training for students in the department of Graduate psychology. The clinic is responsive to identified community need and seeks to engage students through service learning in the area of clinical mental health and behavioral health counseling and assessment. A site letter of permission is included in Appendix F.

What is the time frame of the study? (List the dates you plan on collecting data. This cannot be more than a year, and you cannot start conducting research until you get IRB approval)

Pending IRB approval, this study will begin in September 2015 and continue for 8 weeks.

Data Analysis

For more information on data security, please see:

<http://www.jmu.edu/researchintegrity/irb/irbdatasecurity.shtml>.

How will data be analyzed?

Quantitative data from the Women's Wellness Group Questionnaire will be analyzed using SPSS to identify changes in perception over time. Narrative data will be analyzed via content analysis. The small sample size will enable the researcher to rely on descriptive statistics and person coding schemes in analyzing qualitative data.

How will you capture or create data? Physical (ex: paper or tape recording)? Electronic (ex: computer, mobile device, digital recording)?

Questionnaires will be given on paper before the study begins, at the end of each group meeting, and at the conclusion of the study.

Do you anticipate transferring your data from a physical/analog format to a digital format? If so, how? (e.g. paper that is scanned, data inputted into the computer from paper, digital photos of physical/analog data, digitizing audio or video recording?)

As soon as the responses are recorded electronically, the papers will be shredded.

How and where will data be secured/stored? (e.g. a single computer or laptop; across multiple computers; or computing devices of JMU faculty, staff or students; across multiple computers both at JMU and outside of JMU?)

Any printed data will be kept in a locked file cabinet in a private office belonging to clinic director, Dr. Tim Schulte, at The Health Place. The data will be transcribed onto the researcher's password protected personal computer. After data are transcribed and entered into word or SPSS, the papers will be shredded. All electronic files will be password-protected.

Who will have access to data? (e.g. just me; me and other JMU researchers (faculty, staff, or students); or me and other non-JMU researchers?)

If others will have access to data, how will data be securely shared?

Primary researcher, Andriana Hench, and her advisor, Dr. A. Renee Staton, will have access to the data collected in this study. Any printed data will be kept in a locked file cabinet in a private office belonging to clinic director, Dr. Tim Schulte, at The Health Place.

Will you keep data after the project ends? (i.e. yes, all data; yes, but only de-identified data; or no)

Individual responses will be anonymously obtained and the data is kept in the strictest confidence. No identifiable responses will be presented in the final form of this study. Only the researcher and her faculty advisor, Dr. A. Renee Staton, will have access to this information. Any printed data will be kept in a locked file cabinet in a private office belonging to clinic director, Dr. Tim Schulte, at The Health Place. The digital information will be kept on a password protected computer. At the end of the study, any remaining paperwork and information will be shredded. The results of this study will later be used in the researcher's Ed. S. project report, and possibly in other academic presentations and publications, but the researcher will not identify any participants. Once the researcher's project is complete, all electronic data will be eliminated.

The participant's informed consent forms to participate in the group (Appendix B) will be kept in a locked file cabinet in a private office belonging to clinic director, Dr. Tim Schulte, at The Health Place.

Reporting Procedures

Who is the audience to be reached in the report of the study?

The main audience for this study is the researcher's Ed. S project committee and will consist of at least three graduate psychology faculty. The researcher also hopes to present her results in a scholarly article to be submitted for publication in a peer-reviewed journal.

How will you present the results of the research? (If submitting as exempt, research cannot be published or publicly presented outside of the classroom)

The results from this study will be written within my Ed. S. project and seen by my Ed. S. Committee. The researcher may also submit the results for publication or use the results in a conference presentation, such as the annual Virginia Counselors Association conference.

How will feedback be provided to subjects?

If any participants would like further information, they can contact the researchers from the contact information provided on the consent form (Appendix A).

Experience of the Researcher (and advisor, if student):

What is the prior relevant experience of the researcher, advisor, and/or consultants?

Andriana Hench is trained in group counseling and, by September 2015 (when the group begins), will have completed all of her coursework for her MA/Ed. S. in Clinical Mental Health Counseling. She has been working as a student clinician at Counseling and Psychological Services at JMU since September 2014, and will continue to do so until December 2015 when she will graduate from the program.

Dr. A. Renee Staton is a Professor in the Department of Graduate Psychology and has supervised student research projects at JMU since 1999. She has published in national journals such as *Counselor Education and Supervision*, *The Professional School Counselor*, and *The Journal of Mental Health Counseling* and is committed to assisting students in contributing to the field through research and publication.

IRB Appendix A:**Consent to Participate in Research****Identification of Investigators & Purpose of Study**

You are being asked to participate in a research study conducted by Andriana Hench from James Madison University. The purpose of this study is to study the effectiveness of this wellness group for women in rural communities. This study will contribute to the researcher's completion of her Education Specialist Project.

Research Procedures

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of a survey before the group begins, another survey at the conclusion of the group, and a short questionnaire each week after group. You will be asked to provide answers to a series of questions related to your experiences as a woman living in a rural area so far, your experience of each of the eight groups, and your experience at the end of the group. Should you choose to not participate in the study, you may still participate in the group.

Time Required

Participation in this study will require taking a survey that will take about 15 minutes before the first group begins. The group will be 90 minutes once/week for 8 weeks. At the conclusion of the group, you will be asked to take another 15-minute survey and an additional 5-minute survey and there will be another 15 minutes survey at the conclusion of the group. This will total less than 13 hours.

Risks

As is the nature of mental health counseling, the investigator perceives that as a participant in this study you may experience emotional distress. You will be lead through this change process by a licensed professional counselor and a clinical mental health counseling graduate student, and will be provided with appropriate additional support as needed.

Benefits

Potential benefits from participation in this study include receiving group counseling focused on increasing wellness. As a group member, you will be part of a community of women committed to furthering your own wellness and supporting the journey of others. The goals of this group include educating participants about wellness principles including physical wellness, mental wellness, and emotional wellness, and providing a therapeutic space where women can discuss their challenges and successes with one another.

Confidentiality

The results of this research may be presented at academic conferences and/or submitted to academic journals for publication. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information will be destroyed.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. You may choose to participate in the group without participating in the study.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Andriana Hench

Graduate Psychology

James Madison University

henchaj@dukes.jmu.edu

A. Renee Staton

Graduate Psychology

James Madison University

(540)-568-7867

statonar@jmu.edu

Questions about Your Rights as a Research Subject

Dr. David Cockley

Chair, Institutional Review Board

James Madison University

(540) 568-2834

cocklede@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

Name of Participant (Signed)

Date

Name of Researcher (Signed)

Date

IRB Appendix B:

INFORMED CONSENT – GROUP

James Madison University

Counseling & Psychological Services / Interprofessional Services for Learning
Assessment

Ph: 540-568-1735 Fx: 540-568-8866

The Health Place

Ph : 540-778-4061

Client Name: _____

Date of Birth: _____

About our services: The James Madison University Counseling and Psychological Services (CAPS) is operated through the Institute for Innovation in Health and Human Services and the department of Graduate Psychology at James Madison University. CAPS provides a wide range of psychological services including individual, couples, family therapy, and psychological testing. We work with people of all ages and counselors and psychologists in training provide our services. Licensed counselors and clinical psychologists carefully supervise all student clinicians.

PART B

I understand that the Counseling and Psychological Services and Interprofessional Services for Learning Assessment are a part of a teaching facility. Consequently, all counseling and assessment sessions are videotaped and /or observed. Live or videotaped observation is restricted to JMU faculty, the JMU Graduate Psychology Department, and JMU graduate students. These recordings are used by the teaching staff to ensure that you receive the services that were requested and to provide supervision of your clinician. Non-identifying information may be used for administrative purposes, research and evaluation of the student clinician.

The contents of your group sessions will be held in strictest confidence and will not be revealed to any person or agency except under the following circumstances:

1. If, you give written permission to release the information.
2. If you reveal information which, in your clinician's judgment, indicates that you intend to harm self or someone else.

3. Virginia Law mandates that if, in your clinician's judgment, it is determined that you or your child is at substantial risk to harm themselves or others unless protective measures are taken, that parents of the dependent child (student) can be notified.
4. If you reveal information that indicates the existence of past or present abuse of a child, elderly or disabled adult, as required by Virginia Law.
5. If an appropriate court order or subpoena is received.
6. If you are involved in a medical emergency, information may be given to medical personnel.

PART C

Emergency Procedures: In the case of a mental health emergency you may contact this clinic at **540-568-1735** during regular clinic hours (8:00 am to 5:00 pm). If you or your child receive services through this clinic and experience a mental health emergency after hours, you may be seen at the Emergency Room of a local hospital. Your clinician will provide with information about how to contact the clinic if your experience a mental health emergency after hours.

PART D

- The fee for participating in this group is \$20 per person. There will be no reimbursements given if you decide to leave the group.
- The \$20 fee is due on the first group meeting you attend.
- CAPS reserves the right to take legal measures to collect delinquent accounts, including the use of collection agencies. If legal action becomes necessary to collect payment, you may be responsible for all attorney and court fees involved in collection.
- CAPS does not bill insurance for services provided. If you submit fees for services to your insurance company, please understand that CAPS may be asked to provide them with information about diagnosis, treatment goals and outcomes.

PART E

CAPS collects non-identifying information about the services clients receive through these clinics. This may include information about your age, gender, length of service, reason you came for services, and /or the locality of your residence. Additionally CAPS may also contact you to gain information about your level of satisfaction with the services provided by CAPS. This information helps us to review our effectiveness and identify ways we might improve our services. All information obtained from any of these processes is non-identifying and will not be tracked according to your name. You have the right to not participate in Client Satisfaction Surveys and your nonparticipation will

not impact the services you receive. If you have any concerns or questions you may contact the Director of CAPS at 540-568-1735.

Records are retained for 10 years after the date of service.

PART F

As a group member, I have rights and benefits as well as duties, and I understand that some of them are described in this agreement.

- This group will meet **once/week for 8 weeks**. I understand that the group relies on my prompt attendance and the group will commence without waiting for late attenders.
- The purpose of this group will be to provide me with an opportunity to connect with others who share similar challenges and to provide me with some psychoeducation with regard to these challenges.
- I agree to work in this group. This means openly talking about my thoughts and feelings, honestly reporting my behaviors, and exchanging helpful feedback with other members of this group.
- I will do my best to attend all meetings of this group even if I do not always feel like it. If I cannot attend, I will tell the group a week in advance. Or if it is an emergency, I will call the group leader at **540-568-8945 (ext. 1)** as soon as I know I cannot attend. If I decide not to go on with the group, I will discuss my reasons with the group and I will give 2 weeks notice to the group so everyone will have an opportunity for closure.
- I understand that this group experience is not a replacement for individual therapy. If issues arise that are not suitable for the group's process, I may benefit from individual therapy sessions.

CONFIDENTIALITY

With full understanding of the need for confidentiality, that is, privacy, for all group members, I accept these rules:

1. We will use first names. Other information (such as phone numbers) can only be exchanged on a person-by-person basis. Do not give personal information about others in the group to anyone.
2. We will permit no children or other visitors in our sessions.
3. No recordings will be permitted.
4. I promise not to tell anyone outside the group about any of the problems presented by any group member as this might be identifiable.
5. I understand if I break any of these rules, I will be asked to leave the group and may also face a possible lawsuit from others who feel their confidentiality has been breached.
6. I understand that minimal paperwork will be obtained and retained for each group participant.

Therapy and psychological testing can be a complex process. Our goal is to always provide high quality services to you. If you have concerns about any of our processes or policies, please talk with your clinician.

If you have any questions, please feel free to ask your clinician with whom you work. We ask you to sign this form for our records, and you may also request a copy for yourself. We look forward to working with you.

I have read and understand the above and consent to services for myself and/or my child or family at the Counseling and Psychological Services Clinic and /or Center for Learning Strategies.

Name: _____

Date: _____

Clinician leader: _____

Date: _____

Clinician co-leader: _____

Date: _____

IRB Appendix C:

Today's Date: _____

Weekly Questions

1. What part of the group experience today worked **best** for you and why?

2. What part of the group experience today did **not work** for you and why?

3. What are you **hoping** to talk about and/or experience next week in group?

4. Any additional comments?

If you have chosen not to participate in this study, please check here so the researcher knows not to record this data.

If you have chosen not to participate in this study, please check here so the researcher knows not to record this data.

Please remember that you can always contact The Health Place if you would like to see additional services.

IRB Appendix E:

Today's Date: _____

Women's Wellness Group Questionnaire

Read each question below and rate your level of confidence for that question from 1 to 5, with 1 = not all confident to 5 = very confident. (Circle the number that matches your level of confidence)

1	2	3	4	5
<i>Not at all</i>		<i>Somewhat</i>		<i>Very</i>
<i>Confident</i>		<i>Confident</i>		<i>Confident</i>

1. How confident are you in your ability to recognize your emotions and their effects?

1 2 3 4 5

2. How confident are you in your ability to set obtainable goals?

1 2 3 4 5

3. How confident are you in your ability to persist in pursuing goals despite obstacles and setbacks?

1 2 3 4 5

4. How confident are you in your ability to identify your values?

1 2 3 4 5

5. How confident are you in your ability to act in accordance with those values?

1 2 3 4 5

6. How confident are you in your ability to reach out to others for support?

1 2 3 4 5

7. How confident are you in your ability to honestly share your thoughts and feelings?

1 2 3 4 5

8. How confident are you in your ability to establish mutually satisfying relationships?

1 2 3 4 5

9. How confident are you in your ability to relate well with others?

1 2 3 4 5

10. How confident are you in your ability to be aware of and understand how others feel?

1 2 3 4 5

11. How confident are you in your ability to care for yourself physically?

1 2 3 4 5

12. How confident are you in your ability to identify activities that you enjoy?

1 2 3 4 5

13. How confident are you in your ability to manage your stress?

1 2 3 4 5

14. How confident are you in your ability to accept yourself as you are?

1 2 3 4 5

15. How confident are you in your ability to be imperfect?

1 2 3 4 5

16. How confident are you in your identity as a woman?

1 2 3 4 5

17. How confident are you in your identity as a woman in Page County?

1 2 3 4 5

18. How confident are you in your ability to take responsibility for your own wellness?

1 2 3 4 5

If you have chosen not to participate in this study, please check here so the researcher knows not to record this data.

IRB Appendix F:
Site Coordinator Letter of Permission

June 1, 2015

Institutional Review Board
James Madison University
MSC 5738
601 University Boulevard
Harrisonburg, VA 22807

Dear Institutional Review Board,

I hereby agree to allow Andriana Hench, from James Madison University to conduct her research at The Health Place in Stanley, VA. I understand that the purpose of the study is to measure the effectiveness of a wellness group for women in rural communities.

By signing this letter of permission, I am agreeing to the following:

- JMU researcher(s) have permission to be on premise.

- JMU researcher(s) have access to the data collected to perform the data analysis both for presentation at professional conferences and for publication purposes.

Sincerely,

Tim Schulte, Director, Counseling and Psychological Services
The Health Place

Appendix B



WOMEN'S
WELLNESS
GROUP

FACILITATOR
HANDBOOK

Dear Group Facilitator,

The following is a plan I created for women in rural communities coming together and gaining hope, strength, and wellness by sharing in growth and conversation.

Take care of yourself as you lead these women on this life changing journey. Your wellness is vital to the wellness of the group.

Be flexible. Imagine, for instance, that you will have everything planned on week two to talk about mindfulness, and share a practice or two. Instead, imagine that a group member will come desperately needing to talk about her partner and a recent event. That's ok. You will have already explained to everyone both the intended structure of the group, and the importance of being flexible and attending to each others needs. Check in with the group. Process the change in plan together.

Use your clinical judgment. You know who is in the room with you and what you need. Trust yourself. This is simply a guide for you to use as you'd like.

Read through the entire curriculum before you start picking and choosing what you want to use and what you do not. Maybe a different order makes more sense to you. Maybe an activity that I have in a later week you would rather use earlier. Make it your own.

Check my websites for additions. I imagine I will be making changes based on feedback from you, new ideas and experiences, and participant suggestions.

I am so grateful that you have chosen to increase wellness in the world. Enjoy!

Be well,
Andriana

Before the Group

Before the group begins, determine when and where the group will be held.

Questions to ask yourself:

- When will it meet? When is your target population most likely to be available? Will there be child care?
- Where will it meet? If in a rural setting, public transportation is likely non-existent, but-can it take place at a central location-like a private room in a public library or a community center?
- How long will each group session be? If you follow the protocol, you would allow 1.5 hours once a week for eight consecutive weeks.
- Is there a fee? If so, how much? Is that flexible?
- Review what resources your community has to offer, so you can refer appropriately.

Screen Potential Group Members

Invite potential group members to participate in a screening process that will determine if they are able to productively participate in this group. This process will be an informal interview where you will have a conversation about the group process, how the individual sees herself working in a group, her personal goals regarding wellness, and an in-depth conversation about the restrictions of confidentiality.

Researchers (AGPA, 2007) and professionals agree that individuals struggling with: extreme anger, extreme hostility, high aggression, brain damage, paranoia, addiction, antisocial or psychotic features, an impaired sense of reality, extreme self-centeredness, extreme reactions to stress, or who are in crisis or are suicidal are not the best candidates for group counseling. Because of this, individuals manifesting any of those qualities will not be invited to participate in this group and should be offered individual-based mental health services instead.

Know what your informed consent form says and means. Here is an example of what you might be asking your group members to agree to:

CONFIDENTIALITY

With full understanding of the need for confidentiality, that is, privacy, for all group members, I accept these rules:

1. We will use first names. Other information (such as phone numbers) can only be exchanged on a person-by-person basis. Do not give personal information about others in the group to anyone.
2. We will permit no children or other visitors in our sessions, unless agreed upon by all members.
3. No recordings will be permitted.
4. I promise not to tell anyone outside the group about any of the problems presented by any group member, as this might be identifiable information.
5. I understand if I break any of these rules, I will be asked to leave the group and will be liable to others who feel their confidentiality has been breached.
6. I understand that minimal paperwork will be obtained and retained for each group participant.

In a rural community, confidentiality can be a barrier to treatment, *especially* when it come to groups. Make sure group members understand what will be asked of all group members, and also the limitations to this agreement. We hope, of course, that everyone will honor the confidentiality agreement, but we cannot promise our participants complete confidentiality.

At the screening, make sure everyone understands confidentiality and signs the informed consent documents.

Things to think about:

Decide for yourself: are you going to participate as a group member, or simply be a facilitator. Of course, this doesn't have to be an either or question. But, have a sense of how much you'd like to participate and where your boundaries are before you begin. Are you going to participate in the exercises, or simply facilitate? It can sometimes be helpful to guide the group in the direction you'd like to go if you

participate, but it could also make group members feel less free to do it their own way. Ask yourself what is most comfortable for you.

Set your own goals for the group. They might look something like this:

Goals:

1. Educate participants about the Wellness Model and different aspects of self.
2. Facilitate productive and growth oriented conversations about wellness and the various factors involved.
3. Enable/empower participants to have more ownership over individual wellness by providing information and techniques about being well.
4. Provided a positive community in which women feel safe and accepted.
5. Decrease the stigma (at least within the group) about what it means to participate in a wellness group (and to receive mental health services).
6. Communicate the importance of taking care of one's self in order to take care of others.

What are your boundaries? Are you able to ask the group to ask for what they need from you, knowing that you can say no if it is not an appropriate request? Can you model good boundaries throughout the group process before getting to week 7 when you discuss boundaries? Ask (your supervisor and/or professional colleagues, not the participants) for help and support if you need it. Can you process out loud your reasoning for the way in which you will participate with the group? You don't need to, but it might be helpful. It also might not. Be you. Do you. That will allow for you to be your best.

Note: Italicized text is used to differentiate possible script from general instruction.

Feel free to contact me with any questions and/or feedback at henchcounseling@gmail.com

Week 1: Welcome & What is Wellness?

You do not have to be good.
You do not have to walk on your knees
for a hundred miles through the desert repenting.
You only have to let the soft animal of your body
love what it loves.
Tell me about despair, yours, and I will tell you mine.
Meanwhile the world goes on.
Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.
Meanwhile the wild geese, high in the clean blue air,
are heading home again.
Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting -
over and over announcing your place
in the family of things.

Mary Oliver

Wild Geese



Facilitator Plan

Week 1: Welcome and getting to know each other

- Materials:
- Name tags
 - Participant Workbooks
 - Large bowl
 - Scraps of paper
 - Markers and pens
 - Timer
 - Personal goals for the group
 - Extra informed consent forms
-

Agenda details:

Welcome

- Review Informed Consent
- Discuss confidentiality
- Questions and/or concerns

Introduce Workbooks

Explain the Group Process

- Schedule/plan
- Has anyone participated in a group before?
- Group Structure
- Need for Flexibility

Wellness

- Bowl sharing activity

5x5s

Goal Setting

- SMART Goals

Workbook page

Closing: “As you think about our group today...”

...what is something meaningful you heard yourself say?

...what is something meaningful you heard someone else say?

...what is something you will take with you?

...share a thought or reflection about today’s group

Welcome

Welcome your guests to the group. Invite them to sit in a circle of chairs. Have lights snacks and beverages available, if you like. Make sure you have every member’s informed consent documents.

To begin, hold a conversation about confidentiality and stigma. The stigma associated with seeking mental health services is stifling. This stigma is self-perpetuating because people who could benefit from mental health services might experience decreased self-esteem as they recognize their own need for services. To address this concern, directly and intentionally talk about the assumptions of what it means for a woman to participate in this wellness group (Corrigan, 2004).

Not only can receiving therapy lead to an illusion of no self-reliance, there is also less anonymity in seeking services (especially in rural communities). Together, discuss the concept of confidentiality. Help clarify any confusion about the concept and make sure everyone is on the same page. It will be helpful for the group to see that the other group members have the same information about confidentiality and are in agreement.

Introduce Workbooks

Hand out the workbooks to participants. Let them flip through and see what is to come. Tell them that some weeks we will cover everything and some weeks we will not. Sometimes we will follow the plan or the order, and sometimes we will not.

Explaining the Group Process

This group will meet once/week for 8 weeks. It is a combination of psycho-education and a process group. The beginning of each group will include a mini lesson on a different topic regarding wellness. Throughout the group, we will converse, wonder, discuss, debate, challenge, push, support, inspire, and help each other to get the most out of this experience. It will not always be easy. It will not always feel good. But we are all here to help each other grow as we grow, ourselves.

Ask: Has anyone participated in any type of group like this before? If yes, find out more about that experience. Inform group how this will be similar and/or different.

Ask group members how they feel about guests coming in for the psychoeducation piece of some groups. For example, when I run this group, I like to invite a yoga teacher/therapist friend to come on week 4 and teach the participants about yoga and wellness. Be sure to include this in your confidentiality agreement.

Explain the need for flexibility. Some days you will want to be here, and some days you won't. The same goes for the group members. Encourage them to please come anyway. Ask them to make a commitment to themselves and each other to let the group know ahead of time if they cannot attend a certain week. When members are absent, the group dynamic changes. That being said, we all need to be flexible.

Maybe someone will be sick, or someone will have something going on at home that they need to talk about. (This flexibility goes for you, too, facilitators!) If a group member needs to talk about something that's not part of the plan, talk about it

anyway (as long as you feel comfortable). Ideally, it is relevant to the group as a whole. Having a distracted member impacts the whole group, so address it head on instead of quietly trying to redirect the group back to the agenda. Ask the group how they want to handle it. Remember, the members will have their workbooks, so even if you don't get to everything, they will still have access to the exercises that they can do on their own at home. Assign it as homework if you'd like.

Ask: What does it mean to be a member of this group? What stigma are you worried about? What are you afraid it means about you to be here? What do you actually think it means?

What is wellness?

Introduce the concept of wellness by asking group members what wellness means to them. Take a few general notes on a white board. Then, use bowl sharing. Ask each participant to write down on a piece of paper their own definition of wellness. This will be the first real activity where you are asking group members to participate and share personal thoughts and beliefs, so hold that discomfort, and maintain your own calm so that group members learn that the environment of this group is not threatening.

Bowl sharing: Ask everyone to answer a certain question or prompt by writing down their ideas and responses on a scrap of paper. Fold the paper in half, and have everyone put their response into a large bowl.

Once everyone has submitted their answer, pass the bowl around and have each person pick one response. Then, go around the circle and ask everyone to read the piece they picked from the bowl. This way, it is all anonymous, and everyone is participating. This can be used often when the topic might be harder to discuss freely from the very beginning. It helps break the ice. Once group members hear what everyone has to say, they often feel more comfortable expressing themselves.

Once the group has discussed some ideas, turn to the corresponding page in workbook. This page has a few published definitions. Ask participants to read these definitions. How are these definitions similar to what the group came up with? How are they different?

The group is obviously focused on wellness. Now that you've defined it, explain how the group is broken down, using the Myers and Sweeney Wellness Model. See breakdown on corresponding page in workbook.

5x5s

5x5s is an activity that is generally done in groups of 5, where each person talks for 5 minutes. In this case, it's Nx5, depending on how many participants you have. Have a timer. Each person has 5 minutes to talk about themselves. I like the prompt "*talk about where you are right now (emotionally, mentally, and spiritually).*" This is thoughtful and reflective, but allows for personalization and differing degrees of openness. If they finish early, wait. Each person has the same amount of time. If you'd like, you can explain to the group that group members are going to have varying levels of comfort talking in front of the group, sharing personal thoughts and feelings, etc. To start, ask to hear from everyone for five whole minutes. If someone really doesn't want to participate, use your clinical judgement. What is holding them back? Is it helpful to push them? Or do they need to be validated and respected? Is there a compromise? For example, ask the person to share the basics of who she is, and then ask if the group can ask her questions. Remind her that she can always say no.

Once everyone has shared, be sure to thank everyone for taking a risk and sharing all that they did about themselves. Reflect on what was shared, and explain how this openness and willingness towards growth will make for a meaningful and successful group.

Goal Setting

Now that everyone has heard from themselves and the others in the group about where they are right now, ask them where they would like to go-keeping in mind what they know about wellness.

Give a quick Goal Setting 101 tutorial (or show a video). Talk about SMART goals. SMART goals are:

Specific

Measureable

Achievable

Results Focused

Time Bound

Then, complete the worksheets in the handbook about setting goals. Share your own goals for the group with the group members.

As always, welcome questions about goal setting and encourage discussion. Once everyone has something written down, ask for a volunteer to share their goal(s).

Ideally, everyone will share. At this point, it's nearing the end of the first session and participants may be getting tired. If they don't want to share, don't force it.

Recognize what an intense session it has been.

Closing

As you close the group on the first week, ask participants *What do you think so far? Is this what you were expecting? What is different? Is there anything that you were hoping for that wasn't explained? Does anyone have anything that you want to ask the group for throughout the process?* Remind them that they can ask later, and change their minds. (And discourage "mind reading".)

Thank participants, again, for sharing and participating. Remind them that you know that this is different than normal social interaction, and you appreciate their willingness to try something new.

As you close every week, ask group members for any final thoughts or feelings they would like to share. Then, ask everyone to respond to the prompt: “*as you **think** about our group today...*” This “think” language is important because it helps to ensure that group members are leaving a perhaps emotional place and are heading back to a more cognitive, stable place, as they leave the group for the week.

Remind group members to make sure they bring their workbooks back the following week!!

Week 2: The Creative Self & Mindfulness

“The most fundamental harm we can do to ourselves, is to remain ignorant by not having the courage and the respect to look at ourselves honestly and gently.”

--Pema Chödrön



Facilitator Plan

Week 2: The Creative Self & Mindfulness

-
- Materials:
- Name tags
 - Workbooks
 - Markers and pens
 - Means to play audio from internet
-

Agenda details:

Welcome

Check In

Introduce Topics for the Week: The Creative Self and Mindfulness

Read wellness model's definition of each domain

The Creative Self

Emotions

Feelings Vocabulary

Thinking

Self talk; internal dialogue

What do I tell myself about myself?

Affirmations

Control

Feeling safe

Mindfulness

Mindfulness activity

Connection- How the Creative Self and Mindfulness fit together

How is this relevant?

Creative homework

Closing: "As you think about our group today..."

...what is something meaningful you heard yourself say?

...what is something meaningful you heard someone else say?

...what is something you will take with you?
 ...share a thought or reflection about today's group

Welcome

Welcome everyone back, and thank them again for all of their hard work last week.
 Once everyone is present, begin with a check in.

Check In: *Go around the circle (or popcorn around, but request that everyone participates) and share any reflections about last week, things that are on your minds today, how you are today, hopes for the group, etc.*

Topics Overview

The topics for the week are The Creative Self and Mindfulness.

The Wellness Model defines each aspect as follows:

Thinking: “Being mentally active, open-minded; having the ability to be creative and experimental; having a sense of curiosity, a need to know and to learn; the ability to solve problems”

Emotions: “Being aware of or in touch with one’s feelings; being able to experience and express one’s feelings appropriately, both positive and negative”

Control: “Belief that one can usually achieve the goals one sets for oneself; having a sense of planfulness in life; being able to be assertive in expressing one’s needs”

A definition of mindfulness from Psychology Today is below:

Mindfulness: “Mindfulness is a state of active, open attention on the present. When you're mindful, you observe your thoughts and feelings from a distance, without judging them as good or bad. Instead of letting your life pass you by, mindfulness means living in the moment and awakening to experiences.” [From *Psychology Today*]

The Creative Self

Ask the group about their immediate reactions to these concepts. *How does it feel to think about blatantly identifying feelings, communicating them with others, and being more aware of what's going on for us moment to moment?*

Emotions

For the group to work to its highest potential, it is important for participants to have a vocabulary for communicating about their feelings. As a group, create a list of **feeling words**. Participants can write their list in their workbooks. Then, turn the page and look at the list that's already in the book.

Discuss how to use these feeling words and why having a vocabulary is helpful for overall wellness. Encourage participants to use this language as much as possible in the group.

https://www.cnvc.org/sites/default/files/feelings_inventory_0.pdf

Thinking

Introduce the concept of **self-talk**. Explain that *We all have an internal dialogue and judgements and comments that we are constantly making silently in our minds about what we experience and what we observe. Sometimes these are really helpful. And sometime they are harmful. The key is to become more aware of what is going on in your head and understand how that self talk affects you day to day.*

Ask the group- *What are the things you tell yourself about yourself? What are the things you tell yourself about others?*

Has anyone heard of affirmations? Affirmations are sayings that people can tell themselves quietly in their head. They are often positive and reaffirming. One of my personal favorites is "I am enough." There are countless. Below are a few resources to check out and get more ideas.

Some group members may have a hard time believing some of these pre-existing affirmations. If so, ask participants to write their own. "I am enough" is a good solid and basic one. Where as "My body is healthy; my mind is brilliant; my soul is tranquil" is harder for some to buy into right away.

<http://www.louisehay.com/affirmations/>

http://www.huffingtonpost.com/dr-carmen-harra/affirmations_b_3527028.html

Prior to beginning, complete the following:

The affirmations I want to teach to my group

are: _____

Have group members write down a few of their favorite affirmations in their workbooks.

Control

Understanding the concept of control will help group members feel safe and that they can think and plan and meet goals.

To review this concept, ask group members *What was it like to set goals last week? How did it feel? How often have you set goals in your lives? What have your experiences been like? Successes? Failures? Does anyone want to amend their goals?*

Reinforce that it is ok to change and adapt goals as needed.

Mindfulness

As was earlier introduced, mindfulness is the practice of paying attention in the moment to what people are thinking, feeling, and experiencing.

Ask the group- *Has anyone heard of mindfulness before? Has anyone practiced it? Reactions?*

Mindfulness activity

Play the following guided meditation. <http://marc.ucla.edu/mpeg/Body-Scan-Meditation.mp3>

Then, ask participants for reactions. *What do you think of this mindfulness practice? Does anyone already have a mindfulness practice? What can you take away from this experience?*

Connection

Ask the group *Why do you think we are talking about mindfulness in the same week that we talk about emotions, thoughts, and control?* This may seem fairly obvious, but you want

to make sure that everyone understands that mindfulness is a tool to help with these aspects of wellness.

How are these concepts and ideas relevant in your lives?

Researchers have found that mindfulness improves mental health by increasing subjective well-being. It also enables practitioners to more effectively regulate behavior, and lessen emotional reactivity and negative psychological symptoms (Brown & Ryan, 2003; Keng, Smoski, & Robins, 2011).

Creative Homework

Assign participants homework this week. The homework for the week is to practice an affirmation a day. Not a stressful and big assignment, but a small yet potentially powerful one.

Also, ask participants to make (at least) one step towards one of the goals they set last week.

Closing

As you close every week, ask group members for any final thoughts or feelings they would like to share. Then, ask everyone to respond to the prompt: “as you *think* about our group today...” This “think” language is important because it helps to ensure that group members are leaving a perhaps emotional place and are heading back to a more cognitive, stable place, as they leave the group for the week.

Remind group members to make sure they bring their workbooks back the following week!!

Resources

https://www.cnvc.org/sites/default/files/feelings_inventory_0.pdf

<http://onbeing.org/program/ellen-langer-science-of-mindlessness-and-mindfulness/6332>

http://greatergood.berkeley.edu/gg_live/science_meaningful_life_videos/speaker/jon_kabat-zinn/compassion_and_mindfulness/

http://greatergood.berkeley.edu/images/uploads/Keng_Review_of_studies_on_mindfulness.pdf

<http://www.livingwell.org.au/mindfulness-exercises-3/>

<http://marc.ucla.edu/body.cfm?id=22>

Week 3: The Coping Self

“Am I living in a way which is deeply satisfying to me, and which truly expresses me?”

— Carl R. Rogers



Facilitator Plan

Week 3: The Coping Self

-
- Materials:
- Name tags
 - Workbooks
 - Markers and pens
 - Computer (or other way to show video from internet)
-

Agenda details:

Welcome

 Check In

Introduce Topic for the Week: The Coping Self

 Leisure

 Stress management

 Self Worth

 Realistic Beliefs

Explore the Coping Self

Watch TED Talk: The Power of Vulnerability, by Brene Brown

Believed Conditions of Worth

 Workbook activity

Closing: “As you think about our group today...”

 ...what is something meaningful you heard yourself say?

 ...what is something meaningful you heard someone else say?

 ...what is something you will take with you?

 ...share a thought or reflection about today’s group

Welcome

Welcome everyone back, and thank them again for all of their hard work last week. Once everyone is present, begin with a check in.

Check In: *Go around the circle (or popcorn around, but request that everyone participates) and share any reflections about last week, things that are on your minds today, how you are today, hopes for the group, etc.*

Topic Overview

The Coping Self, according to Myers and Sweeney's Wellness Model (2008)

Leisure: "Activities done in one's free time; satisfaction with one's leisure activities; having at least one activity in which 'I lose myself and time stands still.'"

Stress Management: "General perception of one's own self-management or self-regulation; seeing change as an opportunity for growth; ongoing self-monitoring and assessment of one's coping resources"

Self-Worth: "Accepting who and what one is, positive qualities along with imperfections; valuing oneself as a unique individual"

Realistic Beliefs: "Understanding that perfection and being loved by everyone are impossible goals, and having the courage to be imperfect"

Explore the Coping Self

Leisure

What leisure activities do you participate in? Is there anything you'd like to change? Has anyone heard of the concept of flow? Flow is when you are so focused in an activity that you are no longer aware of time, as is often the case with leisure activities.

Stress

What are some stress management strategies you use?

In workbook- make a list of your own strategies, and write down any strategies that others name that might be useful to you.

Self Worth

I think this one is really hard. Depending on your participants, it might be wise to tread lightly. If you are in a community where speaking freely and openly about your self worth is seen as “bad” (as many rural communities are), this one is really tricky. Instead, try explaining the importance of self worth, and how having an accurate view of yourself is important as one of the wellness factors.

If you don't believe you have much self-worth it is really impossible to live a well life. Do others around you have worth? What gives them their worth? Can these same characteristics/expectations/etc apply to you?

Activity: *Say a positive quality about yourself to the group. Then have everyone share a second. (And maybe a third). Write in your workbook about your imperfections. Does anyone want to share anything they wrote about their imperfections?*

Pay attention to see if participants are more or less willing to talk about what gives them worth or about their imperfections. Reflect what you notice back to the group.

The Power of Vulnerability

Introduce the video (so make sure you watch it first). Explain that Brene Brown is a Licensed Clinical Social Worker who does research about shame and vulnerability, and the power of connection.

http://www.ted.com/talks/brene_brown_on_vulnerability

What are some reflections or reactions to the video? Had anyone seen it before?

Believed Conditions of Worth

Ask group participants to define conditions of worth in their workbooks. (*Did the video impact how you answered this question?*)

Some commonly held believed conditions of worth might be things like:

- I need to perform a certain way or produce certain thing to be worthy of love and belonging
- I need to be thin to be loveable
- I am worthy because I am smart
- I am worthy because I earn money
- I am worthy because _____

These reflections may provide a space to challenge group member's outdated or untrue believed conditions of worth that they hold about themselves. These questions will also enable group members to increase control over their personal definition of self-worth.

What were you told about yourself as a child? What gave you value? Love? Worth? How have you internalized those messages? Are they helping you? Are they hurting you?

Closing

As you close every week, ask group members for any final thoughts or feelings they would like to share. Then, ask everyone to respond to the prompt: "*as you **think** about our group today...*" This "think" language is important because it helps to ensure that group members are leaving a perhaps emotional place and are heading back to a more cognitive, stable place, as they leave the group for the week.

Remind group members to make sure they bring their workbooks back the following week!!

Week 4: The Physical Self

“The curious paradox is that when I accept myself just as I am, then I can change.”
-Carl Rogers



Facilitator Plan

Week 4: The Physical Self

-
- Materials:
- Name tags
 - Workbooks
 - Markers and pens (lots of different colors)
-

Agenda details:

Welcome

 Check In

Introduce Topic for the Week: The Physical Self

 Define each domain as the Wellness Model does

Explore the Physical Self

 Exercise

 Guest yoga teacher (optional)

 Nutrition

 Sleep

Physical Health and Overall Wellness Connection

Closing: “As you think about our group today...”

 ...what is something meaningful you heard yourself say?

 ...what is something meaningful you heard someone else say?

 ...what is something you will take with you?

 ...share a thought or reflection about today’s group

Welcome

Welcome everyone back, and thank them again for all of their hard work last week. Once everyone is present, begin with a check in.

Check In: *Go around the circle (or popcorn around, but request that everyone participates) and share any reflections about last week, things that are on your minds today, how you are today, hopes for the group, etc.*

Topic Overview, according to Myers and Sweeney's Wellness Model (2008)

Exercise: "Engaging in sufficient physical activity to keep in good physical condition; maintaining flexibility through stretching"

Nutrition: "Eating a nutritionally balanced diet, maintaining a normal weight, and avoiding over eating"

Sleep: Good sleep hygiene includes getting 7-8 hours of sleep every night so that your brain and body can function to their greatest potential

Exploring the Physical Self

This week is about physical health. Your participants will likely have varying levels of knowledge about health and overall well-being. Begin by connecting physical health with all of the things you've been talking about so far. *Why is physical health important to overall wellness?*

This week is a good opportunity to bring in a guest. Use you tube videos. I have a yoga teacher friend who I would invite to do a light yoga practice, but only if the group agrees and the yoga teacher signs her own confidentiality agreement.

Exercise

Explain to group members about the general recommendations below about exercise and health.

The CDC recommends:

- 2.5 hours per week of moderate intensity aerobic activity + muscle strengthening activities on 2 or more days/week

-OR-

- 1.5 hours per week of vigorous intensity aerobic activity + muscle strengthening activities on 2 or more days/week

-OR-

- An equivalent mix of moderate and vigorous intensity aerobic activity + muscle strengthening activities on 2 or more days/week

Ask your participants: *Do you have a currently exercise routine? What does exercise mean to you?*

Nutrition

Look at this website. Familiarize yourself with these concepts:

<http://www.healthcastle.com/harvard-versus-usda-whose-plate-wins>

This is the “new” pyramid. Have a conversation about these diagrams. Pull up the website in the group if you’d like. Help group members understand the basic concepts of a nutritious and balanced diet.

Discuss: *What is a balanced diet?* See page in workbook.

Sleep

The American Sleep Association published the following tips for healthy sleep hygiene. You can use this information to help educate participants about sleep hygiene and what impacts quality of sleep.

FROM THE AMERICAN SLEEP ASSOCIATION: Sleep Hygiene Tips

Maintain a regular sleep routine

- Go to bed at the same time. Wake up at the same time. Ideally, your schedule will remain the same (+/- 20 minutes) every night of the week.

Avoid naps if possible

- Naps decrease the 'Sleep Debt' that is so necessary for easy sleep onset.
- Each of us needs a certain amount of sleep per 24-hour period. We need that amount, and we don't need more than that.
- When we take naps, it decreases the amount of sleep that we need the next night – which may cause sleep fragmentation and difficulty initiating sleep, and may lead to [insomnia](#).

Don't stay in bed awake for more than 5-10 minutes.

- If you find your mind racing, or worrying about not being able to sleep during the middle of the night, get out of bed, and sit in a chair in the dark. Do your mind racing in the chair until you are sleepy, then return to bed. No TV or internet during these periods! That will just stimulate you more than desired.
- If this happens several times during the night, that is OK. Just maintain your regular wake time, and try to avoid naps.

Don't watch TV or read in bed.

- When you watch TV or read in bed, you associate the bed with wakefulness.
- The bed is reserved for two things – sleep and hanky panky.

Do not drink caffeine inappropriately

- The effects of caffeine may last for several hours after ingestion. Caffeine can fragment sleep, and cause difficulty initiating sleep. If you drink caffeine, use it only before noon.
- Remember that soda and tea contain caffeine as well.

Avoid inappropriate substances that interfere with sleep

- Cigarettes, alcohol, and over-the-counter medications may cause fragmented sleep.

Exercise regularly

- Exercise before 2 pm every day. Exercise promotes continuous sleep.
- Avoid rigorous exercise before bedtime. Rigorous exercise circulates endorphins into the body which may cause difficulty initiating sleep.

Have a quiet, comfortable bedroom

- Set your bedroom thermostat at a comfortable temperature. Generally, a little cooler is better than a little warmer.
- Turn off the TV and other extraneous noise that may disrupt sleep. Background 'white noise' like a fan is OK.
- If your pets awaken you, keep them outside the bedroom.
- Your bedroom should be dark. Turn off bright lights.
- Have a comfortable mattress.

If you are a 'clock watcher' at night, hide the clock.

Have a comfortable pre-bedtime routine

- A warm bath, shower
- Meditation, or quiet time




The A-Zzz's SLEEP GUIDE To Wellness



Isn't it funny how as kids, taking a nap was one of the worst things in the world? Why would we sleep when we could be playing outside or watching TV? As adults, sleep is the one thing we desire... but with hectic lives it gets pushed to the back burner. This is worrying, because a good night's sleep is one of the most significant things to live a healthy life, yet it is low on many people's priority list.

EFFECTS OF SLEEP DEPRIVATION

A large portion of the population is clearly impacted by a lack of sleep. This lack of sleep can do more than hinder your day to day functioning; it can also impact your health.

				
MEMORY LOSS	WEIGHT FLUCTUATION	HEART DISEASE	WEAK IMMUNE SYSTEM	HIGH BLOOD PRESSURE

TIPS FOR A GOOD NIGHT'S REST

 <p>KEEP A SLEEPING SCHEDULE It's best to wake up and go to sleep at the same time every day. It takes 7 days to adjust to a new sleep pattern, but just 1 day to return to a typical sleeping pattern.</p>	 <p>EXERCISE REGULARLY People who exercise regularly are more likely to sleep better, and tend to get tired at an appropriate time. Even adding a 10-minute walk every day improves one's likelihood of a good night's rest.</p>
 <p>TAKE A HOT SHOWER A hot shower or warm bath before bed relaxes the body and makes it easier to fall asleep. When your body temperature falls your body feels more lethargic due to natural decrease in metabolic activity.</p>	 <p>AVOID EATING BEFORE SLEEP Because the body is digesting food, your heart rate increases from working to metabolize it. It also increases the frequency of waking up in the middle of the night.</p>
 <p>AVOID ALCOHOL BEFORE SLEEP Although alcohol helps you relax, it can diminish your quality of sleep by increasing the frequency of waking up during the night and lessening the time spent in REM sleep, your most restorative phase.</p>	 <p>AVOID CAFFEINE BEFORE SLEEP Caffeine makes us feel more alert by blocking sleep-inducing chemicals in the brain and increasing adrenaline production. Consuming any before bed will leave you tossing and turning for hours.</p>
 <p>AVOID LONG DAYTIME NAPS Taking longer than a 20 minute power nap will make it harder to fall asleep at night.</p>	 <p>READ A BOOK IN BED This may not be scientific, but reading a book always makes you tired. Always.</p>
 <p>KEEP IT QUIET Sleeping in a loud environment increases the likelihood of waking up at night. The quieter it is, the less distractions there are to the body's rest.</p>	 <p>KEEP IT "JUST RIGHT" The ideal bedroom temperature for sleeping is between 65 and 72 degrees. Too hot or too cold will make it harder to sleep well.</p>

HOW MUCH SLEEP DO WE REALLY NEED?

<p>18 years & older</p> <p>7.5-9 HOURS</p>	<p>12-18 years old</p> <p>8.5-10 HOURS</p>	<p>5-12 years old</p> <p>10-11 HOURS</p>
<p>3-5 years old</p> <p>11-13 HOURS</p>	<p>1-3 years old</p> <p>12-14 HOURS</p>	<p>Up to 1 year old</p> <p>14-15 HOURS</p>



Sources:
<http://www.livingsleep.com/2013/03/04/keep-remember-sleep-or-remember-2784457.html>
<http://www.sleepfoundation.org/2014/09/22/2014-2015-sleep-trends>
<http://www.sleepfoundation.org/2014/09/22/2014-2015-sleep-trends>
<http://www.sleepfoundation.org/2014/09/22/2014-2015-sleep-trends>
<http://www.sleepfoundation.org/2014/09/22/2014-2015-sleep-trends>
<http://www.sleepfoundation.org/2014/09/22/2014-2015-sleep-trends>

Connection

Ask participants: *What connection do you see and/or experience between physical health and overall mental health and wellbeing? Has anyone ever had a “runners high” or noticed a difference in how they feel based on their diet?*

Closing

As you close every week, ask group members for any final thoughts or feelings they would like to share. Then, ask everyone to respond to the prompt: “*as you **think** about our group today...*” This “think” language is important because it helps to ensure that group members are leaving a perhaps emotional place and are heading back to a more cognitive, stable place, as they leave the group for the week.

Remind group members to make sure they bring their workbooks back the following week!!

Resources

Food Rules, by Michael Pollan

Overeaters Anonymous: <http://www.oa.org/>

[http://www.rodalorganiclife.com/wellbeing/poses-yogis-practice-melt-fat?cid=soc_Rodale%27s%20Organic%20Life%20-](http://www.rodalorganiclife.com/wellbeing/poses-yogis-practice-melt-fat?cid=soc_Rodale%27s%20Organic%20Life%20-%20RodalesOrganicLife_FBPAGE_Rodale%27s%20Organic%20Life__)

[%20RodalesOrganicLife_FBPAGE_Rodale%27s%20Organic%20Life__](http://www.rodalorganiclife.com/wellbeing/poses-yogis-practice-melt-fat?cid=soc_Rodale%27s%20Organic%20Life%20-%20RodalesOrganicLife_FBPAGE_Rodale%27s%20Organic%20Life__)

<https://www.sleepassociation.org/patients-general-public/insomnia/sleep-hygiene-tips/>

<http://www.cdc.gov/physicalactivity/basics/adults/index.htm>

<http://www.eatright.org/resource/health/wellness/preventing-illness/eat-right-for-life>

<http://www.hsph.harvard.edu/nutritionsource/pyramid-full-story/#Introduction>

<http://www.bbcgoodfood.com/howto/guide/balanced-diet-women>

Week 5: The Essential Self

“I beg you, to have patience with everything unresolved in your heart and to try to love the questions themselves as if they were locked rooms or books written in a very foreign language. Don’t search for the answers, which could not be given to you now, because you would not be able to live them. And the point is to live everything. Live the questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer.”

-Ranier Maria Rilke



Facilitator Plan

Week 5: The Essential Self

-
- Materials:
- Name tags
 - Workbooks
 - Markers and pens
 - Multiple sets of Values cards
 - Computer (or other way to watch video on internet)
-

Agenda details:

Welcome

 Check In

Introduce Topic for the Week: The Essential Self

 Spirituality

 Gender Identity

 Cultural Identity

 Self-Care

The Essential Self

 Identity: Who am I? Who do I want to be?

Values Inventory

 How do your values match your identity?

 Are there changes you would like to make?

Self-Compassion Activity

Reflection/Homework

 Self-Care ideas-brainstorming

 Ask participants to share one thing they are going to do for themselves this week. What self-care activity will you participate in?

Closing: “As you think about our group today...”

 ...what is something meaningful you heard yourself say?

- ...what is something meaningful you heard someone else say?
- ...what is something you will take with you?
- ...share a thought or reflection about today's group

Welcome

Welcome everyone back, and thank them again for all of their hard work last week. Once everyone is present, begin with a check in.

Check In: *Go around the circle (or popcorn around, but request that everyone participates) and share any reflections about last week, things that are on your minds today, how you are today, hopes for the group, etc.*

Topic Overview

The Essential Self, according to Myers and Sweeney's Wellness Model (2008)

Spirituality: "Personal beliefs and behaviors that are practiced as part of the recognition that a person is more than the material aspects of mind and body"

Gender Identity: "Satisfaction with one's gender; feeling supported in one's gender; transcendence of gender identity"

Cultural Identity: "Satisfaction with one's cultural identity; feeling supported by one's cultural identity; transcendence of one's cultural identity"

Self-Care: "Taking responsibility for one's wellness through self care and safety habits that are preventative in nature; minimizing the harmful effects of pollution in one's environment"

Exploring the Essential Self

Gender roles in rural areas can be different from gender roles in more urban areas. For example, rural women may struggle to meet their own needs because culturally, women are to prioritize the needs of others. Mothers, especially, experience a cultural expectation to sacrifice their own wellbeing for that of their children (Kenkel, 2003). Because self-care is such an important component of wellness, spend time discussing how it feels to intentionally engage in self-care activities.

Do any of these aspects of the essential self cause an immediate reaction for anyone? Does it feel selfish? Ask the group which they would like to talk about and what reactions they had.

Identity: Who am I now? Who do I want to be?

To promote a sense of personal control and empowerment, ask participants about who they are. *How do you identify and label yourselves?*

What's missing from what they've listed? Ask: *What would you like to see on your list?*

Is it possible to become those additional ideas? Are there labels you used but wish you didn't?

How might you change and move away from the labels that no longer fit and aren't true to who you are? Are others putting labels on you that you do not like or agree with?

There will always be a difference between our real selves, and our ideal selves. However, if we pay attention and first notice what the discrepancies are, then we are better able to grow towards our ideal self.

Values Inventory

Have many sets of values cards (ideally one for everyone so everyone can do the activity at the same time.) See website below for cards. Have participants sort through these values by making three piles. Pile one is "very important to me." Pile two is "important to me," and pile three is "not important to me." Sometimes it's helpful to create sub categories of "more" or "less" important within that category.

<https://osp-cp.uchicago.edu/sites/osp-cp.uchicago.edu/files/i/Values%20Inventory%20Worksheet.pdf>

Work through the activity and then ask: *How do your values match your identity? Are there changes you would like to make?*

Self Compassion

Self compassion is defined by Kristin Neff as having three parts: self kindness, common humanity, and mindfulness. One way to understand it is to think about how one might treat a friend or loved one in a certain stressful situation, and then apply those same qualities to ones self.

<http://self-compassion.org/the-three-elements-of-self-compassion-2/>

Show Kristin Neff's video about self compassion (12 min)

<https://youtu.be/YFhcNPjIMjc>

What did you think about the ideas presented in the video?

Reflection

Next, brainstorm ideas for self-care. Have participants make a list in their workbook. Discuss how self care and self compassion are related. How is this similar to self worth from week 3? You might ask *How do you feel about intentionally caring for yourself in this way? Does it feel selfish? Is being selfish inherently bad?*

See <https://healingspaces.wordpress.com/2009/01/20/100-extreme-self-care-ideas/> for more ideas.

Homework

This week, assign participating in a self care activity as homework. Ask participants to share with the group one thing they are going to do for themselves this week: *What self care activity will you participate in?*

There is also a writing exercise from Kristin Neff's website in the workbook that participants may like to try.

Closing

As you close every week, ask group members for any final thoughts or feelings they would like to share. Then, ask everyone to respond to the prompt: “*as you **think** about our group today...*” This “think” language is important because it helps to ensure that group members are leaving a perhaps emotional place and are heading back to a more cognitive, stable place, as they leave the group for the week.

Remind group members to make sure they bring their workbooks back the following week!!

Week 6: The Social Self

“Loneliness does not come from having no people about one, but from being unable to communicate the things that seem important to oneself, or from holding certain views which others find inadmissible.”

-- C.G. Jung



Facilitator Plan

Week 6: The Social Self

-
- Materials:
- Name tags
 - Workbooks
 - Markers and pens
-

Agenda details:

Welcome

 Check In

Introduce Topic for the Week: The Social Self

 Define each domain as the Wellness Model does

The Social Self

 Friendship

 Love

Communication

 Coping patterns: moving towards, moving away, moving
 against

Reflection/Homework

 Pay attention to coping patters, communication styles, and
 the stories we make up.

Closing: “As you think about our group today...”

 ...what is something meaningful you heard yourself say?

 ...what is something meaningful you heard someone else
 say?

 ...what is something you will take with you?

 ...share a thought or reflection about today’s group

Welcome

Welcome everyone back, and thank them again for all of their hard work last week. Once everyone is present, begin with a check in.

Check In: *Go around the circle (or popcorn around, but request that everyone participates) and share any reflections about last week, things that are on your minds today, how you are today, hopes for the group, etc.*

Topic Overview

The Social Self, according to Myers and Sweeney's Wellness Model (2008)

Friendship: "Social relationships that involve a connection with others individually or in community, but that do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed"

Love: "The ability to be intimate, trusting, and self-disclosing with another person; having a family or family-like support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way, healthy communication styles, and mutual appreciation"

Exploring the Social Self

Women in rural communities may particularly benefit from examining friendship and love factors because of the isolation that can come with living in a rural area.

Discuss community and connectedness.

Identify aspects of meaningful relationships and record in workbook.

Communication

Moving toward, moving away, moving against (also in workbook)

Explain these concepts, clarifying that these communication patterns are developed early in life, and work to decrease anxiety and increase self perception and self worth.

Moving towards: *You can avoid rejection by being compliant and agreeable. Do what the other person wants and then you are ok with them and therefore feel more safe.* (This often looks like pleasing other and giving up too much of self and own identity)

Moving away: *to decrease anxiety, some individuals learn to withdrawal and avoid intimacy with others to avoid rejection. This can look like self sufficiency and extreme independence*

Moving against: *People who move against try to control their own situations and others. They are often competitive and have a strong need to be right and/or win.*

These coping styles get wrapped up in self esteem.

Reflection

What do you think about all of this? What do you see yourself doing? How does it impact your life? Does it feel like something you can change? See what else participants want to discuss in terms of communication and the social self.

Homework

Pay attention to coping patterns, communication styles, and the stories you make up about events in your life.

Closing

As you close every week, ask group members for any final thoughts or feelings they would like to share. Then, ask everyone to respond to the prompt: “*as you **think** about our group today...*” This “think” language is important because it helps to ensure that group members are leaving a perhaps emotional place and are heading back to a more cognitive, stable place, as they leave the group for the week.

Remind group members to make sure they bring their workbooks back the following week!!

Resources:

<http://brenebrown.com/2015/07/27/the-most-dangerous-stories-we-make-up/>

<http://www.oprah.com/omagazine/Brene-Brown-Rising-Strong-Excerpt>

Week 7: The Social Self

“I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.”

-- Brené Brown



Facilitator Plan

Week 7: The Social Self

-
- Materials:
- Name tags
 - Workbooks
 - Markers and pens
 - Computer (or other way to show video from internet)
-

Agenda details:

Welcome

Check In

Introduce Topic for the Week: The Social Self, continued

What did you notice last week? Did you pay attention to these patterns?

How do the people around you communicate?

Did anyone try this new style?

Boundaries

What are boundaries?

Creating healthy boundaries

How do these Social Self concepts affect your life?

Does this make sense? Sound weird?

Are you going to try them out?

Anyone want to practice/role play?

Reflection/Homework

Next week is our final group session. Metaphoric Gifts

Closing: "As you think about our group today..."

...what is something meaningful you heard yourself say?

...what is something meaningful you heard someone else say?

...what is something you will take with you?

...share a thought or reflection about today's group

Welcome

Welcome everyone back, and thank them again for all of their hard work last week. Once everyone is present, begin with a check in.

Check In: *Go around the circle (or popcorn around, but request that everyone participates) and share any reflections about last week, things that are on your minds today, how you are today, hopes for the group, etc.*

Topic Overview

The Social Self, continued according to Myers and Sweeney's Wellness Model (2008)

Friendship: "Social relationships that involve a connection with others individually or in community, but that do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed"

Love: "The ability to be intimate, trusting, and self-disclosing with another person; having a family or family-like support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way, healthy communication styles, and mutual appreciation"

Exploring the Social Self, Continued

After check-in, you may want to begin with something like: *What did you notice last week? Did you pay attention to the patterns we talked about? What observations did you make? What are you wondering about?*

How do the people around you communicate? Did anyone try this new style?

Boundaries

Setting boundaries is a useful skill that many people are not taught and is not always intuitive, yet is extremely important for healthy relationships. Many people reenact what was modeled for them in terms of interpersonal dynamics; sometimes that is healthy and sometimes it is not (Whitfield, 1993).

Ask: What are boundaries?

Based on the group's response, explain the concept of boundaries and why they are important in both friendships and more intimate relationships.

Show this Pia Mellody video. Decide what you feel comfortable sharing. I recommend the introduction, and then fast forward to 15:45.

https://youtu.be/7bk_SG2QD4E

Practice: Group members can practice combining communication techniques and boundary setting and discuss reactions to these ideas and practices. *What boundaries would you like to set in your life?*

Social Self Concepts Review

Have a brief discussion about these social self-concepts of love and friendship, as defined in the Wellness Model.

How do these concepts impact your life? Do they make sense? Sound weird?

Is anyone going to try them out? If not, why not? Does anyone else want to practice/role play?

Reflection/Homework

Next week will be the final group. As part of the closing activities, ask participants to come prepared to give a “metaphoric gift” to each of the other participants. It can be a wish or a hope for them, or something more tangible.

I like to give a gratitude journal to each participant, which will be explained next week.

Closing

As you close every week, ask group members for any final thoughts or feelings they would like to share. Then, ask everyone to respond to the prompt: “*as you **think** about our group today...*” This “think” language is important because it helps to ensure that group members are leaving a perhaps emotional place and are heading back to a more cognitive, stable place, as they leave the group for the week.

Remind group members to make sure they bring their workbooks back the following week!!

Week 8: Closing Group

Allow yourself satisfaction in what you have. If you really don't like it, allow yourself permission to make changes.

-Lillian Schneider



Facilitator Plan

Week 8: Closing Group

-
- Materials:
- Name tags
 - Workbooks
 - Markers and pens
-

Agenda details:

Welcome to the Final Group

Check In

Reflections on Personal Growth

Review goals in workbook

Plan for Continued Growth and Wellness

Exchange Metaphoric Gifts

Gratitude

What does it mean to live well?

Rules for contacting each other

Closing: “As you think about our group today...”

...what is something meaningful you heard yourself say?

...what is something meaningful you heard someone else say?

...what is something you will take with you?

...share a thought or reflection about today's group

Welcome

Welcome group members to the final group. Thank everyone for their attendance, work, support to each other, etc.

Check in: Ask group members how they are feeling about it being the last group.

Reflections on Personal Growth

Ask participants to share how they see their own personal progress throughout the past 8 weeks. *How are you doing with your goals?* Look at goal from the beginning of group in workbook.

Plan for Continued Growth and Wellness

Give participants a few minutes to write down a plan for continued growth and wellness. Then, have participants share what they wrote down.

Exchange Metaphoric Gifts

Ask group members to exchange the “gifts” that they have for each other. “Popcorn” through the group to take turns giving gifts. Each member will share their gifts with everyone else in the group, then the next person will share. Participants can write down the gifts they receive in their own workbook as they are shared, so the participants can take these gifts with them and remember their growth from the group.

Gratitude

Consider giving a gratitude journal as your gift to participants (unless you gave them another gift in the sharing portion). Explain to them the practice of keeping a gratitude journal. See corresponding page in workbook.

What does it mean to live well?

Have a conversation about what it means to live well. *Now that we've spent 8 weeks talking about wellness, what does it mean to live well?* Have participants write in their workbook some reflections to this question and then talk about it as a group.

Guidelines for contact

Lead a small discussion about how to handle relationships now that the group is over. Do participants agree that they would like to exchange phone numbers, etc.? Or, do group members prefer that their relationships remain only what existed in the group-and there will continue to be no contact outside of the group?

Closing

Because this is the last group, ask group members to reflect on the overall process. What has this experience been like? Positive? Negative? What's been helpful? Not helpful?

If you'd like, provide a place for group members to give you anonymous feedback, both on the group as a whole, and also on your facilitation.

Feel free to contact me with any feedback at henchcounseling@gmail.com

Additional Resources Used:

The American Group Psychotherapy Association's Practice Guidelines for Group Therapy

How you do Anything is How you do Everything by Cheri Huber and June Shiver

Artwork used with permission from Irene at Ireart Studio



Be Well

Appendix C



WOMEN'S
WELLNESS GROUP

PARTICIPANT
WORKBOOK

Week 1: Welcome, What is Wellness?

You do not have to be good.
You do not have to walk on your knees
for a hundred miles through the desert repenting.
You only have to let the soft animal of your body
love what it loves.
Tell me about despair, yours, and I will tell you mine.
Meanwhile the world goes on.
Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.
Meanwhile the wild geese, high in the clean blue air,
are heading home again.
Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting -
over and over announcing your place
in the family of things.

Mary Oliver

Wild Geese



Women's Wellness Group

Week 1: Welcome, Introductions, Confidentiality, Goal Setting

Week 2: The Creative Self & Mindfulness

- Thinking
- Emotions
- Control

Week 3: The Coping Self

- Leisure
- Stress Management
- Self Worth
- Realistic Beliefs

Week 4: Physical Health

- Exercise
- Nutrition
- Sleep

Week 5: The Essential Self

- Spirituality
- Gender
- Identity
- Self Care

Week 6: The Social Self

- Friendship
- Love

Week 7: The Social Self, continued

- Communication
- Boundaries

Week 8: Final Closing Group

- Reflections on personal growth
- Metaphoric gift exchange
- Plan for continued growth and wellness

What is wellness?

Jot down some ideas about what wellness means...

Wellness is...

Myers, Sweeney, and Witmer (2000) **defined wellness** from a counseling viewpoint, stating **wellness** is: a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community.

"a conscious, self-directed and evolving process of achieving full potential." - The National Wellness Institute

"...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." - The World Health Organization.

Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life.

Wellness is more than being free from illness, it is a dynamic process of change and growth.

-UC Davis

THE INDIVISIBLE SELF: An Evidence-Based Model Of Wellness

CONTEXTS:

Local (safety)

Family
Neighborhood
Community

Institutional (policies & laws)

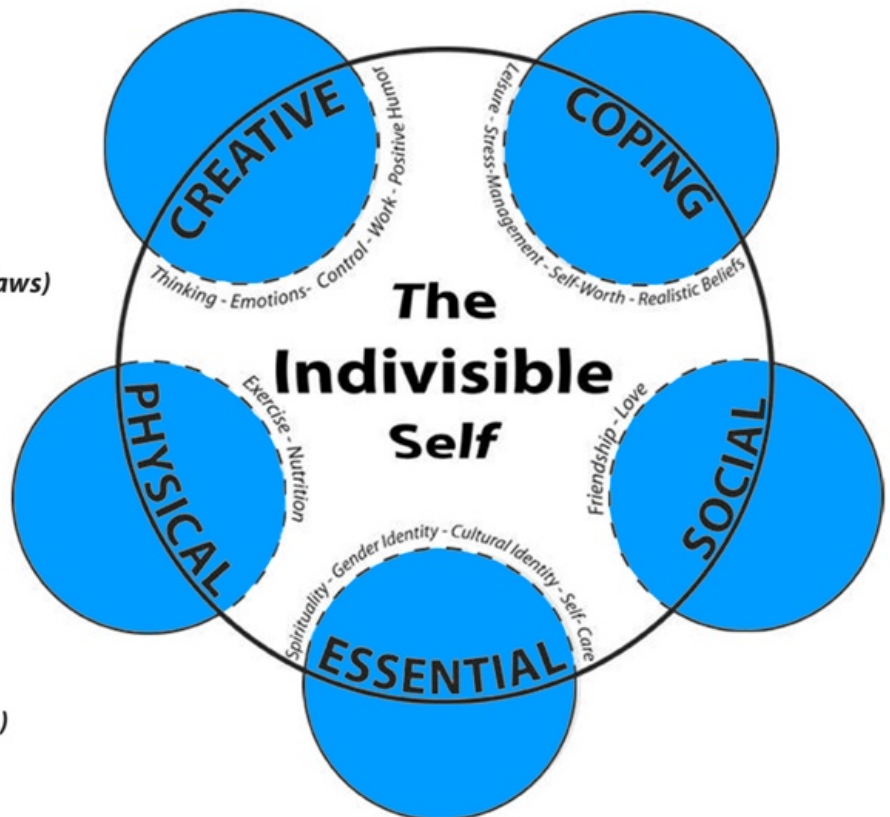
Education
Religion
Government
Business/Industry

Global (world events)

Politics
Culture
Global Events
Environment
Media

Chronometrical (lifespan)

Perpetual
Positive
Purposeful



Goal Setting

SMART Goals

Specific
Measurable
Achievable
Results Focused
Time Bound

One goal for myself during the next 8 weeks:

One goal for myself over the next 6 months:

One goal for myself over the next year:

5 years? 10 years?

What were the most important steps that brought you here, to be who you are, and come to this group, today?

Draw a picture of yourself in your favorite space.

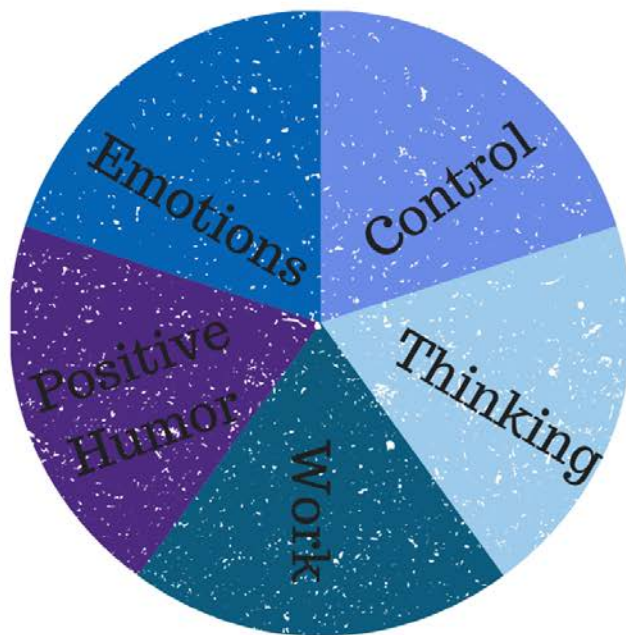
What is this person like? Describe the qualities of this person.

Week 2: The Creative Self & Mindfulness

“The most fundamental harm we can do to ourselves, is to remain ignorant by not having the courage and the respect to look at ourselves honestly and gently.”
--Pema Chödrön



The Creative Self



According to Myers and Sweeney's Wellness Model (2008)

Thinking: "Being mentally active, open-minded; having the ability to be creative and experimental; having a sense of curiosity, a need to know and to learn; the ability to solve problems"

Emotions: "Being aware of or in touch with one's feelings; being able to experience and express one's feelings appropriately, both positive and negative"

Control: "Belief that one can usually achieve the goals one sets for oneself; having a sense of planfulness in life; being able to be assertive in expressing one's needs"

Mindfulness: "Mindfulness is a state of active, open attention on the present. When you're mindful, you observe your thoughts and feelings from a distance, without judging them good or bad. Instead of letting your life pass you by, mindfulness means living in the moment and awakening to experience."
[From *Psychology Today*]



Feelings Inventory

The following are words we use when we want to express a combination of emotional states and physical sensations. This list is neither exhaustive nor definitive. It is meant as a starting place to support anyone who wishes to engage in a process of deepening self-discovery and to facilitate greater understanding and connection between people.

There are two parts to this list: feelings we may have when our needs are being met and feelings we may have when our needs are not being met.

AFFECTIONATE

compassionate
friendly
loving ■ open hearted
sympathetic ■ tender
warm

ENGAGED

absorbed ■ alert
curious ■ engrossed
enchanted ■ entranced
fascinated ■ interested
intrigued ■ involved
spellbound ■ stimulated

HOPEFUL

expectant ■ encouraged
optimistic

CONFIDENT

empowered ■ open
proud ■ safe ■ secure

EXCITED

amazed ■ animated
ardent ■ aroused
astonished ■ dazzled
eager ■ energetic
enthusiastic ■ giddy
invigorated ■ lively
passionate ■ surprised
vibrant

GRATEFUL

appreciative ■ moved
thankful ■ touched

INSPIRED

amazed ■ awed
wonder

JOYFUL

amused ■ delighted
glad happy ■ jubilant
pleased ■ tickled

EXHILARATED

blissful ■ ecstatic
elated ■ enthralled
exuberant ■ radiant
rapturous ■ thrilled

PEACEFUL

calm ■ clear headed
comfortable ■ centered
content ■ fulfilled
mellow ■ quiet
relaxed ■ relieved
satisfied ■ serene ■ still
tranquil ■ trusting

REFRESHED

enlivened ■ rejuvenated
renewed ■ rested
restored ■ revived

AFRAID

apprehensive ■ dread
 foreboding ■ frightened
 mistrustful
 panicked ■ petrified
 scared ■ suspicious
 terrified ■ wary
 worried

ANNOYED

aggravated ■ dismayed
 disgruntled ■ displeased
 exasperated ■ frustrated
 impatient ■ irritated
 irked

ANGRY

enraged ■ furious
 incensed
 indignant ■ irate
 livid
 outraged ■ resentful

AVERSION

animosity ■ appalled
 contempt ■ disgusted
 dislike ■ hate
 horrified ■ hostile
 repulsed

CONFUSED

ambivalent ■ baffled
 bewildered ■ dazed
 hesitant ■ lost
 mystified
 perplexed ■ puzzled
 torn

DISCONNECTED

alienated ■ aloof
 apathetic ■ bored
 cold ■ detached
 distant ■ distracted
 indifferent
 numb ■ removed
 uninterested
 withdrawn

DISQUIET

agitated ■ alarmed
 discombobulated
 disconcerted ■ disturbed
 perturbed
 rattled ■ restless
 shocked ■ startled
 surprised ■ troubled
 turbulent ■ turmoil
 uncomfortable ■ uneasy
 unnerved ■ unsettled
 upset

EMBARRASSED

ashamed ■ chagrined
 flustered ■ guilty
 mortified ■ self-
 conscious

FATIGUE

beat ■ burnt out
 depleted ■ exhausted
 lethargic ■ listless
 sleepy ■ tired
 weary ■ worn out

PAIN

agony ■ anguished
 bereaved ■ devastated
 grief ■ heartbroken
 hurt ■ lonely |
 miserable ■ regretful
 remorseful

SAD

depressed ■ dejected
 despair ■ despondent
 disappointed
 discouraged
 disheartened ■ forlorn
 gloomy ■ heavy-hearted
 hopeless ■ melancholy
 unhappy ■ wretched

TENSE

anxious ■ cranky
 distressed ■ distraught
 edgy ■ fidgety
 frazzled ■ irritable
 jittery ■ nervous
 overwhelmed
 restless ■ stressed out

VULNERABLE

fragile ■ guarded
 helpless ■ insecure
 leery ■ reserved
 sensitive ■ shaky

YEARNING

envious ■ jealous
 longing ■ nostalgic
 pining ■ wistful

What are some things you tell yourself about yourself?

Write down a few affirmations that resonate with you:

Week 3: The Coping Self

“Am I living in a way which is deeply satisfying to me, and which truly expresses me?”

— Carl R. Rogers



The Coping Self, according to Myers and Sweeney's Wellness Model (2008)

Leisure: "Activities done in one's free time; satisfaction with one's leisure activities; having at least one activity in which 'I lose myself and time stands still.'"

Stress Management: "General perception of one's own self-management or self-regulation; seeing change as an opportunity for growth; ongoing self-monitoring and assessment of one's coping resources"

Self-Worth: "Accepting who and what one is, positive qualities along with imperfections; valuing oneself as a unique individual"

Realistic Beliefs: "Understanding that perfection and being loved by everyone are impossible goals, and having the courage to be imperfect"

Draw a picture or write about one activity that you enjoy in which time stands still:

Make a list of your own strategies for stress management.

- Write down any strategies that others name that might be useful to you.

List qualities about you that give you worth. Share some out loud.

Write down some of your imperfections.

Define *Conditions of worth*:

What makes **you** worthy of love and belonging?

Week 4: The Physical Self

“The curious paradox is that when I accept myself just as I am, then I can change.”
-Carl Rogers



The Physical Self, according to Myers and Sweeney's Wellness Model (2008)

Exercise: *“Engaging in sufficient physical activity to keep in good physical condition; maintaining flexibility through stretching”*

Nutrition: *“Eating a nutritionally balanced diet, maintaining a normal weight, and avoiding over eating”*

Sleep—*good sleep hygiene includes getting 7-8 hours of sleep every night so that your brain and body can function to their greatest potential*

Exercise

The CDC recommends:

2.5 hours moderate intensity aerobic activity/week + muscle strengthening activities on 2 or more days/week

-OR-

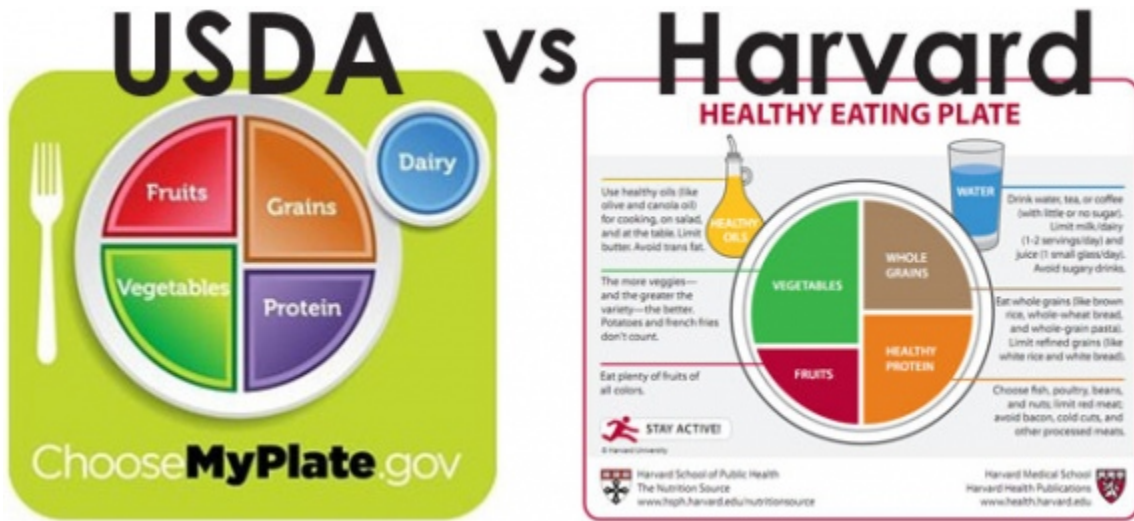
1.5 hours vigorous intensity aerobic activity/week + muscle strengthening activities on 2 or more days/week

-OR-

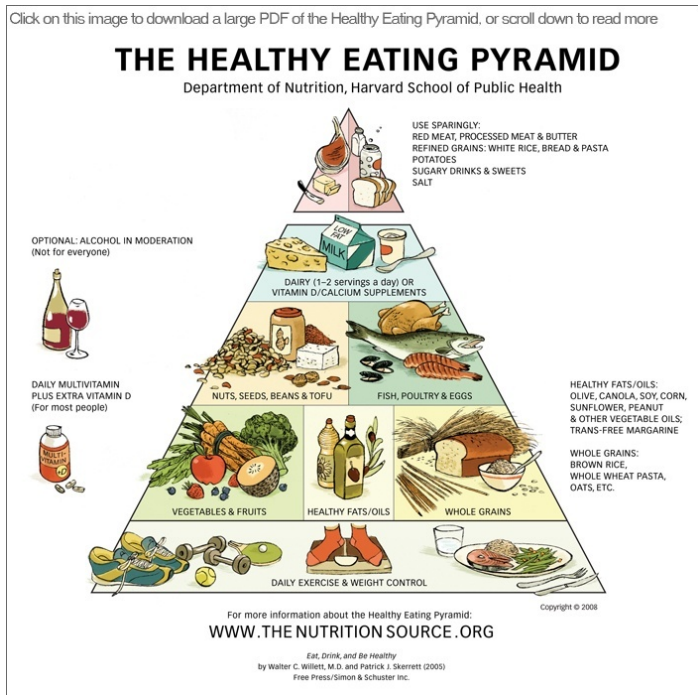
An equivalent mix of moderate and vigorous intensity aerobic activity + muscle strengthening activities on 2 or more days/week

How do I feel about my current exercise routine?

Nutrition



How do I feel about my diet?



For more information, visit: <http://www.healthcastle.com/harvard-versus-usda-whose-plate-wins>

Sleep

I normally get _____ hours of sleep every night. I would like to get _____.

What are your long-term goal for your body? What do you want it to look like? More important, how do you want to feel in your body? Write down your plan to create the body that you want to live in.

The A-Zzz's SLEEP GUIDE To Wellness

Isn't it funny how as kids, taking a nap was one of the worst things in the world? Why would we sleep when we could be playing outside or watching TV? As adults, sleep is the one thing we desire... but with hectic lives it gets pushed to the back burner. This is worrying, because a good night's sleep is one of the most significant things to live a healthy life, yet it is low on many people's priority list.

EFFECTS OF SLEEP DEPRIVATION

A large portion of the population is clearly impacted by a lack of sleep. This lack of sleep can do more than hinder your day to day functioning; it can also impact your health.

- MEMORY LOSS
- WEIGHT FLUCTUATION
- HEART DISEASE
- WEAK IMMUNE SYSTEM
- HIGH BLOOD PRESSURE

TIPS FOR A GOOD NIGHTS REST

- KEEP A SLEEPING SCHEDULE**
It's best to wake up and go to sleep at the same time every day. It takes 7 days to adjust to a new sleep pattern, but just 1 day to return to a typical sleeping pattern.
- EXERCISE REGULARLY**
People who exercise regularly are more likely to sleep better, and need to get tired at an appropriate time. Even adding a 10-minute walk every day improves one's likelihood of a good night's rest.
- TAKE A HOT SHOWER**
A hot shower or warm bath before bed relaxes the body and makes it easier to fall asleep. When your body temperature falls your body feels more relaxed due to natural decrease in metabolic activity.
- AVOID EATING BEFORE SLEEP**
Because the body is digesting food, your heart rate increases from working to metabolize it. It also increases the frequency of waking up in the middle of the night.
- AVOID ALCOHOL BEFORE SLEEP**
Although alcohol helps you relax, it can diminish your quality of sleep by increasing the frequency of waking up during the night and lessening the time spent in REM sleep, your most restorative phase.
- AVOID CAFFEINE BEFORE SLEEP**
Caffeine makes us feel more alert by blocking sleep-inducing chemicals in the brain and increasing adrenaline production. Consuming any before bed will cause you tossing and turning for hours.
- AVOID LONG DAYTIME NAPS**
Taking longer than a 20 minute power nap will make it harder to fall asleep at night.
- READ A BOOK IN BED**
This may not be scientific, but reading a book always makes you tired. Always.
- KEEP IT QUIET**
Sleeping in a loud environment increases the likelihood of waking up at night. The quieter it is, the less distractions there are to the body's rest.
- KEEP IT "JUST RIGHT"**
The ideal bedroom temperature for sleeping is between 65 and 72 degrees. Too hot or too cold will make it harder to sleep well.

HOW MUCH SLEEP DO WE REALLY NEED?

18 years & older	12-18 years old	5-12 years old
7.5-9 HOURS	8.5-10 HOURS	10-11 HOURS
3-5 years old	1-3 years old	Up to 1 year old
11-13 HOURS	12-14 HOURS	14-15 HOURS

Sources:
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Week 5: The Essential Self

“I beg you, to have patience with everything unresolved in your heart and to try to love the questions themselves as if they were locked rooms or books written in a very foreign language. Don’t search for the answers, which could not be given to you now, because you would not be able to live them. And the point is to live everything. Live the questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer.”

-Ranier Maria Rilke



The Essential Self, according to Myers and Sweeney's Wellness Model (2008)

Spirituality: *“Personal beliefs and behaviors that are practiced as part of the recognition that a person is more than the material aspects of mind and body”*

Gender Identity: *“Satisfaction with one's gender; feeling supported in one's gender; transcendence of gender identity”*

Cultural Identity: *“Satisfaction with one's cultural identity; feeling supported by one's cultural identity; transcendence of one's cultural identity”*

Self-Care: *“Taking responsibility for one's wellness through self care and safety habits that are preventative in nature; minimizing the harmful effects of pollution in one's environment”*

Who am I? How do I identify myself? What labels do I apply to me?

Who do I want to be?

After you've done the values sort, write down your top values:

List of self-care practices:

How will you care for yourself this week?

FROM KRISTIN NEFF'S WEBSITE!!

<http://self-compassion.org/exercise-3-exploring-self-compassion-writing/>

Part One: Which imperfections make you feel inadequate?

Everybody has something about themselves that they don't like; something that causes them to feel shame, to feel insecure, or not "good enough." It is the human condition to be imperfect, and feelings of failure and inadequacy are part of the experience of living a human life. Try writing about an issue you have that tends to make you feel inadequate or bad about yourself (physical appearance, work or relationship issues...) What emotions come up for you when you think about this aspect of yourself? Try to just feel your emotions exactly as they are – no more, no less – and then write about them.

Part Two: Write a letter to yourself from the perspective of an unconditionally loving imaginary friend

Now think about an imaginary friend who is unconditionally loving, accepting, kind and compassionate. Imagine that this friend can see all your strengths and all your weaknesses, including the aspect of yourself you have just been writing about. Reflect upon what this friend feels towards you, and how you are loved and accepted exactly as you are, with all your very human imperfections. This friend recognizes the limits of human nature, and is kind and forgiving towards you. In his/her great wisdom this friend understands your life history and the millions of things that have happened in your life to create you as you are in this moment. Your particular inadequacy is connected to so many things you didn't necessarily choose: your genes, your family history, life circumstances – things that were outside of your control.

Write a letter to yourself from the perspective of this imaginary friend – focusing on the perceived inadequacy you tend to judge yourself for. What would this friend say to you about your "flaw" from the perspective of unlimited compassion? How would this friend convey the deep compassion he/she feels for you, especially for the pain you feel when you judge yourself so harshly? What would this friend write in order to remind you that you are only human, that all people have both strengths and weaknesses? And if you think this friend would suggest possible changes you should make, how would these suggestions embody feelings of unconditional understanding and compassion? As you write to yourself from the perspective of this imaginary friend, try to infuse your letter with a strong sense of his/her acceptance, kindness, caring, and desire for your health and happiness.

Part Three: Feel the compassion as it soothes and comforts you

After writing the letter, put it down for a little while. Then come back and read it again, really letting the words sink in. Feel the compassion as it pours into you, soothing and comforting you like a cool breeze on a hot day. Love, connection and acceptance are your birthright. To claim them you need only look within yourself.

Week 6: The Social Self

“Loneliness does not come from having no people about one, but from being unable to communicate the things that seem important to oneself, or from holding certain views which others find inadmissible.”

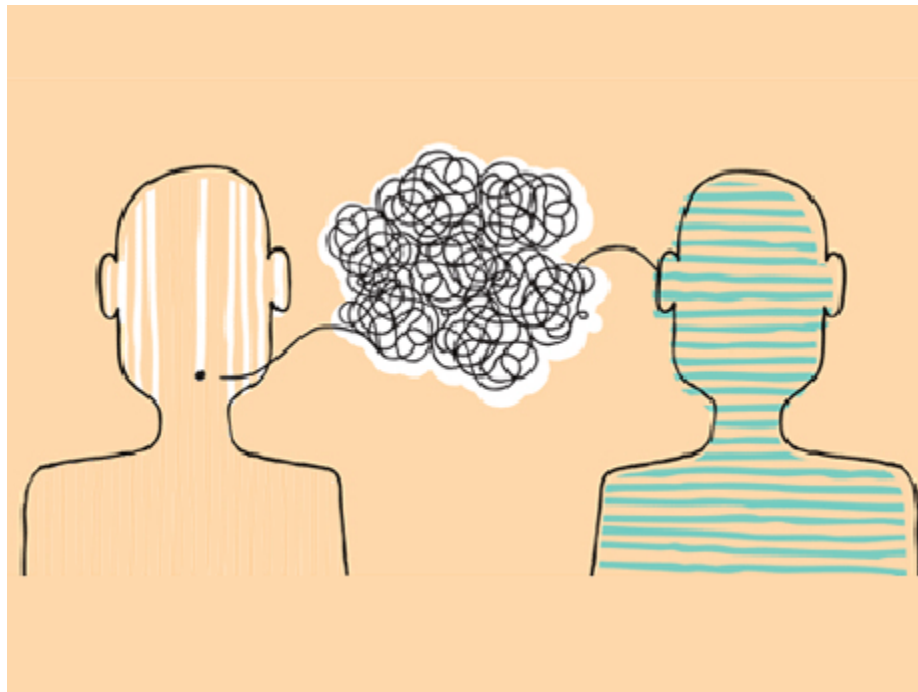
— C.G. Jung



The Social Self, according to Myers and Sweeney’s Wellness Model (2008)

Friendship: “Social relationships that involve a connection with others individually or in community, but that do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed”

Love: “The ability to be intimate, trusting, and self-disclosing with another person; having a family or family-like support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way, healthy communication styles, and mutual appreciation”



Aspects of meaningful relationships:

Communication Styles

Moving toward, moving away, moving against

These communication patterns are developed early in life, and work to decrease anxiety and increase self-perception and self-worth.

Moving towards: You can avoid rejection by being compliant and agreeable. Do what the other person wants and then you are ok with them and therefore feel more safe. (Giving up too much of self and own identity)

Moving away: to decrease anxiety, some individuals learn to withdrawal and avoid intimacy with others to avoid rejection. This can look like self-sufficiency and extreme independence

Moving against: People who move against try to control their own situations and others. They are often competitive and have a strong need to be right and/or win.

I feel _____ when _____

Questions to ask yourself to improve self awareness and/or communication:

What is the story I'm making up...

What am I thinking?

How am I feeling?

My beliefs right now are...

How does my body feel?

My actions right now are...

Week 7: The Social Self

“I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.”

— Brené Brown



In order to have healthy boundaries, you need to know yourself so that you know how to enforce your limits. Some boundaries I'd like to create or enforce are...

Week 8: Closing Group

“Allow yourself satisfaction in what you have. If you really don’t like it,
allow yourself permission to make changes.”

-Lillian Schneider



Reflections on my Personal Growth:

Plan for continued growth and wellness:

My gifts from others:

Gratitude

As you continue on your path to wellness, try keeping a gratitude journal. Write down 3 things that you are grateful for before you go to bed every night with a casual explanation. After a few weeks, see if you notice a difference in your overall wellness.

What does it mean to live well?

Now that we've spent 8 weeks talking about wellness, what does it mean to live well?



Be Well

Artwork used with permission from Irene at Ireart Studio

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