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Healthy living skills education: A 12-module group intervention for individuals with serious mental illness

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Healthy Living Skills Education:

A 12-Module Group Intervention for Individuals with Serious Mental Illness

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Dedication

This project is dedicated to those who experience serious mental illness in all its forms and to those who love them.

Acknowledgements

Thank you to the professors, mentors and fellow students who have made my learning experience at James Madison University such a challenging, beautiful and priceless experience of learning and growth.

Thank you to my parents, children and especially my husband, who have offered support and love throughout this process and long before.

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Abstract

Serious mental illness often strikes during adolescence, a time of life when individuals typically prepare to navigate society as independent adults. Due to its symptoms and this crucial developmental interruption, people with serious mental illness often experience difficulties with acquiring and developing life skills. They often struggle to maintain financial independence or their physical health suffers as a result of poor diet and medication side effects. Most commonly, they struggle to develop competency in navigating the social demands of life and relationships.

This project is a 12-module life skills group to provide support and group interventions regarding three life areas significantly affected by SMI: personal finances, nutrition and social skills. Each area consists of four individual hour-long groups to address more specific aspects. Research regarding the impact of serious mental illness on the development of these skills and factors that led to the selection of particular curriculum are described.

Healthy Living Skills Education:

A 12-Module Group for Individuals with Serious Mental Illness

According to the Substance Abuse and Mental Health Administration (SAMHSA), more than 45 million Americans experienced some form of mental illness in 2010, and more than 11 million received a diagnosis of serious mental illness (SMI). SAMHSA (2012) defines those with serious mental illness "as persons aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within DSM-IV (American Psychiatric Association, 1994) that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities" (p. 9). Depending on the SMI diagnosis and severity of symptoms, SMI can result in serious functional impairment with psychosis, self-harm behaviors or suicidal thoughts and behaviors. These symptoms can be exceptionally debilitating and often require urgent and extended treatment (Substance Abuse and Mental Health Services Administration, 2013).

In addition to the primary symptoms of SMI, secondary factors such as deficits in financial status, physical health concerns or diminished social skills interrupt life activities and negatively impact an individual's mental wellness. The crucial time of life in which mental illness usually presents has an important causal relationship in the delayed development of these skills.

> Levine (2013) observes: "Because SMI often strikes in adolescence when youth need to learn how to function in the world, they frequently lack the needed experiences to gain good social, communication, and employability skills. When

> these developmental ruptures are added to their positive symptoms, such as threatening voices, the effects are devastating. Further, people with SMI encounter many barriers that impact their being able to overcome their illnesses, including rejection, poverty, substandard housing, isolation, unemployment, loss of valued social roles and identity, loss of sense of self and purpose in life, as well as the iatrogenic effects of involuntary hospitalization, medication, and other treatments that are not evidence-based" (p. 58).

After these developmental phases have been interrupted, individuals may need specific, explicit instruction to aid in the improvement of these living skills. In order to provide interventions regarding these deficits, I have compiled curriculum for a 12-module life-skills group that instructs individuals with SMI in three core areas of functioning: finance, nutrition and social skills.

Literature Review

Impact of Serious Mental Illness on Finances

Finances can be difficult to manage for individuals without illness and for people suffering from serious mental illness managing money can be particularly overwhelming. Young men with the diagnosis of schizophrenia are far more likely to experience significant delays in educational goals and are staggeringly more likely to rely on family for financial support that young men without a diagnosis. Additionally, they are much more likely to live with family members than with a roommate or romantic partner than healthy young men of the same age. In one study, young men with a recent diagnosis had significant delays in three areas of functioning: "residential/financial, educational attainment and involvement in a romantic relationship" (Roy, Rousseau, Fortier, &

Mottard, 2013, p. 162). Delays in these three areas are all understandably linked to the experience of mental illness. They may also be interrelated, as educational attainment affects financial success, which in turn affects one's access to resources for independent living.

Much research has supported vocational training for people with SMI, in fact, many clinical programs provide treatment for vocational delays in conjunction with traditional therapeutic treatment, including coordinated job placement and ongoing coaching. In contrast, very little analysis regarding SMI and its impact on financial behaviors and spending patterns exists. I could find no treatment program specifically written to address deficits specific to financial behaviors. However, in one study, Borras et al. (2007), reviewed the spending habits of individuals with SMI, how they spend their total monthly income, how it is managed (by the individual or through an account managed by a payee) and, most importantly, how they spend their discretionary portion (excluding necessary expenses for housing, food, medical bills, etc.). Participants in the above study spent an average of 72% of their discretionary income on toxic substances including alcohol, cannabis, and nicotine products. The study concluded that spending habits often reflect the level mental health functioning for the client—the more ill the individual, the more money spent unhealthy substances.

In addition, a client's improvement could be negatively influenced by financial concerns since it has been shown that a relationship exists between financial stress, social isolation, and SMI symptoms. In fact, financial strain can be a significant deterrent to improvement in treatment for two probable reasons: lack of money lessens an individual's ability to participate in common social activities and the feeling of stress that

most people (with or without illness) experience in times of financial difficulty increases stress factors and therefor inhibits improvement (Mattsson, Topor, Cullberg, & Forsell, 2008).

While addressing financial deficits should be important in treating individuals with SMI, there are potential questions regarding the efficacy of financial education for some individuals, as evidence exists that people with schizophrenia exhibit cognitive deficits that may cause difficulty in managing money (Niekawa, Sakuraba, Uto, Kumazawa, & Matsuda, 2007). The barriers to making wise financial decisions may be related to difficulty in understanding verbal and written instructions, symptoms of psychosis-related cognitive inadequacies. As these groups are mostly instructional, the effectiveness of these specific groups may vary according to an individual's diagnosis and symptoms.

Impact of Serious Mental Illness on Nutrition and Health

Nutrition and physical health both arise as areas of consistent concern for people with SMI. Most research regarding physical health and serious mental illness has explored the experience of individuals with schizophrenia and alarmingly, as death rates from certain preventable diseases have reduced in the general population, they have continued to increase for those with schizophrenia (Saha, Chant, & McGrath, 2007). This suggests that programs that provide treatment for people with schizophrenia should be providing additional attention to physical health, as they have not adequately benefited from improvements in healthcare during the past decades.

Individuals with diagnoses other than schizophrenia exhibit similar health and nutritional deficits. In fact, individuals with bi-polar disorder who participated in one

study report similar eating habits to those with schizophrenia and present with "suboptimal exercise habits," (Kilbourne, et al., 2007, p.446). They eat fewer nutrient-rich fruits and vegetables and are less likely to prepare their own food than individuals with schizophrenia. This behavior may be due to the dichotomous depressive and manic symptoms associated with bi-polar disorder are thought to contribute to these behaviors, as depression reduces an individual's motivation for physical activity and cognitive capacity required for planning and food preparation. Manic episodes often lead to treatment non-compliance and behavioral instabilities and alarmingly, participants in this study reported that providers discussed physical health behaviors significantly less with them than do providers for people with schizophrenia (Kilbourne, et al., 2007).

In general, people with serious mental illness experience higher rates of other physical illness, including heart disease, some cancers, respiratory diseases, HIV and diabetes and a diverse number of factors may contribute to this increase in physical illnesses. It may be that individuals with SMI consistently have a reduced access to care because of their diminished ability to seek care and self-advocate within a healthcare system. Unfortunately, the unhealthy behaviors that often accompany SMI as symptoms, including smoking and other substance use, risky sexual behaviors, nutrient poor diets and reduced physical activity, contribute to greater risk for life-threatening disease or injury. Additionally, physical side-effects, including metabolic syndrome, weight gain and significantly reduced cardiovascular health, often exist as side-effects to psychotropic medications, especially anti-psychotics (Robson & Gray, 2007).

People with SMI report that they maintain their unhealthy eating habits for reasons not altogether different from reasons people without SMI who fail to make

changes. Their rationalizations vary from "negative perceptions" about people who eat healthy being "health nuts" to the difficulty in changing eating habits and the important role of food as comfort. An added and legitimate concern for people with SMI is the fact that they place their mental health as a higher priority (Barre, Ferron, Davis, & Whitley, 2011). This most likely leads to diminished attention to physical symptoms and nutrition behaviors.

Impact of Serious Mental Illness on Social Skills

Perhaps the area of concern most explored by researchers is the impact that SMI has on the development and expression of social skills. Most classifications for diagnoses and presentation of serious mental illness include some defined diminished social functioning. The symptoms can vary widely based on the specific diagnoses, severity or duration of episode and the existence of co-occurring diagnoses. Multiple studies point to the significant delay individuals with SMI demonstrate and the efficacy of social skills education for this population (American Psychiatric Association, 2013; Blaney & Millon, 2008). Individuals with illnesses such as schizophrenia, bi-polar disorder, dependent personality disorder and anti-social personality disorder, present with diminished social functioning (Sperry, 2003).

As an example, individuals with bi-polar disorder struggle with social demands. When asked to report on their recent social encounters, they reported that they struggled with meeting new people and maintaining conversations at a significantly higher rate than those without bi-polar disorder. This may be accounted by the fact that people with SMI often encounter social stigma, which may negatively influence their self-perception in social encounters. Another cause may be that the diminished cognitive function that

accompanies depression may limit an individual's processing of social interactions and increase anxiety surrounding such interactions (Depp et al., 2010).

In fact, individual with diverse SMI diagnoses have been shown to benefit from social skills training and psycho-education (Dilk & Bond, 1996) and many programs exist for specific diagnoses as recommended interventions vary according to diagnosis and level of functioning. While treatment for personality disorders focus on emotional regulation and effective behaviors (Linehan, 1993), Barre et al. (2011) suggest that for individuals with bi-polar disorder encouraging accurate assessment of social functioning through an increase in self-efficacy skills and concrete instruction and practice could possibly improve social self-perception and social skills. As individuals with SMI frequently receive treatment in environments with combined diagnoses, utilizing a variety of interventions may be key in assisting the broadest number of clients.

Group Interventions

Since individuals have been shown to make and sustain changes more effectively with supportive social support, group interventions may be particularly well suited for topics such as these. Advice such as that given in psycho-educational groups has been shown to motivate individuals to seek support to improve physical health (Tosh, Clifton, & Bachner, 2014). Interventions that integrate education in planning, finances and nutrition, along with hands-on activities have the potential to positively impact client behavior and to give individuals confidence that they can influence their physical health through their behaviors (Gretchen-Doorly, Subotnik, Kite, Alarcon, & Nuechterlein, 2009). Instruction regarding healthy diets, meal planning, shopping and meal preparation can all increase client improvements in health (Barre et al., 2011).

As individuals with SMI frequently voice concerns regarding difficulties with finances, health and social interactions groups that address these issues allow clients to experience validation of the complete experience of serious mental illness, not just the aspects more commonly addressed in clinical settings (Yalom & Leszcz, 2005). Properly facilitated groups such as this can provide social connectedness and can be therapeutically beneficial for a population that experiences frequent marginalization.

Target Population

The group interventions offered in this project would best serve individuals with Axis I (such as schizophrenia, major depressive disorder or bi-polar disorder), Axis II (such as borderline personality disorder or dependent personality disorder) diagnoses and/or co-occurring substance use disorders who are receiving treatment for crisis stabilization in a full-time or part-time treatment environment. Clients may be in a state of post-acute distress, having recently been hospitalized or others may be referred to prevent a potentially dangerous increase in symptoms. Generally, individuals attend for a continued period of stabilization from four to eight weeks. Some clients may attend up to 12 weeks, as their illness, its symptoms and response to treatment determine.

Existing therapeutic interventions already in use within treatment programs usually include CBT, DBT, psycho-education regarding substance use, medications, general mental health, exercise and group socialization. Clinicians facilitate groups and provide individual therapy and case management for clients and this group and its structure would marry well with the comprehensive treatment offered in this skills group.

Curriculum Resources

For the design of this set of modules, I relied on the Federal Deposit Insurance Corporation (FDIC)'s Money Smart for Adults, an 11-part curriculum, conveniently provided with no copyright restrictions. This program comes as a "comprehensive financial education curriculum designed to help low- and moderate-income individuals outside the financial mainstream enhance their financial skills…" that has been shown to positively influence "how consumers manage their finances" over time (Federal Deposit Insurance Corporation, 2014). Each provides a great degree of flexibility in audience and application. The curriculum can be used in both group and individual interventions and each module provides an independently structured lesson that can be presented in conjunction with any of the other modules within the curriculum. In order to address the most pressing needs and goals of individuals with SMI, I included four specific modules. The first, entitled *Borrowing Basics* provides a basic understanding of credit and responsible debt management, and *Money Matters*, instructs on the development and use of basic budgeting practices. The third, *Pay Yourself First*, encourages financial behaviors such as savings and setting financial goals. Finally, *Financial Recovery* discusses managing excessive debt, obtaining competent credit counseling and potential consequences of bankruptcy (Federal Deposit Insurance Corporation, 2010).

In order to integrate humor and increase engagement, I created a playlist of modern music songs, each with lyrics related to money in some way. This can be played before and after the groups and during breaks throughout the days that this group occurs. For an attention activity the facilitator can initiate an attention activity in which the

participants name take turns naming the artist and song, which are included in the appendix to this document.

For the nutrition and health aspects of the curriculum, I relied on the Office of Disease Prevention and Health Promotion's *Eat Healthy Be Active Community Workshops* (Department of Health and Human Services, 2010). The authors prepared these workshops for "community leaders" in encouraging and educating community members about diet and exercise changes that lead to improved physical health and weight loss. The curriculum provides for very basic guidelines: "Balancing calories," "Foods to increase," and "Foods to decrease," and increasing physical activity. The simple curriculum references the USDA's coordinating website *My Plate.gov* (United States Department of Agriculture, 2011) in providing dietary guidelines and recommendations for physical activities. In addition, it offers attention activities and specific discussions regarding six areas of nutrition and diet.

In order to educate group members regarding interpersonal skills, I selected client-targeted topics that are frequently suggested by individuals receiving treatment for SMI and I drew from a diverse set of resources for the module structure. These include *Making and Keeping Commitments*, in which I provide a self-produced calendar and guidance regarding creating and following a system for time management. More importantly, concepts such as priority and domain are introduced to assist clients in deciding what to commit to doing for others *and* for themselves. *Effective Self-Advocacy* addresses social skills within the framework of assertive, aggressive and non-assertive behaviors. *Goals of Difficult Behavior* provides a framework for discussion of behaviors individuals observe in others and themselves and the "benefits" of those behaviors for the

person. For both the *Self-Advocacy* and *Goals of Difficult Behavior* groups I utilized topics often suggested by clients in treatment and found the resources in *The Therapeutic Tool Box: 103 Group Activities and Practical Treatment Ideas and Practical Strategies*. I formulated these two groups for the use of visual displays and self-authored handouts. Finally, in *Coping with Stressful Situations*, I introduce distress tolerance skills from *Skills Training Manual for Treating Borderline Personality Disorder* (Linehan, 1993).

Some clients carry long-standing conflicts with family or friends, but due to illness find themselves alarmingly dependent on the contributions and support of those same individuals. Each of these groups provides educational information for clients about how to address interpersonal conflict and creating boundaries. For many clients the efficacy and side effects caused by psychotropic medications become very present concerns so, appropriately and effectively advocating with a prescriber can be crucial to sustaining medication therapy.

Recommendations

Based on prior experience in working with the SMI population, I recommend that these groups be held one to two times per week, as the schedule permits, and as client interest and presenting concerns dictate. Each group best functions when comprised of eight to 14 members, with the group being open to incoming clients at any time. While groups can be offered in numbers outside of that range, this amount of members encourages client participation and allows all willing members to contribute in the time allotted. As people tend to learn through a variety of mediums, each module includes illustrations, power point slides and participant handouts. Multi-media, especially music

and humor use can be very successful in engaging group members and help to diminish defensiveness surrounding sensitive subjects.

Without assessment it is difficult to know for certain how prepared a client may be for healthful change, so being attentive to a client's insight into his needs can be crucial to effective intervention. This can be particularly true when the client presents in the early stages of change. Prochaska's research regarding the stages of change and the impact that particular interventions provide on healthful behaviors indicate that for clients still in pre-contemplative stage, creating a sense of urgency surrounding health issues and increasing an individual's belief in the ability to influence health through behaviors could be crucial to a client taking action. Additionally, interventions that focus on education and planning provide the most benefit for those in the contemplative stage regarding their eating and exercise habits (Prochaska, Norcross, & DiClemente, 2007). These groups have the potential to educate clients about what outcomes they have the ability to impact and perhaps initiate movement to a greater state of readiness for change.

Even when individuals present unready to actively change behaviors that impact financial, physical or social wellbeing, a group led with sensitivity to such viewpoints can offer validation regarding the very debilitating effect that SMI has on basic aspects of their lives. Each group is meant to be interactive with socialization regarding the experience of living with SMI to be included as part of the therapeutic intervention. The introductory activities are written to spark discussion and encourage group member engagement with the topic the other group members as this impact is most felt when experienced peer-to-peer. Encouraging client participation about their own struggles, suggestions or objections allows individuals within the group to share experiences

relating to diverse aspects of serious mental illness and social skills. Individuals make connections, practice appropriate self-disclosure and also voice concern in a group setting.

In order to encourage this environment, the facilitator should take care to offer the materials in an open manner, while presenting the recommended behavioral changes within the curriculum as "suggestions" rather than required action to be taken. Participation in the groups should not be predicated on clients following particular interventions recommended in the curriculum.

Before using this curriculum clinicians should receive training in and experience working with individuals with SMI and the impact their illnesses may have on group dynamics. Additionally, clinicians should be receiving competent and adequate supervision regarding the use of this curriculum and concerns that may arise throughout the course of the group. The 12-module life skills curriculum, including the references for resources and handouts are included in the appendix to this document.

Limitations

A group such as this may be greatly improved through assessment of the interventions and their effectiveness. Additionally, assessment of clients' presenting issues at initial group introduction, and stages of change regarding these three areas might allow for shaping of group discussions to include targeted groups. Measuring for change as a client terminates, as well, would be ideal and provide much-needed insight to the outcomes for individual clients. As this project lacks assessments, it is difficult to know for certain the influence that groups such as these have on client wellness and change during treatment.

Conclusion

Overall, an educational group, such as this one, that addresses the topics of finance, nutrition and social skills can assist individuals with SMI as they navigate the path to recovery. This is accomplished through providing education, motivation for improvement and an environment that therapeutically encourages client connection and recovery. These groups can increase engagement for clients regarding a diversity of issues and lead to therapeutic interactions between group members and facilitators. As participants engage in these interventions they can begin to apply the specific skills and knowledge to improve the diverse aspects of their lives impacted by serious mental illness.

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Resources Compiled by
Brette Sasser Stephenson

Healthy Living Skills Groups 1-4

FDIC Financial Education Curriculum

Money Smart—A Financial Education Program for Adults by the Federal Deposit Insurance Corporation found at:
http://www.fdic.gov/consumers/consumer/moneysmart/adult.html
Module Descriptions as provided by FDIC:

Healthy Living Skills 1—Borrowing Basics

Objectives—Provide a basic understanding of debt and debt management
By the end of this course, participants will understand How credit works, types of credit that are available, and if they are ready to apply for credit. To achieve this objective, the participants will be able to:

- Define “credit” and “loan”.
- Distinguish between secured and unsecured loans.
- Identify three types of loans.
- Identify the costs associated with getting a loan.
- Identify the factors lenders use to make loan decisions.
- Explain why installment loans cost less than rent-to-own services.
- Explain why it is important to be wary of rent-to-own, payday loan, and refund anticipation services.
- Describe how to guard against predatory lending practices.

Healthy Living Skills 2—Money Matters

Objectives—Provide options for developing and using basic budgeting practices.
By the end of this course, participants will understand how to manage money by preparing a personal spending plan and identifying ways to decrease spending and increase income. To achieve this objective, the participants will be able to:

- Track daily spending habits.
- Prepare a personal spending plan or budget to estimate monthly income and expenses.
- Identify ways to decrease spending.
- Identify possible ways to increase income.
- Identify budgeting tools that will help you manage your bills.
- List and prioritize financial goals.
- Recognize how to create a plan to achieve financial goals.

Healthy Living Skills 3—Pay Yourself First

Objectives—Provide understanding of financial goal setting and investments.
By the end of this course, participants will understand ways to save money and savings options to save toward their goals. To achieve this objective, the participants will be able to:

- Explain why it's important to save.
- Determine goals toward which you want to save.
- Identify savings options.
- Determine which savings options will help you reach your savings goals.
- Recognize investment options that will work for you.
- List ways you could save for retirement.
- List ways to save for large-expense goals, including child's college tuition, car or home purchase, or a vacation.

Healthy Living Skills 4—Financial Recovery

Objectives—Provide options for managing excessive debt, obtaining credit counseling and the potential consequences of bankruptcy.
By the end of this course, participants will learn about steps they can take to recover financially and rebuild their credit after experiencing a financial setback. To achieve this objective, the participants will be able to:

- Assess their current financial situation.
- Identify ways to increase income and decrease and prioritize expenses.
- Develop a financial recovery plan.
- Identify steps to successfully implement a financial recovery plan.
- Recognize how to guard against credit repair scams.
- Identify timeframes to review and adjust their financial recovery plan.

Healthy Living Skills 1-4
Songs About Money Playlist
Music from following playlist can be used during an attention activity prior to group beginning.

Songs About Money				
Song	**Artist**	**Album**	**Length**	**Record Label**
9 to 5	Dolly Parton	16 Biggest Hits: Dolly Parton	3:00	RCA Nashville
You Never Give Me Your Money	The Beatles	Abbey Road	4:02	Apple Records
Thrift Shop	Macklemore & Ryan Lewis	The Heist	3:56	Macklemore LLC
Working Man	Imagine Dragons	Night Visions	3:55	Interscope
Take the Money & Run	Steve Miller Band	Steve Miller Greatest Hits	2:56	Polygram TV
Shop Around	Smokey Robinson	Motown #1 Hits From the Early 60s	2:54	Tamla
Penny Lane	The Beatles	1	3:00	Apple Records
Payphone	Maroon 5	Payphone-The Single	3:51	A&M, Octone
Money, Money, Money	ABBA	Arrival	3:07	Atlantic
Money	Pink Floyd	Dark Side of the Moon	6:23	Harvest
Million Dollar Bills	Lorde	The Love Club	2:18	Universal Music Group, Virgin
Material Girl	Madonna	The Immaculate Collection	3:54	Sire, Warner Brothers
Can't Buy Me Love	The Beatles	1	2:12	Apple Records

Healthy Living Skills 5

Nutrition I-Introduction to My Plate and the Current Dietary Guidelines

Purpose: To introduce clients to the *Myplate.gov* website and the current dietary guidelines. To facilitate a therapeutic environment in which clients can address their experience of SMI and physical health.

Materials: 1 Peanut Butter Power Bar, 1 20 oz. Gatorade, 1 cup sugar, 1 glass water, 1 cup raw broccoli, 1 apple

Handouts: "10 Tips for a Healthier Plate"

Attention Activity: Place a Power Bar, a Gatorade, one cup of sugar, a cup of granola, a glass of water, one cup of broccoli and an apple on the table in front of the group. Ask group members to write down how many calories are in each of these items. Ask for volunteers to share their answers. After a sufficient number have shared, tell the group the individual calorie count for each time. Ask them to calculate the total number of calories on the table.

- Peanut Butter Power Bar: 240
- Gatorade: 130
- Sugar: 773
- 1 Cup Granola: 598
- 1 Glass of Water: 0
- 1 Cup of Raw Broccoli: 50
- Apple: 95

MyPlate.gov

Handout "**10 Tips to a Healthier Plate.**" Read over the tips with the group and discuss different recommendations. Expect objections to some of the suggestions. "Roll with it" and allow discussion of the concerns. Confirm that these are suggestions and things to consider as they move forward in addressing their financial, health and social goals.

Handout the **"Sample Menus for a 2000-Calorie Food Pattern"** and introduce what amount of food would constitute a 2000-calorie day. Suggest that they consult the *Myplate.gov* to find out what their personal caloric intake should be. Call attention to the limited/healthy snacks. Introduce the concept of "empty" calories—foods without nutritional value. Ask them to suggest foods they think that would be "nutritionally dense" and foods would be "nutritionally empty" then ask them to evaluate the foods from the attention activity. Ask about their favorite "nutritionally dense" foods.

Conclusion: Summarize by stating that small changes in food choices can lead to greater health and potential weight loss over time. Give the group two potential topics for next week's group and allow them to choose which will be presented.

Resources: *Eat Healthy. Be Active.* Found at http://www.health.gov/dietaryguidelines/workshops/
MyPlate found at http://www.choosemyplate.gov/

Healthy Living Skills 6

Nutrition II-*Myplate.gov* Recommendations for Best Health

Purpose: To review the *Myplate.gov* recommendations regarding how to eat for best nutrition and health. To facilitate a therapeutic environment in which clients can address their experience of SMI and physical health.

Materials: Bowl with 10 teaspoons sugar, 1 can of Coke

Handouts: *Calorie Log*, *Daily Calorie Needs*, *Top 4 Tips for Losing Weight and Keeping It Off*

Attention Activity: Display a bowl with 10 teaspoons of sugar. Ask the group how many calories are in the bowl. After they give their suggestions, tell them there are 10 teaspoons sugar and 150 calories. Then show a can of Coke tell them there is the same amount of sugar and the same number of calories as the sugar in the bowl.

***MyPlate.gov*:**
Handout sample completed "**Calorie Log**," first completed and then blank. Introduce the concept that tracking calories is the first step to making dietary changes, just as tracking spending is the first step in creating a spending plan. Handout blank "Calorie Log" have the individuals in the group fill out the spaces for today, first. Suggest that clients use online calorie trackers to accurately assess their calorie count and measuring serving sizes to ensure accuracy. Ask if any group members have tried tracking calories in the past. What were the results?

Handout **"Daily Calorie Needs"** and have them assess how many calories they need each day based on their age and activity level. They can look for more detailed information about their specific nutritional and caloric needs on the *Myplate.gov* website.

Handout **"Top 4 Tips for Losing Weight and Keeping It Off."** Have individual members of the group read the points and lead discussion for the details of each of these. Expect objections to some of the suggestions. "Roll with it." When you encounter resistance, confirm that these are suggestions and ideas to consider as they move forward in improving future health.

Conclusion: Setting nutrition/health goals can be very similar to financial goals. Bringing our behaviors into awareness can be the first step in making small changes in the ways we eat. Encourage participants to begin thinking about the changes they could be making, if any. Give the group two potential topics for next week's group and allow them to choose which will be presented.

Resources: *Eat Healthy. Be Active.* Found at http://www.health.gov/dietaryguidelines/workshops/
MyPlate found at http://www.choosemyplate.gov/

Healthy Living Skills 7

Meal Planning I-Introduction to meal planning and recipe selection

Purpose: To introduce clients to meal planning and recipe selection. To facilitate a therapeutic environment where clients can address their experience of SMI and physical health.
Materials: Cooking magazines, recipe cards-enough for one for each group member "Weekly Meal Planner" (2 pages)

Attention Activity: As the group begins to form, give each group member a cooking magazine. After the group has begun, ask each person to select a healthy recipe within their magazine that they would enjoy making and eating. Have each group member tell the other members of the group which recipe they selected, why and what they would find most challenging about the recipe. All a minimum of 15 minutes for this activity. Ask group members about their own cooking habits and where they get ideas for new recipes. If group members are hesitant about cooking themselves, suggest local community cooking classes, learning from watching demonstrations on TV or Youtube.com.

Myplate.gov
Handout "**Weekly Meal Planner."** Have the group read the suggestions together and discuss the options. Point out that most of the items are very simple and inexpensive foods without complex cooking necessary. Ask the group to share any similar items they regularly include in their weekly eating. Expect objections to some of the suggestions. When you encounter resistance, confirm that these are suggestions and things to consider as the work to improve their physical health.

Discuss the ideas for dinners at the bottom of the page. Note the recipes are very simple and some do not include a meat dish. Discuss alternatives to meat as a protein source. Note that it is not necessary to try new recipes, but introducing one new food or recipe a week would lead to 52 new items in their regular cooking rotation.

Conclusion:
Encourage interest in trying new recipes during the coming week. Pass out a recipe card to each group member to record their found recipe, if they choose. Give the group two potential topics for next week's group and allow them to choose which will be presented.

Resources: *Eat Healthy. Be Active.* Found at http://www.health.gov/dietaryguidelines/workshops/
MyPlate found at http://www.choosemyplate.gov/

Healthy Living Skills 8

Meal Planning II-Grocery Shopping:

Purpose: To introduce clients to grocery shopping for healthy foods and meals with a plan and a list. To facilitate a therapeutic environment where clients can address their experience of SMI and physical health.

Materials: Weekly grocery store circulars-enough for one for each group member.

Handouts: "My Shopping List," "Grocery List," and "10 Tips to Stretch Your Food Dollars"

Attention Activity: Pass out the weekly circulars at the beginning of class. Tell the group that "we are going to go grocery shopping and that we'll need to take a look at where we should buy which items." Tell them that there won't be a field trip, but the group will be discussing the differences in pricing, healthfulness and convenience with the circulars. Write on the white board a list of 10 items to look for in the circulars. Items: boneless chicken breast, broccoli, avocado, canned black beans, romaine lettuce, bananas, bottled water, frozen sorbet, whole wheat sandwich bread and pickles. Have them report the differences in pricing and sizes. Which stores would they prefer to go to? Would they go to more than one? Do they live near a particular store or does their bus route go by a particular store? Convenience can be important. Allow at least 15 minutes for this activity.

Myplate.gov

Handout **"My Shopping List"** and discuss some of the items included on the list. Expect objections to some of the suggestions and allow clients to voice their concerns. Then confirm that the activities and recommendations within this group are suggestions.

Handout "**Grocery List"** and suggest that they write some of their own preferred items within the categories. Are there any important items left off of the "My Shopping List?" Provide a simple recipe and read the ingredients aloud to the clients. Ask them to think of the items they may already have at home that would make that meal. Which items are they missing? Have them place those on the list.

Handout "**10 Tips to Stretch Your Food Dollars"** and have individuals read through the list of activities. Ask them to share which of these they use or have used. Most individuals in the group will have very tight budgets, so they may have tried several of the ideas already. Do not forget to suggest the use of food pantries and other resources in times of need.

Conclusion: Planning is crucial in making changes to diet. Encourage them to consider using a meal plan and coordinating list to initiate those changes. Give the group two potential topics for next week's group and allow them to choose which will be presented.

Resources: *Eat Healthy. Be Active.* Found at http://www.health.gov/dietaryguidelines/workshops/
MyPlate found at http://www.choosemyplate.gov/

Healthy Living Skills 9

Making & Keeping Commitments-Appointments, Calendars and Managing Time

Purpose: To introduce clients to prioritizing time commitments and keeping commitments to self and others. To facilitate a therapeutic environment where clients can address their experience of SMI and managing time and relationships.

Materials: Colored Pencils, Jar with word strips

Handouts: "Monthly Calendar"

Attention Activity: Pass around a jar with word strips with different activities written on them. Have each client select three. Introduce the concepts of "priority" and "domain" and use the white board to create two columns to explain the differences between each and reinforce that each individual may interpret these differently based on personal circumstances and experience. Have each read them aloud. Have each person read the strips out lout to the group and evaluate them for priority (low, medium, high) and domain (personal, work, relationships).

Discuss that we each make choices about how to use our time. When making commitments to others, it is important to remember to make commitments to self, particularly about our time. "If you had a commitment to yourself to go to an AA meeting tomorrow, but your sister called to ask if you could watch her kids, which would be the priority? There is no write answer, but if it is crucial for your sobriety to attend AA, then it may be important to tell you sister that you cannot watch her kids then, but maybe at another time." Ask group members to suggest how best to convey this to the sister. This may be a new concept to many of the participants and will most likely create some discussion and questions. Very often people with SMI have a difficult time asserting boundaries regarding time and the pressure to do things for others.

Be sure to introduce address the other behavior that often accompanies SMI: "Often when mental illness strikes, individuals begin to isolate. That is when making and keeping commitments to others can be very important. If you find yourself isolating, be sure to include plans that require you to commit to others, perhaps a lunch with your friend each week. Be sure to keep your meetings with prescribers, therapists and coaches during this time, too." Ask for feedback regarding this aspect of their illness and recovery.

Handout "**Monthly Calendar**." With the next week in mind, have them create a plan for the things that are high priority first. What appointments do they know they need to keep? Group therapy? AA meeting? A doctor appointment? Then suggest they schedule the lower priority items, like a nap or lunch with a friend.

Conclusion: Making a written commitment to yourself through a calendar and verbal commitments to others can help create stability and health in an individual's life. Give the group two potential topics for next week's group and allow them to choose which will be presented.

Healthy Living Skills 9
Making & Keeping Commitments-Appointments, Calendars and Managing Time
Blank Calendar

Month		Year				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Healthy Living Skills 9
Making & Keeping Commitments-Appointments, Calendars and Managing Time

Suggested Word Strips:

- Attend a doctor appointment
- phone call to schedule dentist appointment
- lunch with your brother/sister
- call your doctor about your recent blood work results
- time sheets at work
- feed the neighbor's cat (she's out of town)
- nap
- have your flat tire fixed
- volunteer for the neighborhood coop
- babysit your sister's kids
- grocery shopping
- attend your college class
- file paperwork for social security benefits
- meet with your probation officer attend group therapy
- take the dog for a walk
- apply for a job
- take your medications
- read a book
- watch your favorite program on TV
- go to the apartment pool
- play with your kids
- go to bed (its late)
- type your resume
- meet with your job coach
- beat the next level on your video game
- read the gossip news
- look for a job
- call your mother
- go on a date
- make a nice meal
- host guests for dinner
- find a new pair of work pants (the others have a hole)
- call a friend you know is sad
- meet with your therapist
- meet with the person with whom you last "used"
- plant flowers on your porch
- go to an AA meeting

Healthy Living Skills 10
Effective Self-Advocacy Skills-Assertive, Aggressive and Non-assertive Behaviors

Purpose: To introduce clients to appropriate assertive behaviors when advocating for self in a variety of social encounters. To facilitate a therapeutic environment where clients can address their experience of SMI and social difficulties.

Materials: Six illustrations of different cartoon characters (without word bubbles or captions) with accurate displays of body language and facial expression (2 assertive, 2 aggressive and 2 non-assertive). (These can be found online and displayed in print or digitally on screen, as available)

Handouts: "Assertive, Aggressive and Non-Assertive Behavior"

Attention Activity: One-by-one show each of the cartoon illustrations to the group and solicit initial responses. Ask the group: "What are is that character thinking, saying, or feeling?" Some members of the group will struggle with these and might have an emotional response to the illustrations. Expect that some group members may have objections. Allow them to voice their concerns and validate their perspective as valid.

Tell the group that the discussion will be on behaviors that are effective in social situations and learning to become aware of our own responses and that of the others. Discuss that most people want to act in the most effective manner possible—getting what they want in the situation, while maintaining the relationship. Assertive behavior can have a positive impact on the outcome. One important thing to remember is that the other person in the conflict can choose not to use assertive behavior and that we can respect that choice, while maintaining our own. It may mean that we do not get what we want, but that we do maintain our dignity.

Handout **Assertive, Aggressive and Non-Assertive Behaviors** and ask if anyone has had an experience with aggressive behavior. Allow them to share the experience, as they feel comfortable. Ask for someone to share their experience with non-assertive (or passive behavior).

Discuss the elements/characteristics of these as written on the handout.
Ask the group if anyone has experience with assertive behavior. Ask them to share their experience. Then ask them to reflect on the two scenarios before. How could those situations have been handled in an assertive manner?

Conclusion: Encourage group members to utilize assertive behavior when working in emotionally charge situations. Acknowledge the difficulty and potential payoff with success. Give the group two potential topics for next week's group and allow them to choose which will be presented.

Resources: *103 Group Activities and TIPS* by Judith Belmont

Healthy Living Skills 11
Goals of Difficult Behavior

Purpose: To educate clients regarding the motivations behind difficult behaviors clients observe in others and themselves. To facilitate a therapeutic environment where clients can address their experience of SMI and social difficulties.

Materials: Digital or paper displays of cartoon scenarios representing behaviors that may indicate the four motives or goals
Handouts: *Four Difficult Behaviors Pros and Cons*

Attention Activity: On a large screen, display four different illustrations from a cartoon series. Each one should demonstrate the main character behaving in a manner consistent with each one of the goals of difficult behaviors: power, attention, revenge, or display of inadequacy. For each of these, I found cartoons in the series Calvin and Hobbes, in which Calvin provides the demonstrations of difficult behaviors. If you can, select two in which the behavior negatively impacts the main character and two in which positive outcomes for the main character are displayed.

Discuss each one of these and how the main character may or may not be getting particular needs met from others in response to these behaviors. What could be the potential pay-offs for the character? What could be the negative consequences of his behavior?

Handout **"Four Difficult Behaviors Pros and Cons."** As a group have them evaluate particular actions and how those behaviors might "benefit" the actor. Expect objections to some of the suggestions. "Roll with it." As individuals, each person will experience things that others may not. Also suggest that we may be unaware of consequences of behaviors, both our own and others and this discussion is mean to help us evaluate if conditions exist that we have not previously observed. Very often individuals question the motives or the "why" of behaviors from others or themselves. While the activity does not recommend "mind-reading" sometimes behaviors have motivations or pay-offs that are unrecognized by the actor and the recipient of behavior.

Ask if anyone in the group has an example of a behavior being exhibited with one of these as potential goals. If they are willing to share, ask the group to evaluate the event and how best to address the issue, if at all.

Conclusion: Give the group two potential topics for next week's group and allow them to choose which will be presented.

Resources: *103 Group Activities and TIPS* by Judith Belmont

Healthy Living Skills 11
Goals of Difficult Behavior (cont.)

Difficult Behaviors Pros and Cons		
	Benefits / Pros	Negatives / Cons
Power		
Attention		
Revenge		
Displays of Inadequacy		

Healthy Living Skills 12
Coping with Stressful Situations: DBT-Based Distress Tolerance Skills

Purpose: To suggest ways in which individual members of the group may work to develop skills in addressing difficult emotions. To facilitate a therapeutic environment where clients can address their experience of SMI and the experience of emotion.

Materials: 3 by 5 card for each group member

Handouts: "Distress Tolerance Skills Handout 1" from *Skills Training Manual for Treating Borderline Personality Disorder*

Attention Activity: Tell the story, from either personal experience, or from a selected reading of a situation in which a person was required to use distress tolerance skills in order to complete a particular task. Do this only with an area of your life in which self-disclosure would be appropriate. Do not include elements which you would not otherwise discuss with clients (i.e. family members, friends, etc.). For this particular discussion, attempt to make the situation one in which interpersonal conflict ***is not*** the cause. For my example, I tell of a time when I was driving a small car on the interstate and the car hit road debris. This caused extensive damage to my car and I had it towed more than 50 miles. In addition, it caused me to miss important meetings. The experience and inconvenience afterward were stressful. A personal example, if you have one, would be good for this audience. Appropriate details will provide more engagement with the group.

Handout "**Distress Tolerance Skills Handout."** Evaluate and discuss each distress tolerance skill, as it is listed. Encourage individuals to take notes, as the sheet does not explain several of the items with clarity. Group members will have most likely have used some of these skills without previously understanding their value. Ask for individuals to share, as they feel comfortable, which interventions they use and have assisted them in handling stressful situations.

Expect objections to some of the suggestions. "Roll with it." When you encounter resistance to these ideas, state that they are suggestions. Also discuss that as individuals, each person will find things that are helpful that others may not. Allow them to voice their concerns, while highlighting those that ***may*** work for them.
Encourage each group member to write down three to five activities from the list they can use in times of stress. Encourage them to carry the card with them in an accessible place (purse or wallet) so they can view the suggestions in a crucial moment.

Conclusion: Tell group members that these suggestions were created from studying people who seemed to better handle stress and difficult emotions. Research found that the resilient individuals were more likely to do some of these things. Tell the group that these things can be learned, just like riding a bike or play an instrument and with practice that can begin to use them at times of stress.

References: *Skills Training Manual for Treating Borderline Personality Disorder* by Marsha M. Linehan