



# Self-Management Program

*United States Edition*



## LEADER'S MANUAL



# NextSteps Self-Management Program

*United States Edition 2013*

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## Foreword

### *NextSteps United States – 2013 Edition*

The NextSteps Self-Management Program was developed to help trauma survivors better manage life after a serious injury. From the beginning, the program was developed with the guidance of experienced trauma survivors and their families. NextSteps addresses the topics and skills those individuals told us were helpful in improving their recovery and quality of life. NextSteps does not stand alone, and does not replace usual medical and rehabilitation services. It is one tool to help on the road to recovery. The NextSteps Program is available through in-person classes using this manual and participant workbooks and online at [www.nextstepsonline.org](http://www.nextstepsonline.org)

NextSteps is part of the Trauma Survivors Network (TSN), a program of the American Trauma Society (ATS), the leading organization advocating for the injured and their families. The TSN helps trauma patients and their families connect and rebuild their lives. The TSN provides valuable, practical information and referrals; connects survivors with peer mentors and support groups; seeks to enhance survivor skills to manage day-to-day challenges; and provides on-line communities of support and hope for trauma survivors, their families, and friends. You can learn more about the Trauma Survivors Network (TSN) at <http://www.traumasurvivorsnetwork.org>

The 2013 edition of the NextSteps Self-Management Program builds on the previous editions by the program originators and the 2011 revisions done in collaboration with our Irish colleagues. We are grateful to the staff and former patients of the National Rehabilitation Hospital and colleagues at the National University of Ireland – Maynooth. Development of the 2013 edition is supported in part by a grant from the Department of Defense W81XWH-10-2-0090.

The NextSteps edition builds on the extensive work conducted by the NextSteps program originators and their network of collaborators in the United States. The Ireland and UK program development team gratefully acknowledge the input and feedback provided by staff and former patients of the National Rehabilitation Hospital. The National Rehabilitation Hospital provided an ideal environment to develop a meaningful program to improve rehabilitation outcomes for people with disability. The National Rehabilitation Hospital, Dublin, Ireland, provides a comprehensive range of specialist rehabilitation services to patients from throughout Ireland who, as a result of an accident, illness or injury have acquired a physical or cognitive disability and who require specialist rehabilitation. The Ireland and UK program development team also gratefully acknowledge the guidance and input provided by Dublin City University and the program originators at Johns Hopkins Bloomberg School of Public Health and School of Medicine. Graphic design was provided by Fiona Lawrence Design, Inc. The development of this edition was supported in part by the Health Research Board, Ireland [HRA\_HSR/2010/12].

## Foreword

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## Acknowledgements

### *United States – 2008 Edition*

The NextSteps development team gratefully acknowledges the numerous individuals, organizations and supporters that were instrumental in our efforts. The program builds on the pioneering work of Kate Lorig, R.N., Dr. Ph. and the team at the Stanford University School of Medicine Patient Education Research Center. Their leadership in recognizing patients and their families as the central workers in health care has inspired NextSteps and other similar programs. Many of their ideas were adapted for the needs of trauma survivors and their family members. We also acknowledge the contribution of Amiram Vinokur, Ph.D., and the team at the JOBS Project for the Unemployed at University of Michigan's Institute for Social Research.

Trauma survivors and their families provided guidance and feedback to ensure the NextSteps was useful and relevant. The NextSteps Consumer Advisors are: Darla Beale, Stephanie Bigelow, Robert Chalkley, Robert France, Eileen Jaeger, Leila Johnson, Randy Kuklis, and Constance McKnight. We also acknowledge other survivors and family members who generously shared their time and insights: Bob Baldassari, Adam Blomberg, Brenda Breitenbach, Pam Bryan, Sherry Chapman, Carrie Krug, Scott Shields, and Steve Wilkinson.

NextSteps Program development received important assistance from several organizations. The American Trauma Society, under the leadership of Harry Teter Jr. and with the assistance of Scott Shields, provided inspiration and a partner to ensure widespread distribution of the program. The developers worked with several organizations in developing NextSteps including Inova Fairfax Hospital Trauma Center and the University of Maryland R Adams Cowley Shock Trauma Center. Graphic Design was provided by Fiona Lawrence Design, Inc. and editorial review by Mary Ann Ayd. The development of the NextSteps program was supported in part by grants from the Centers for Disease Control (Grant 5R49CE000198) and the Department of Defense (Grant W81XWH-06-1-0343).



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## A Note to Leaders:

The NextSteps Leader's Manual is designed for those facilitating the six-week course for people with life changes after injury or illness.

A note about terminology. The terms class, lesson, session and week are used interchangeably to describe the facilitation of weekly meetings of groups of patients participating in the NextSteps 6-week program.

NextSteps leaders are responsible for preparing to lead the session. Preparation includes reading the background material and familiarizing yourself with the outline and content. This manual is designed to assist leaders in these tasks. The weeks are divided into the following sections:

**Section 1: Goals for the Week.** Provides an outline of the goals and the activities that will help learners achieve these goals.

**Section 2: Background.** Provides the background information for the session.

**Section 3: Preparing For This Week.** Provides a list of items the leader will need to prepare prior to the lesson.

**Section 4: Working Outline For This Week.** This outline lists activities, approximate time allocated for each activity, and workbook pages for each activity.

**Section 5: Facilitating This Week.** This section provides the worksheets, activity instructions and sample leader "scripts" *in italics*. The script is provided as an example and is not to be read. A number of activities used throughout the course include:

**Flipchart** – work through problem, writing responses on a flipchart to share.

**Worksheet** – use referenced worksheet from participant workbook to complete an activity.

**Group Discussion** – group members have a focused conversation on a specific topic.

**Work in Pairs** – group members pair up to complete an activity and report back on what they learned.

**Brainstorm** – group members provide their thoughts on a specific topic. Leader writes down responses and summarizes.

**Putting It Into Practice** Sessions will conclude with a home activity. This provides members an opportunity to practice what they learned in the session at home.

**Closing/Imagery Exercise.** Most weeks will finish with a guided relaxation or imagery exercise, led by the group leader. The script for these activities will always be provided *in italics*. This script can be read.

**Evaluation.** Feedback from these forms will assist in improving this course in the future.

Thank you for taking the time to be a leader of this course. Your work will help people with injury or illness get back on the "road to recovery."



## Leading the NextSteps Program

The NextSteps program is based on the principles of self-management. Self-management recognizes that patients play the most important role in their recovery. NextSteps teaches patients how to become more proactive and take control of their care. It uses techniques that have been scientifically proven to increase self-confidence and sense of empowerment. NextSteps teaches patients the skills to become an active self-manager of their health and their life.

### What are the benefits to the patient in enrolling in NextSteps?

- 1. More personal power.** Patients become skilled at finding solutions to their health problems. They learn to take control of situations that may have felt out of their control in the past.
- 2. Increased confidence.** As patients experience successes with self-management, they gain greater confidence in their abilities to manage their health.
- 3. Better prepared to handle difficult situations.** By being prepared to handle difficulties as they arise, rather than experiencing a crisis, patients can turn what used to be a “brick wall” into a “speed bump” that they can deal with.
- 4. Improved health.** As patients set health goals and follow a plan for achieving them, they begin to notice improved health. They may experience this in the form of increased confidence, less pain, improved mood, or other ways.
- 5. Better quality of life.** Research has shown that patients with chronic health conditions who engage in self-management activities enjoy improved outcomes and better quality of life.

The following section provides background on the NextSteps program for the group leader and facilitator. In addition to becoming familiar with this information, careful review of the leaders materials and participation in NextSteps Training is essential to effective program implementation. The authors sponsoring institutions welcome your feedback to improve the program.

## Introduction to the NextSteps Program

Participants in the NextSteps self-management program attend weekly self-management group lessons facilitated by two group leaders – a Trainer and Facilitator. The Trainer is usually a health care professional (e.g. nurse, physical or occupational therapist, social worker, psychologist) with previous experience working with groups and an ability to communicate effectively in group settings. He or she has primary responsibility for directing each lesson. The Facilitator assists with the lessons and helps with logistics of the meetings. Either the Trainer, Facilitator, or both are individuals who have experienced injury or illness similar to those to be enrolled in the group. The group leaders are trained to ensure each class follows the NextSteps program. The classes take place over a 6-week period and are delivered in a group format with 8-12 participants per group. The classes are usually conducted weekly for approximately 90 minutes.

### Goals of the NextSteps Program

The overall goal of the program is to increase participation in life activities and improve quality of life for patients and their families. These long term goals are achieved by decreasing negative thinking and increasing participants’ confidence in their ability to handle problems related to their injury or illness. The program also provides skills to help participants manage their physical health problems more effectively, decrease anxiety and depression and improve positive mood.

## How the Weeks Are Organized

- Welcome and Putting It Into Practice Review
- Lesson with:
  - Brief didactics
  - Discussion in pairs or as a group
  - Skill Acquisition – practice target skill
- Closing Activity – positive imagery
- Putting It Into Practice – application of skills in daily life

## Preparation

For every NextSteps class, procure a space that can accommodate 8-12 participants, yourself, and a facilitator. You will need the space for a 6 week period; the SM classes are once weekly for six weeks.

Adequate supplies will be needed for each class. This includes a flipchart or blackboard in the room, different coloured markers for the flip chart or chalk, a sign-in sheet, handouts, name tags, and pens for participants. If possible a small snack and soft drinks are desirable. Give yourself adequate time for set up so you are able to greet each participant as they come to the class.

Before the beginning of each class take some time to prepare for the content and set up. This will help ensure an efficient use of time and resources. Here are some more suggestions.

- Set up food and drinks – if available
- Prepare name tags
- Set up and pre-print flip chart as needed
- Review the background materials and worksheets
- Use the outline to guide the lesson
- Use the planning sheet to prepare materials
- Your enthusiasm, preparation, the NextSteps materials, and the contributions of the participants will insure a good program. Once you prepare, follow the materials, and trust yourself, the facilitator and the participants.

## Preparing to Lead the Lesson

When leading a lesson, it will be important to balance talk with interaction. Overall, the total amount of time you talk in any given meeting should be no more than 25 minutes and often it may be less. You should speak for no more than 5 to 10 minutes in a row. Try to establish a rhythm, that facilitates participation by the class members, for example:

- raise topic
- brainstorm with group participants
- brief presentation on topic
- practice and discuss

It is desirable that every group member participates in every lesson, but each person does not have to talk on each point. You want to give every person a chance to tell their story in the course of the program. As a leader, it is important to make sure the lessons start on time and end on time, or even early.

## **Role of the Trainer**

The NextSteps trainer is responsible for delivering the six-week series of 90 minute self-management lessons. In addition to leading the lessons, the NextSteps Trainers prepare materials for the lessons. The NextSteps Trainer coordinates activities with the NextSteps Facilitator.

### **NextSteps Trainer Job Description**

#### *Qualifications*

- Background in psychology, social work, nursing, physical or occupational therapy, or related field such as teaching.
- Prior experience with group facilitation and/or adult education
- Effective verbal and written communication
- Familiar with issues of trauma survivors and their families

### **General Summary**

Is responsible for delivering a six-week series of 90 minute self-management lessons. The lesson times will be determined mainly by participant group availability. The trainer will have a facilitator to assist with group leadership.

#### *Essential Job Functions*

- Communicate regularly and in a timely manner with hospital or rehabilitation staff
- Participates in train-the-trainer seminar
- Assist with participant recruitment
- Prepare materials for the lesson
- Lead lessons

#### *Authority*

- Coordinates activities with group facilitator

# Role of the Facilitator

The NextSteps Facilitator will work with the NextSteps Trainer during group meetings and assist with the facilitation of group discussion. The NextSteps Facilitator may be responsible for coordinating the logistics of the group, including insuring adequate meeting space, organizing the beverages and snacks for the meeting, or maintaining group attendance sheets depending on the local needs and arrangements with Trainer.

## NextSteps Facilitator Job Description

### *Qualifications*

- Prior experience with group facilitation
- Effective verbal and written communication skills
- A trauma survivor like those enrolled in the class
- Organizational skills

### *General Summary*

Is responsible for assisting NextSteps Trainer with six-week series of 90-minute self-management lessons. The facilitator assists trainer with group leadership and logistics.

### *Essential Job Functions*

- Communicate regularly and in a timely manner with group NextSteps Trainer
- Assist with facilitation of the group discussions

### *Possible Job Functions*

- Assist with participant recruitment (optional)
- Assist with preparing materials for the lesson
- Arrange for meeting space and refreshments
- Take attendance
- Process lesson evaluation forms

## **Having a facilitator and a trainer offers benefits, but teamwork is required.**

Benefits:

- Sharing experiences and expertise
- Sharing responsibility, should a problem arise
- Sharing knowledge
- Complementing one another's facilitation styles (i.e. a vibrant facilitator who moves around a lot balances a trainer who is more subdued in style)
- Having an observer to monitor how well the group is doing
- Sharing information/concerns about participants

Team work is needed:

- So both the trainer and facilitator need to prepare

- To keep the focus on the participants and what they have to say
- To help keep each other on track and on time
- To avoid disagreements between the trainers and facilitator

## Theory & Philosophy of Self-Management

### Overview

Self-management emphasizes the individual taking responsibility for their healthcare. In the traditional medical model, the patient would experience symptoms and go to their doctor for medicine or some other intervention for the problem to be fixed. In this model the patient is not very empowered, as the solution to their problem appears to rest with someone else (their doctor). In the self-management model, persons are empowered to assume greater responsibility for their health. Self-management promotes people becoming educated about their conditions and treatment options. Becoming an informed healthcare consumer is an important part of self-management. Self-management involves problem solving, using resources, communication skills, monitoring one's condition (self-monitoring), and applying other skills and knowledge (such as progressive relaxation for pain or anxiety), among others.

The NextSteps program is designed to teach people to become good self-managers by increasing their self-efficacy (confidence that they can capably manage their conditions and problems).

NextSteps is not meant to be a replacement for group members' medical care. In fact, we encourage group members to continue their medical care as usual and also to inform their doctors of any changes they experience while they are involved in NextSteps. For instance, some group members may experience reduced pain as a result of better pain management. They should be encouraged to tell their doctors about their progress so that they can note the changes and make appropriate adjustments to their medications. Alternatively, patients may become aware of depressive symptoms that require additional treatment from their health care team. Group members are to be dissuaded from making changes to their own medication schedules without consulting their doctor first. NextSteps supports a collaborative relationship between patient and doctor. Although participants are supported in taking a more active role in their healthcare, they are reminded to maintain good communication with their healthcare staff.

### Discovery Learning (also known as Active Learning) for Adults

Adults expect and need a different type of educational interaction than school children. Providing lecture or "talking at the participants" is unlikely to be effective in achieving the goals of this program. That is why NextSteps uses the principles of discovery or active learning. The chief advantage of discovery learning is that it encourages the individual to question and solve problems on their own, thus developing confidence in one's ability to handle problems. This confidence, or self-efficacy, provides encouragement to face even greater challenges.

Discovery learning is based on the assumption that education is a process, not a set of facts. Active learning puts the responsibility on the learner.

Benefits of Discovery learning:

- While you are participating you are paying more attention

- Activities focus your attention on the key ideas or techniques that are being examined
- Active involvement forces you to construct a response and this results in processing of information deeper than mere memorization
- Discovery learning provides you with an opportunity to get early feedback on your understanding: gaps in your understanding cannot be ignored
- Active learning results in episodic memory, a deeper kind of memory specific to an event so that if you cannot at first remember the idea or technique you can reconstruct it from the event
- Discovery learning can be more motivating, incorporating the fun of solving problems and controlling the environment

Active learning is considered more meaningful because:

- It makes use of your own personal associations as a basis for understanding
- Figuring out the process rather than just following directions
- You are forced to confront your own ideas about the subject
- Because you are able to see the principles at work, you have a better grasp of the ideas
- Because you learn in a real life situation, you will be able to recognize an opportunity to use the information more easily
- Because you began connecting the information to the real world its value is clearer to you

## The Science of Adult Learning

(Excerpted and adapted from *Speakers Guide*, 2001, by Carolyn Braddom)

### Characteristics of Adult Learners

**Principle:** Learning for adults is the means to an end, a way of solving a problem. Knowledge is not viewed as an end in itself. Adults seek out learning experiences in order to cope with specific life changes or accomplish a goal.

**Implication for the trainer:** Make the payoff for learning obvious. Give learners a rationale for learning.

**Principle:** Adults tend to take errors personally and are more likely to let mistakes negatively affect their self-esteem.

**Implication for the trainer:** The learning environment should be safe from ridicule. Humour is only funny when focused on the trainer, not the learner. More attention should be given to correct responses than incorrect responses.

**Principle:** Adult learners are likely to have more fixed points of view that make them closed to new ways of thinking and behaving. They tend to apply tried and true solutions known as reproductive thinking.

**Implication for the trainer:** The learning environment should be safe enough for students to experiment with new ways of dealing with problems. Interpersonal feedback exercises and opportunities to experiment with problem-solving should be included.

**Principle:** Adults come to a classroom with specific expectations. It is critical for the trainer to state expectations before getting into content. The trainer can assume responsibility for his/her own expectations, not those of participants.

**Implication for the trainer:** State objectives at the beginning of the lesson. State an agenda for how time will be used.

**Principle:** Adults need to be able to integrate new ideas with what they already know. Linking information to experience and current knowledge is critical for the storage and retrieval of new information.

**Implication for the trainer:** Sequence the material so it builds on current knowledge. Use illustrations and examples to link to experiences.

**Principle:** Information that has little conceptual overlap or conflicts with what is already known is acquired more slowly by the learner.

**Implication for the trainer:** Allow more time for learners to process new unrelated materials or material that conflicts with current knowledge.

**Principle:** Adults prefer self-directed learning over group projects and group projects over lecture. They prefer materials to be presented through the use of more than one medium; they prefer to control the pace, start and stop time.

**Implication for the trainer:** Include other means of learning besides the lecture. Use visual aids, live demonstrations, case studies, etc. Be aware of participant nonverbal messages about pace and length of presentation.

**Principle:** Adults prefer the instructor in the role of facilitator for learning, one who sees the learning/training interaction as a cooperative venture.

**Implication for the trainer:** Change the lesson from an autocracy to a democracy. Recognize that everyone has something to contribute.

**Principle:** The learning environment should be physically and psychologically comfortable. Lectures, long periods of sitting, and an absence of practice opportunities rate high on learner irritation scales.

**Implication for the trainer:** Participants should be made comfortable. Shorten the time you talk and vary the type of activities every 30 minutes or more frequently.

**Principle:** The trainer needs to help learners see the gap between performance goals and current level of performance. Identifying these differences is important in developing readiness for learning.

**Implication for the trainer:** Use evaluation frequently, including tools for learner self-assessment.

**Principle:** Adults benefit from being active participants in the learning process rather than passive recipients.

**Implication for the trainer:** Utilize discussions, practice of skills, games, etc. for interactive learning.

**Principle:** The key role of the trainer is one of facilitative control. The trainer must balance the presentation of new material, the linkage of the material to the learner's current knowledge base, and provide opportunities for discussion and feedback all within the time available.

**Implication for the trainer:** It is imperative that the trainer plan and organize his/her material. Getting through only half the material in the allotted time is poor planning and does a disservice to the participants.

## Positive Reinforcement

Positive reinforcement is an important part of building self-efficacy. Self-efficacy, or self-confidence in one's ability to perform a task, is developed through positive experience. Positive experience generally means success. The more we experience success in a certain activity, the more likely we are to expect that we'll be successful in the future. For instance, if we are successful at managing difficult problems in the past, chances are we would be reasonably confident that we could handle other, similar, problems when they happen in the future. Success and positive feedback are strong positive reinforcements and build our confidence.

NextSteps uses the concept of positive reinforcement to build confidence (self-efficacy) in group members. Group leaders are guided to positively reinforce members often, which can include praising or complimenting participants, thanking them, highlighting their accomplishments or efforts, and interacting in a warm, genuine, and respectful way. For instance, thank group members for coming and attending. Recognize participants for attempting and completing their homework. Praise people for making efforts to work through a difficult spot regardless of outcome. Give positive feedback to persons who try to solve a problem. Acknowledge persons who are able to concede that their problem may not be solved right now—realistic appraisal is an important skill they are beginning to master. Point out past and current successes. One guideline to keep in mind is provided from the research on happy marriages, which suggests that adults are able to tolerate one piece of negative feedback for every seven pieces of positive feedback or praise. So, trainers are encouraged to make sure that they are providing at least this 7:1 ratio of positive to negative comments to group members.

**Make it fun!!!**  
**Communicate to participants that they count.**



## Working with Individuals with Brain Injury

Some individuals who have serious physical injuries may also have Traumatic Brain Injury which can vary from mild to severe. Individuals who experience Traumatic Brain Injury (TBI) may have ongoing deficits. Deficits may be in any of three functional systems (1) intellect –the ability to process information; (2) emotionality - feeling and motivation regulation; and (3) behavioral control.

A person with TBI may have problems such as memory loss, especially short-term memory loss, impaired concentration, attention disorders, mood swings, heightened arousal, personality changes, fatigue, and diminished intellectual ability. Difficulty in problem solving, judgement or reasoning may also be present.

Brain injury can compromise the person's ability to respond to the emotional needs of others. It may also put them out of touch with their own emotions and lead to blunt or flat affect. It can cause a person to have difficulty functioning in complex or over-stimulating situations leading to irritability or confusion. These are but a few of the problems related to brain injury. Moreover, brain damage can limit the ability to store, process, accumulate, and retrieve information. It can also interfere with the ability to control emotions, to benefit from experience, and to learn new information.

In group situations, some group members with a history of TBI have difficulty with the “give and take” of social conversation and can be overly verbal. These members benefit from a more direct intervention from the trainer or facilitator. This offers an opportunity to gently educate participants about their behavior, while providing support and structure to the group at the same time. Once you've identified a member whose brain injury seems to make it difficult for him/her to moderate conversation, take a moment to discuss this with him/her in private after the group (reducing the potential for shame) and offer to help in the group if he/she is interested. Such members are usually grateful for the support and respond quickly to your cues.

Individuals with brain injury may benefit from review of the workbook in advance of class and review of the class activity afterward with a family member or friend. Repetition and practice may be necessary to fully benefit from the program. While individuals with severe brain injury may need other services and not be appropriate for the NextSteps programs, those with mild or moderate injuries may be able to participate and benefit.

## Facilitating Self-Help Groups

### Rules for Group Discussion

No matter how informal your group, there are several unspoken underlying rules of group communication that, if followed, will make the group a safe, comfortable, and respectful environment for promoting change. It is important that during the first lesson, you establish ground rules defining appropriate behavior in the group.

*Rule # 1. All information shared in the group should remain confidential.* It is important for the group members to feel comfortable sharing the experiences with other group members. The knowledge that what is said during group meeting remains in the group and will not be shared with family members, co-workers, and friends outside the group will enable participants to be open with one another. Participants may discuss principles or things that are learned during group, or their own reflections and thoughts, but they should not discuss anything specific about other group members.

**Rule # 2. Treat all members with respect.** Establishing respectful behavior in your group creates an environment of trust and safety. Respectful behavior includes allowing one person at a time to speak, using appropriate language and tone of voice, accepting differences, and treating each other with kindness.

**Rule # 3. One person at a time speaks.** This means no side conversations and interruptions. It may be helpful to tell the group that you as the trainer have difficulty hearing what is said if too many people talk at the same time.

**Rule # 4. No cell phones during group meeting time.** Cell phones are extremely disrupting to group discussion. Ask each member to turn off their cell phone and/or pager as the lesson begins. If they feel they must have the cell phone on because they are serving as someone's emergency contact, then ask them to put the cell phone on vibrate mode. If they receive a call during the lesson, ask them to leave the room to talk with that person. Remind them that the break will provide an opportunity for persons to make any necessary phone calls or return pages.

**Rule # 5. Speak about yourself.** Encourage members to speak in terms of their own experiences, feelings, and thoughts rather than speaking in generalities or about others. This will encourage group cohesion.

**Rule # 6. Ask each group member to be punctual.** This will enable the group to start and end on time. For many people, punctuality is a sign of respect. Informal networking and socializing can take place before and after the meeting.

## Establishing Group Rules/Guidelines

The establishment of group rules and guidelines is extremely important. We have therefore set aside 15 minutes at the beginning of the first group meeting for this purpose. Trainers should work with the group to define the rules. Additionally, the Trainer should ask members to list any other rules that they think will aid in the group discussion.

## Handling Challenging Situations in the Group

**Active Listening.** Overall, you will need to achieve a balance of being ready to listen, observe, and understand, while at the same time provide the leadership to effectively facilitate the discussion. It will be important to take note of non-verbal communication cues from discussants (e.g. body language, tone of voice, facial expressions). Most importantly, be empathetic. Try to put yourself in the speaker's shoes and see the world as he or she sees it.

Here are some general tips for active listening:

**Restating.** Repeat what the person says using the same or slightly different words. This will help the person understand that you have heard what he/she said. If it is not correct, the person can make corrections.

**Questioning.** Asking gentle, probing questions to clarify or obtain more information conveys active listening. It is important to not appear as if you are cross-examining or questioning the validity of what the person has said. Some good rules of thumb are to avoid questions that start with "why", as these can make people feel defensive, and to avoid questions that can be answered with only a "yes" or "no". Good questions are those that encourage more expanded

or thoughtful answers, such as “what changes have you noticed since you tried solving this problem this way?” Use “what’ or “how” questions to facilitate the discussion.

**Summarizing.** It is good to take a moment and step back to look at the “big picture.” It allows the leader to put the current discussion into the context of what has been said by all in the group. It will help the speaker to perhaps refocus the discussion when you feel that it is heading “off track.”

**Reflecting and Validating Feelings.** Sometimes people will say many things, but not say what is at the heart of the matter. Identifying what you as the Trainer perceive to be the underlying feelings the person is trying to convey will help that person to clearly identify his or her own feelings and help them feel comfortable about having these feelings. It will also signal to the group that you understand why he or she might feel that way.

### How to Minimize Distress in Your Group

Establishing rules for group communication and making sure that the meeting space feels safe are the first steps to minimizing distress in the group. Occasionally, you will encounter situations where group participants behave in ways that disrupt the group or upset other group members. For instance, you may have a person in the group who continually interrupts when someone else is talking. As the leader of the discussion, you will need to remind group members of the group’s rules from time to time. In addition, it is important to avoid falling into the trap of advice giving or feeling compelled to “have the answer” or “fix” a person’s problem. What people find helpful is someone listening with their full attention, someone who is interested in understanding how they feel, and someone who respects a person’s right to feel the way they do, whether or not they agree. Listen, ask questions, and use constructive feedback as problem-solving tools.

### Controlling Time Wasters

Adapted from: Silberman, M (1998). *Active Training: A Handbook of Techniques, Designs, Case Examples, and Tips*. San Francisco: Jossey-Bass/ Pfeiffer.

Time Waster	Alternative
Starting late after breaks	Start exactly at the time that you specified. If all participants have not returned, begin with a discussion activity for which complete attendance is not necessary.
Starting an activity when the participants are confused about what they are supposed to do	Give clear instructions. If instructions are complicated, put them in writing beforehand on a flipchart.
Writing your talking points on flipcharts while participants watch; recording all input from small groups	Prepare flip charts ahead of time or ask the facilitator to record information as you moderate a discussion; use only key terms, not complete sentences; group similar responses.
Demonstrating every part of a new skill	Show only the parts of the skill that are new or are key for their understanding

Letting discussions drag on and on	Express the need to move on, but if anyone is cut off call on them during a later discussion. Or, begin discussions by stating the time limit and suggesting how many contributions time will permit.
Waiting for volunteers to emerge from the group	Call on participants when there are no volunteers
Pulling ideas from a tired group	Provide a list of ideas or questions and ask participants to select those they agree with; often your list will trigger thoughts and questions

**Group Problem Solving**

NextSteps is a program that encourages group members to solve problems together. Using the problem solving worksheets group members will identify a problem, define possible solutions to the problem, and establish next steps to solving the problem.

**People Who Disrupt the Group**

Group guidelines that are established through a group consensus will help to specify the behaviors that are acceptable to the group. Most folks are easy to work with, however, occasionally participants may stray, by monopolizing the conversation or interrupting when others are speaking, for instance. If at anytime you feel uncomfortable with something that is being said or done in the group, chances are that someone else in the group is feeling that way also.

**Tips on how to handle specific situations:**

*Talkative member who monopolizes the meeting.* Establish a “round robin” whereby you call on members or ask members to go around the group and contribute to the discussion. As a general rule, you will want each member of the group to talk at least once during the meeting. At times it may be necessary to interrupt if you feel that someone is monopolizing the conversation. For example, you may say, “John, I know that this is something important to you. But let’s give others a chance to join in the conversation. Judy, what are your feelings on this topic?” Another tactic would be to say, “I’m concerned that Judy didn’t have an opportunity to speak. Let’s get back to her concern.”

*Distracting side discussion.* As participants become comfortable in the group, they may start talking to the person sitting next to them, adding side comments that the rest of the group does not hear. This can be particularly disruptive in that others, in particular the speaker, may feel that they are saying something about them. As the facilitator of the discussion, you should remind the group about the rules regarding one person speaking at a time.

*Authoritarian advice-giver.* Often there may be a person in the group who seems to know everything about everything. One strategy is to use this person’s comments as a springboard to a discussion regarding other ways to address the issue. For example, you could say to the authoritarian advice-giver, “It sounds like that strategy has really worked for you, Tim. What strategies have other group members felt helpful?” You can also remind the group that we want to help each person come to their own resolution.

**Silence.** While you should encourage everyone in the group to participate in discussions, it is also important to respect each person's comfort level in expressing their opinions or ideas. For some people, talking in a group may make them extremely uncomfortable. However, as the facilitator it is your job to try to draw people out and invite them to participate. Using the "round robin" may be an effective tool to get those persons who may be shy or not very talkative to express their opinions in the group. If a group member remains reserved despite attempts to draw them into conversation, we encourage you to respect their behavior and to not draw attention to it.

**Aggressive behavior.** Someone who is using attacking behavior, such as shouting or pointing can be disruptive to the group and may even cause some members to not return to the group meetings. Responses that are calming may be the most helpful way to neutralize attacking behavior. In addition, you may remind participants of the group rules regarding respect for others. If the behavior continues, you will need to contact the staff and ask for assistance.

**Highly Distressed Individual.** Group members who are persistently and constantly distressed should be encouraged to consult with their physician or other member of their health care team. Someone who is tearful or upset on occasion in a way that is appropriate to the discussion is in need of support and may not need referral. When possible, use the content of the lesson to provide the opportunity to problem solve or address the issue(s).

### **Tips for Problem Behaviors**

Adapted from: Silberman, M (1998). *Active Training: A Handbook of Techniques, Designs, Case Examples, and Tips*. San Francisco: Jossey-Bass/ Pfeiffer.

- When a participant exhibits problem behaviors, the whole group will likely become involved and will be distracted from the training program
- Do not take such behaviors personally
- Managing your feelings and remaining in control are important to your ability to lead the group
- Negative behaviors may tend to rattle the trainer and distract from your ability to focus on course content
- Your responsibility is to the entire group, not just to one participant
- It is better to deal with the issue in private
- One way to control potential problem behaviors is to periodically remind the group about the ground rules established at the beginning For example:
  - Please hold your questions for a few minutes
  - I think it would be helpful for us to agree that people should speak for themselves
  - Let's have only one comment per person so that everyone has a chance to speak
  - Try to build on each other's ideas
  - When you go into your pairs, please let each person have a portion of the time

## Maintain control when there is conflict:

- **Don't get caught in a power struggle.** Acknowledge the participant's views even when they are contrary to yours. Empathize with feelings. Summarize his/her position. Agree to disagree. Offer to discuss at the break.
- **Use good-natured humor.** Do not be sarcastic or patronising. Humorously put yourself down instead of the participant.
- **Connect on a personal level.** It is unlikely that the person will continue to give you a hard time if you have taken an interest in him/her.
- **Broaden the participation of others.** The more you use small groups and other methods for involving everyone, the harder it will be for just a few individuals to dominate.
- **Protect the participants as needed.** If a participant is criticized, find something positive or provide a possible explanation for what occurred ("I agree that John was coming on strong but I did really like his honesty.")

## Encouraging Expected Behavior

If a participant's behavior is regularly disrupting the group and they are not responding to cues or attempts to moderate their behavior in the group, it will be necessary to emphasize their value to the group and provide suggestions as to what behavior you would like them to follow. We recommend discussing this with the member outside of the group, as discussing it in the presence of other group members may actually increase the disruptive behavior, suggest disrespect, and make other group members uncomfortable. If the behavior continues, you will need to contact the hospital or rehabilitation staff and ask for assistance.

## Dealing with Anger

When trying to understand someone's anger, it is useful to think about the two different kinds of anger: situational and underlying. Situational anger is in response to something that happens to someone, such as the loss of a limb, a diagnosis of cancer, a broken promise, or a perceived threat. It has an identifiable cause, and a focus or object. Underlying anger, on the other hand, is a long-term and generalized state of hostility towards the world or a major part of it (towards doctors, for example). It usually stems from a lifelong set of experiences that might over a lifetime have produced many situational angers, but over time has developed into a deep and stubborn anger.

*Situational Anger.* By far the most common, situational anger can be dealt with through the self-management process. An angry reaction a group participant has in response to another's comment may stem from a situation outside the group. For example, a group member may be angry because her family does not understand the difficulty she has in dealing with the pain she has after her accident. Usually, the best response to this type of anger is to recognize it and let that person have his or her anger. Rather than trying to convince the person that she is not angry or should not be angry, acknowledge the emotional reality of the anger and, if possible, validate it by indicating anger is a natural response at times. Problem solve strategies to deal with the person or situation. Encourage other group members to share their experiences. It may be that they too had felt angry about this particular situation and can offer some insight on how to best deal with it.

*Underlying Anger.* Underlying anger is persistent. If someone seems to be angry all the time and seems unable to accept help, that could be a sign that they have underlying anger. Another would be the intensity. Group members may share concerns with you about the person's anger. It is important to recognize that NextSteps is not designed to deal effectively with this type of anger. The goal is to

encourage behavior that helps the individual and the group work together. Set limits as necessary if the individual becomes upset and/or angry. Encourage deep breathing to control arousal and refocus on the task at hand. If the underlying anger is persistent, speak to the individual about consulting with their physician as anger can have negative health effects.

*Anger About Something Inside the Group.* If group members know each other from a support group or other context there may be anger that has developed between members over disagreements about group business or just personality clashes. As the leader of the group, you may need to play “referee.” As a first step, clarify the issue. What exactly is the person angry about? Sometimes misinterpretation is at the root of the problem. Encourage “I” statements, allow people to finish statements, and keep the discussion focused. Others within the group may help to give feedback.

### **Handling a Crisis Situation**

Crises seldom arise, but when they do it is important to know how to handle them. Immediate health crises (e.g. chest pain, anaphylactic shock) require emergency medical attention and therefore require a call to the medical emergency number (e.g. 999 or 911) to request assistance. If you receive a phone call from someone in crisis you will need to refer them to their physician or ask them to immediately go to a local Emergency Room to consult with a physician. This rule applies to both physical and mental health crisis. If a group member contacts you and expresses thoughts or plans about harming themselves or others, get the phone number and location from where they are calling you. Then, ask them to immediately contact their physician or go to a local Emergency Room for assessment and intervention. If you are concerned that they will not seek help in a timely manner, tell the individual you will call the emergency number to request assistance. Call the emergency number and give the dispatcher the name, number, and address of the person you are concerned about. Contact the hospital or rehabilitation staff to get additional instruction as soon as possible.

### **Abuse and Neglect**

Health care workers need to follow state laws and professional ethics regarding suspected/observed abuse or neglect. If in doubt, consult with the hospital or rehabilitation staff regarding reporting responsibilities.





**WEEK 1:**

# Taking Stock



## Section 1: Goals for Week 1

By the end of this lesson, group members will:

1. Be able to describe the course of recovery and identify where they are in that process.
2. Be able to indentify problems related to injury or illness.
3. Be able to describe the benefits of self-management.

### Helping Members Reach the Goals

Goal	How Group Leaders Help
1. Be able to describe the course of recovery and identify where they are in that process.	<ul style="list-style-type: none"> <li>• Outline the topics to be covered over the next 6 weeks.</li> <li>• Explain that each meeting will last 90 minutes and will have a short break.</li> <li>• Give worksheets to members</li> <li>• Talk about confidentiality.</li> </ul>
2. Be able to indentify problems related to injury or illness.	<ul style="list-style-type: none"> <li>• Discuss the problems that injury or illness may cause.</li> <li>• Stress that the program is designed to provide the basic tools to help them manage these problems.</li> <li>• Identify the extra roles family and friends take on.</li> <li>• Differentiate between what they do and who they are. Use worksheets to help.</li> </ul>
3. Be able to describe the benefits of self-management.	<ul style="list-style-type: none"> <li>• Have members brainstorm activities they have done to help themselves.</li> <li>• Describe self-management and give members a worksheet.</li> <li>• Relate the principles of self-management to activities that members have already listed.</li> <li>• Reinforce group members for taking charge to improve themselves and their quality of life.</li> <li>• Talk about the benefits of self-management and what members can expect to gain from the course (discussion and worksheets).</li> <li>• Remind members that to get the most from the course, they need to attend every lesson and put what they learn into practice.</li> </ul>

## Section 2: Background

### What is Self-Management?

Self-management stresses each person's role in his or her health care outcomes. In the traditional medical model, the patient has symptoms and goes to the doctor for treatment. The doctor is the person who knows what to do and controls the treatment and outcome. This model works well for acute problems such as a broken leg or heart attack. For chronic conditions, such as limb loss, spinal chord injury or serious illness, the person has a much bigger role to play. Helping people become self-managers prepares them to do this.

Being an informed health care consumer is important. In self-management, people are empowered to learn about their conditions and treatment options, and they learn to take on more responsibility for their own health. Self-management involves increasing knowledge, problem-solving, using resources, monitoring one's condition (self-monitoring), and applying skills and knowledge (such as progressive relaxation for pain or anxiety, communication skills), among others.

The NextSteps intervention teaches people to become good self-managers after illness or injury. It builds their confidence that they can manage problems such as pain, anxiety and depression, and it helps them have better relationships with family, friends and doctors by improving their communication skills.

### How This Week Relates to Other Weeks

This Week introduces self-management and introduces its core skill: problem-solving. Each lesson will use the core skills taught in this first week and will add other specialized skills to address specific challenges.

### Self-Management for Chronic Conditions

Self-management has been developed for many illnesses and conditions. It includes cognitive-behavioral principles.

Cognitive-behavioral theory is based on the notion that how we interpret events determines our emotions and our behavior. For instance, we may get angry about being stuck in traffic because we know we'll be late for an appointment. One person may *choose* to spend the next 30 minutes fuming. Another may try to get through the mess faster by angrily changing lanes often. Cognitive behavioral therapy suggests a more adaptive approach, such as saying, "Oh no, a traffic jam! Well, there's nothing I can do to change this. I'll call ahead and let Joe know I'll be late. Then I might as well put on some music and relax. This is a perfect time to get out my new CD."

In the second choice, we adapt and respond more calmly. In this way, our emotions and behavior are *productive* rather than *destructive*. Thus, cognitive behavioral theory states that if we wish to change our behavior or improve the way we feel, we should learn more adaptive ways to perceive and evaluate life experiences.

Many people who have pain and functional impairment view their condition as something they cannot control. This is called decreased self-efficacy, and it tends to increase pain and negative emotional responses, leading to even more physical impairments. Research findings suggest that by enhancing people's ability to cope with their condition, we can improve how they function and reduce pain, perceived loss of control and negative mood.

Self-management uses active, structured techniques to improve cognitive, emotional and behavioral responses. The focus is on skill-building, with special emphasis on problem-solving skills. Self-management research on conditions such as arthritis, fibromyalgia and diabetes has shown that cognitive behavioral programs have improved pain ratings, distress, psychological status and daily functioning. Increased self-efficacy seems to account for much of the improvement.

Self-management is linked with better health. Self-management programs for depression improve depression ratings, and these changes are still there three years after the program ends. Reviews of research studies show that when self-management programs include contact with a professional, there may be reduced drop-out rates and improved outcomes. Self-management promotes self-efficacy via skills training, and these improvements last over time. Also, self-management can reduce use of medical services in the long-term.

### **The Patient and Family as Central Workers**

Following illness or injury, patients and their families are placed in a new situation and are faced with many new tasks. This “work” is on top of the ongoing responsibilities we all have in our daily lives.

Patients and their families have many things to do: finding health care providers, researching treatment options, keeping appointments, following treatment regimens, filing insurance claims, and arranging transportation. There is also the work of coping with the injury or illness, learning what you can still do and how you have changed. All this is on top of the extra time it takes to do self-care activities, develop work/school options, try to maintain life the way it was before the injury or illness, and sometimes try to hide how things have changed.

Most of this work is invisible to those outside the family. Society, employers and health care providers often do not recognize how much work is being asked of patients and their families and are not supportive. In addition to not being acknowledged for all they need to do, patients are not trained to do these activities.

This program is designed to address these challenges. With this program, we want to:

- recognize, acknowledge and appreciate the work that patients and their families do.
- help them realize that they are the central workers, the people who determine how their recovery will go.
- provide the skills they need to do this important work.

We hope that for many this will be a temporary “job” that becomes more and more part-time until finally they will be able to leave it behind and do other things. For some, this work will always be part of their lives. Either way, this program is designed to help them be successful.

### **Potential Impact of Program for Patients**

Self-management programs have been developed for a variety of conditions, including diabetes and arthritis. However, interventions must be tailored to suit the target population. This program is designed to meet the specific needs of patients who have sustained a serious injury or illness.

Functional disability following illness or injury is common. Among the specific issues that patients face are returning to usual activity, coping with post-traumatic stress disorder and anxiety, and relying on and communicating with family. For people of working age, focal points are communicating with their employer, work self-efficacy, and workplace modifications to accommodate disability.

This program helps to improve adaptive coping and mood, decrease suffering, increase self-efficacy to manage illness- or injury-related problems and other conditions, resulting in improved quality of life.

## The Course of Recovery

Due to the diversity of illness and injuries, there is a great deal of variability in the types of services people receive and the amount of function that can return. Some people go directly home from the hospital and have full recovery of function. Others need longer hospitalization, many operations and rehabilitation before they reach maximum recovery.

There is also wide variation in how quickly people return to work, school, home or social activities. For some, the course of recovery is relatively short and they return within weeks to the same type of work and activities as before their illness or injury. For others, the road is longer and they find themselves needing to pursue other job, school or home activities. They may need vocational rehabilitation or retraining for new careers.

Thus, the goals following injury or illness will vary from person to person. For some, full recovery is expected. Others do not return to their former level of function and need to develop ways to compensate.

Also, people have very different ideas of what “getting better” means. For some it means “being the way I was before this happened.” For others it means improving and finding meaning in “who I am and what I am able to do.” Research suggests that it is the person’s expectations and attitudes more than actual level of function that determines quality of life. Recognizing the differences in each person’s expectations helps us understand how people can react differently to the level of function and activity they have.

## Orientation for Group Leaders

Although you will teach skills that will help members to be good self-managers, another one of your important roles is to remind members that they are already capable, competent people with expertise in injury or illness and life management. You foster this goal by continuously offering positive reinforcement.

Be sure to arrive half an hour early to begin the set-up for the lesson. This way, you’ll be present and relaxed as members begin to arrive. You’ll also be free to answer questions. Being well prepared for a lesson not only gives you confidence, it also shows your competency to the group members.

To prepare for each lesson, read the background materials in the training manual. The concepts will give you the background to lead the lesson and answer questions as they arise.

## Section 3: Preparing For This Week

- Read background information for the trainer.
- Read information that follows on leading this week.
- Select and prepare the icebreaker.
- Pre-print the flipchart as needed.
- Have a blank flipchart to write on.
- Prepare name tags.
- Have large markers for the flipchart.
- Have pens or pencils for members.
- Prepare the sign-in form.
- Set up one flipchart.

## Section 4: Working Outline For This Week

**Welcome and Introduction** [5 minutes]

**Introduction Exercise: Work in pairs. Interview each other** [15 minutes]

**Logistics** [5 minutes]

- Confidentiality
- Group Process
- Review Table of Contents and the Week's Topics
- Using the Workbook
- Worksheet 1.1: Problem Checklist [10 minutes]
- Worksheet 1.2: Patients and Families as Health Care Workers [10 minutes]

**Break** [10 Minutes]

- Worksheet 1.3: How has your injury or illness changed what you do? [15 minutes]
- Worksheet 1.4: How has your injury or illness changed who you are? [15 minutes]
- Worksheet 1.5: Benefits of Self-Management [5 Minutes]

**Putting It Into Practice** [5 minutes]

- Worksheet 1.6: Putting It Into Practice [5 Minutes]

**Evaluation** [5 minutes] (optional)





## Section 5: Facilitating This Week

### WELCOME AND INTRODUCTION [5 TO 10 MINUTES]

Distribute name tags

Introduce yourself

Describe your role as group leader and the role of the co-trainer:

*Our role is to provide guidance, lead discussion and to support them; group will provide a lot of information for each other (they're the experts!).*

### INTRODUCTION EXERCISE: BUDDY INTERVIEWS [15 MINUTES]

*Now let's get to know one another. Talk to the person next to you. Take five minutes to gather some information about each other. Get each other's name, illness or injury, hobbies, and favourite thing to do on a Sunday afternoon. Then I'll ask you to introduce your partner to the group.*

### LOGISTICS [5 TO 10 MINUTES]

#### Confidentiality

*Those of you who have attended groups before are probably familiar with confidentiality. Can someone explain what that is to the group?*

*Ask the group to describe confidentially.*

*Yes. Basically, it's an agreement among group members to make sure that what's said in this room stays in this room. It is OK to discuss what you learn about in our group or about your own reactions, but do not discuss anything about other group members. Confidentiality provides a sense of privacy and safety for group members and creates an environment of trust. We ask group members for their commitment to confidentiality. Does anyone have any questions about confidentiality?*

#### Group Process

*In addition to confidentiality there are some other guidelines and class etiquette to help us work together as a group:*

- *Treat all members with respect.*
- *One person speaks at a time.*
- *No mobile phones during group meeting time.*
- *Speak about yourself. When possible, speak in terms of your own experiences, thoughts and feelings rather than talking in generalities or in terms of what others may think or feel.*
- *Be on time.*

### Review Table of Contents and the Week's Topics

#### Using the Workbook

*We'll be covering these topics and learning skills in our time together. You have a workbook that has a section for each week. For every week there is information to take home with you, as well as activities for you to complete during the week. The workbook is yours to keep, so feel free to write in it and make it your own.*

## WORKSHEET 1.1: PROBLEM CHECKLIST [10 MINUTES]

*Let's look at Worksheet 1.1.*

*This is a list of different problems people often have following illness or injury. Take a minute and mark the problems that you or your families have had since your health changed. This list is for your own use and it is up to you what to share with the group.*

Allow the group a minute or two to complete the checklist.

### Share

*Which is the problem you are most concerned about?*

Allow each person to share one or two problems they have identified.

*This checklist helps us understand that our health impacts all areas of our lives. Some people may not have problems in every area. You may not have thought about some of these problems before. Some people are so focused on getting around or getting back home or to work that they may not have noticed that they are having trouble with being forgetful, being distracted or feeling irritable.*

*Some of you have already recognized or been told that you had a concussion or lost consciousness or have difficulties concentrating or with memory. Others may have recognized or been told that you have problems with anxiety or depression. Some of you may have cognitive or emotional problems that have not yet been recognized. This checklist can help you become aware of the challenges you face.*

*If you have checked off a number of problems in a particular area, that could be a sign that you should talk to your doctor about them. This program is designed to provide the basic tools to help you manage these problems. Some problems and people will need more help. The program will help you recognize these problems and find the strategies and help you need to manage your illness or injury. People generally find that there is always room to make things a little better for themselves. Also, if things are going well for you, it gives other people hope to hear stories about how you have succeeded.*

# Worksheet 1.1: Problem Checklist

Check all the items that describe a problem that you or your family have been having since your injury or illness.

## Physical

- Tired/Fatigue
- Move slowly/Balance
- Difficulty with Self-care
- Headaches
- Pain
- Weak/Loss of Sensation
- Trouble falling asleep
- Dizziness
- Difficulty with getting around
- Visual disturbances
- Other (list)

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## Emotional And Behavioral

- Frustrated
- Bored
- Restless or impatient
- Fearful
- Sad, blue
- Lonely
- Anxious, stressed
- Difficulty getting things started
- Flash backs, reliving trauma
- Jumpy, irritable
- Other (list)

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## Cognitive

- Confused
- Misplace things
- Lose train of thought
- Trouble making decisions
- Poor concentration
- Forgetful
- Negative thinking
- Bothered by noise
- Easily distracted
- Other (list)

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## Communication, Social & Community

- Difficulty getting back to work or school
- Argue more than before
- Avoiding
- Problems with health care team
- Uncomfortable around others
- Difficulty being productive
- Trouble understanding or making conversation
- Misunderstood by others
- Other (list)

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*Adapted from Jeffrey Kreutzer, Ph.D. Virginia Commonwealth University*

## WORKSHEET 1.2: PATIENTS AND FAMILIES AS HEALTH CARE WORKERS [10 MINUTES]

### Brainstorm

*Following illness or injury, you and your family are placed in a new situation and are faced with many new tasks. This work is on top of the ongoing responsibilities we all have in our daily lives. What kind of new tasks and responsibilities have you or your family had to do since your injury or illness?*

Write down all responses on the flipchart

*Let's turn to Worksheet 1.2*

*It gives an appreciation of all the work you and your family and friends are doing for your recovery.*

*It is easy to forget that it is really the patients and their families who are the main health care workers.*

## BREAK [10 MINUTES]

## Worksheet 1.2: Patients and Families as Health Care Workers

### The Work

Patients and their families are the main workers in the recovery process with many things to do:

- Identifying health care providers, keeping appointments, and following medication, treatment and rehabilitation regimens.
- Filing insurance claims, arrange transportation, and research treatment options.
- The personal psychological work of coping with the illness or injury, learning what you can still do and how you have changed.
- All of this is on top of the extra time it takes to do self-care activities, developing work/school options, trying to maintain life the way it was before the injury or illness, and sometimes trying to hide how things have changed.

### The Challenges

- Although there are multiple types of work to do, most of this work is invisible to those outside the family and often is not recognized or valued.
- Often society, employers and health care providers do not recognize how much work is being asked of patients and their families and are not supportive.
- Patients are not trained to do these activities.

### The Solution

This program addresses these challenges. With this program we want to:

- Recognize, acknowledge and appreciate the work patients and their families do.
- Help you realize that you are the main health care worker and you will determine how your recovery will go.
- Provide the skills you need to do this important work.

## WORKSHEET 1.3: HOW HAS YOUR INJURY OR ILLNESS CHANGED WHAT YOU DO? [15 MINUTES]

### Course of Recovery After Injury

*Before your health changed you were on your own path in life. You probably had a good idea of where you wanted to go, the things you'd like to accomplish, and the person you wanted to be.*

*There is wide variation in how quickly different people return to work, school, home or social activities after injury or illness. For some, it is a relatively short time, and they return within weeks to the same type of work and activities as before their injury or illness. For others, it takes longer, and they find themselves needing to pursue other jobs, education or home activities.*

*After an injury or illness, changes are likely to occur. These changes might be for the better or for the worse. Part of the recovery process is recognizing these changes and dealing with them. The NextSteps program will help you with your recovery.*

*Now use Worksheet 1.3 to help you answer some questions about yourself and how the illness or injury may have changed what you do. What has changed or stayed the same for you?*

*Take a moment and think about the things you may have given up or that you do differently because of your health. You can write them down if that helps.*

Give participants 1-2 minutes to write them down.

*Now think of some of the things you continue to do despite your injury or illness.*

Give examples, if needed. Give participants 1-2 minutes to write them down.

*Finally, list some new activities or roles you have taken up since your injury or illness or something you might have always been interested in and would be willing to try. This may be hard to do at first, but take some time to think about how life has changed after the injury or illness.*

Give participants 1-2 minutes to write them down.

### Share

Ask several people to share what they have had to give up, still do and hope to do.

*As you can see, injury or illness requires you to give up things or do them differently.*

*However, it is important to recognize there are some things you can continue to do despite your illness or injury. In addition, it is likely that some of you have already taken up new activities since your illness or injury. And yet, what you do is only part of who you are.*

## Worksheet 1.3: How Has Your Injury or Illness Changed What You Do?

**Things you have given up or do differently.**

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**Things you continue to do despite your injury/illness.**

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**New activities you have taken up since your injury/illness.**

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**Notes:**

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## WORKSHEET 1.4: HOW HAS YOUR INJURY OR ILLNESS CHANGED WHO YOU ARE? [15 MINUTES]

*It is often hard to think about who you are. Most of us define ourselves by what we do. After an injury or illness, it is useful to take a broader view of who you are. Let's explore this.*

*Take a look at Worksheet 1.4.*

*First, think of the things you've discovered about yourself that you didn't recognize before your injury or illness. For example, you may have discovered you are courageous, or that you have a strong faith. Or, you may have found that you are prone to being impatient or irritable. Challenge yourself to think about things that will be helpful as well as those things that might block your progress.*

**Give participants 1-2 minutes to write them down.**

*Next take a moment and think about aspects of your personality that have not changed since your injury or illness. For instance, you may be...kind, shy, a good trouble-shooter.*

**Give participants 1-2 minutes to write them down.**

*Finally, there may be new aspects of yourself you have developed or need to develop to help you move forward. For example it may help if you become a better listener, are more patient, or build your self-confidence.*

### **Share**

*What have you discovered about who you are and what you need to develop to have the best possible recovery.*

*After an injury or illness some of what you do may change, but much of who you are remains the same.*

*Does anyone have any questions so far?*



## Worksheet 1.4: How Has Your Injury or Illness Changed Who You Are?

Things about you that you didn't recognize before.

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Things about you that are the same.

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New personal traits you need to develop.

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Notes:

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## WORKSHEET 1.5: BENEFITS OF SELF-MANAGEMENT [5 MINUTES]

(Note: If short on time skip Worksheet 1.5)

*Let's talk about self-management. Self-management is one's ability to manage one's own health. Learning to take care of ourselves is part of rehabilitation.*

### Brainstorm

*What have you done up to now to help yourself be more healthy or to deal with your illness or injury?*

Write down all responses

Reinforce all responses

*You offered some great ideas, and you're right on track.*

*Self-management is our ability to manage our own health. It involves either having or learning several skills to manage various physical and emotional health challenges in our life.*

*Rather than seeing the doctor or therapist as the people with all the answers, it is important to recognize that YOU have a lot to do with how well you feel. You must take charge of your health, your recovery and your life.*

### Brainstorm

*What are some of the advantages of taking charge of our own problems? Let's see how many we can list.*

If the group is having trouble or needs an additional prompt try:

*We all know how good it feels to accomplish something on our own. Take a moment and think of something in your life that you accomplished on your own. It may be big or small to the world, but think of something that was meaningful to you.*

Write down all responses

Reinforce the group as a whole and sum up

*There are many advantages to taking charge of our health and our lives. We all experience positive feelings when this happens.*

*Let's look at Worksheet 1.5 and go over the benefits of self-management.*

## Worksheet 1.5: Benefits of Self-Management

- **More personal power**

We become skilled at finding solutions to our health problems. We take control of situations that may have felt out of our control in the past.

- **Increased confidence**

As we experience successes with self-management, we have greater confidence in our abilities!

- **Self-management skills prepare us to handle difficult situations**

By being prepared, we're better able to handle difficulties as they arise, rather than experiencing a crisis. We can turn what used to be a "brick wall" into a speed bump that we can deal with.

- **Improved health**

If we set health goals and follow a plan for achieving them, we begin to notice improved health. We may experience this in the form of increased energy, less pain, improved mood, or other ways.

- **Better quality of life**

Having better health and having confidence in ourselves, we're able to enjoy ourselves and our lives more.

**WORKSHEET 1.6: PUTTING IT INTO PRACTICE [5 MINUTES]**

*At the end of each week, we will plan an activity to take what we learn in our week into our lives.*

*Between now and the next week think about what you want to accomplish in this program.*

*This could be something you would like to learn, such as how to manage difficult feelings.*

*It could be something you want to change, like getting better help from your family.*

*It could be you want to figure out what this injury or illness means for you and your family.*

*Or it could be some goals you have for your rehabilitation program.*

*You may want to talk with someone about how you hope these lessons will move you forward. At the beginning of our next meeting, we will take a few minutes to share goals and ideas.*

*You can write down as many as you like on Worksheet 1.6.*

*I want to thank everyone for coming and for participating. Next week, we will learn and practice some basic tools for self-management.*



## EVALUATION [5 MINUTES] (OPTIONAL)

*Go to your workbook and tear out the evaluation form for this week.*

*Before you go, please complete the evaluation form. Each week, we will do an evaluation. By getting your feedback, we can learn from you how to improve the program for others. Do not put your name on the form, as we want anonymous and honest feedback. It should only take you a few minutes.*

*Collect form from each member.*

*I look forward to seeing everyone next week.*







**WEEK 2:**

# Moving Forward



## Section 1: Goals For Week 2

By the end of this session, group members will:

1. Be able to turn problems into goals and use the Confidence Scale.
2. Use problem solving
3. Be able to apply the basics of good communication.

### Helping Members Reach the Goals

Goal	How Group Leaders Help
1. Turn problems into goals and use the Confidence Scale.	<ul style="list-style-type: none"> <li>• Use the goal-setting exercise to help teach the principles of setting goals, and reinforce group members who set realistic goals.</li> <li>• Teach members how to use the Confidence Scale to gauge their level of confidence about meeting a goal they set for themselves.</li> </ul>
2. Use problem solving.	<ul style="list-style-type: none"> <li>• Introduce the problem-solving steps and discuss common mistakes people make when addressing challenges and practice using the problem solving approach.</li> </ul>
3. Apply the basics of good communication.	<ul style="list-style-type: none"> <li>• Discuss the types of communication and help members understand five principles for better communication.</li> </ul>

## Section 2: Background

### Basic Tools for Moving Forward

This week focuses on providing members with the basic tools used in self-management: problem-solving and communication.

Good communication, whether it is with family and friends or health professionals, is important to being a successful problem-solver. To be able to advocate for yourself, you must be able to communicate effectively, which includes not only saying what you mean, but also listening to what is being said. Understanding how to best communicate and advocate for yourself as a health care consumer is an important skill that will help group members to receive the best care in a timely fashion. For patients, “health care” includes interactions with doctors, nurses and hospital staff.

### How This Week Relates to Other Weeks

This week will build on the introduction to self-management in the last week and will introduce two core skills of self-management: problem-solving and effective communication. The weeks that follow will use these basic skills to address specific issues and will teach other specialized skills to address specific challenges.

As in all weeks, we want to emphasize and practice the basic skills of self-management: problem-solving and communication. If the group discussion becomes prolonged and certain parts of the week need to be condensed or eliminated, be sure to keep enough time to do the activities on the basic skills.



## Non-Judgment

At some point during problem-solving, everyone will try a solution that doesn't work. If we judge ourselves, we might say, "I'm a failure!" But this is not true. Many of our solutions will not work. That is part of the process of problem-solving. Finding out what doesn't work brings us closer to determining what does work.

We want to guide members toward positive appraisal. Part of this week and the entire program is to give people another way to see things. Instead of saying we have failed when a solution doesn't work, we can say we are turning into successful self-managers because we are working on the problem-solving steps. The steps involve trying a solution, and if it doesn't work, re-evaluating and trying another solution.

## Communication

Good communication is key to a healthy relationship between patients and their health care providers. Studies have shown that patients who communicate well with their providers are more likely to be satisfied with their care and have better outcomes. Communication is both verbal and nonverbal.

We will look at three styles of communication: assertive, aggressive, and passive. Assertiveness means letting others know your thoughts, wishes and feelings directly without violating their rights. Being assertive lets you improve your encounters with others and advocate for yourself in a non-threatening manner, while letting the other person know what you want.

The following box compares assertive communication with the other communication styles.

Communication Style	Verbal	Nonverbal
<b>Assertive</b>	<ul style="list-style-type: none"> <li>• Voice is relaxed and firm</li> <li>• Directly expresses thoughts, wishes and feelings while considering the rights and feelings of others</li> <li>• Listens actively</li> <li>• Open to negotiation</li> </ul>	<ul style="list-style-type: none"> <li>• Posture is erect</li> <li>• Good eye contact</li> </ul>
<b>Aggressive</b>	<ul style="list-style-type: none"> <li>• Voice is loud or yelling</li> <li>• Expresses thoughts, feelings and wishes at the expense of others' rights and feelings</li> <li>• Uses sarcasm, blame, judgment and put-downs</li> <li>• Uses absolute terms like always and never</li> </ul>	<ul style="list-style-type: none"> <li>• Posture is rigid</li> <li>• Points fingers</li> </ul>
<b>Passive</b>	<ul style="list-style-type: none"> <li>• Voice is soft, weak, wavering</li> <li>• Indirectly expresses thoughts, feelings and wishes</li> <li>• Listens more than speaks</li> <li>• Uses disclaimers and apologies such as "I'm no expert, but..." or "I'm sorry to have to ask you this..."</li> </ul>	<ul style="list-style-type: none"> <li>• Posture is slouched; leans on something for support</li> <li>• Frowns, cries or mumbles</li> <li>• Eye contact is indirect, downward or away from the other person</li> </ul>
<b>Passive-Aggressive</b>	<ul style="list-style-type: none"> <li>• Expresses thoughts, feelings and wishes indirectly or not at all, resulting in the put-down of others</li> <li>• What is said is not what is done and is often the opposite of what is done</li> </ul>	<ul style="list-style-type: none"> <li>• May be late or does not show up at all for an appointment</li> <li>• Rolls eyes while other person is speaking</li> </ul>

## Imagery Exercise

Relaxation is a key part of self-management. Relaxation is used to manage anxiety, pain and other stressors. It also helps people focus on the task at hand. When we are relaxed, we are more open to ideas and suggestions.

At the end of each week, we take a moment to relax and use imagery to increase positive feelings and expectations. If people can imagine themselves doing an activity, it prepares them to succeed in doing that activity in the future. In this week and all future weeks, we use imagery as a closing exercise so members see themselves successfully using the skills they learned in that day's session.

In Week 4, *Managing Emotions II*, we go into more detail about relaxation and positive imagery.

## Section 3: Preparing For This Week

- Read background information for the trainer.
- Read information that follows on leading this week.
- Pre-print the flipchart as needed.
- Prepare name tags.
- Have large markers for the flipchart.
- Have pens or pencils for members.
- Prepare the sign-in form.

## Section 4: Working Outline For This Week

**Sign in and Welcome** [5 minutes]

**Review Putting It Into Practice** [5 minutes]

**Goal Setting** [35 minutes]

- Worksheet 2.1: Goal Setting [15 minutes]
- Worksheet 2.2: Confidence Scale [5 minutes]
- Worksheet 2.3: Problem Solving [15 minutes]
- **Break** [10 minutes]
- **Communication** [55 minutes]
  - Worksheet 2.4: Communication Styles [10 minutes]
  - Worksheet 2.5: Preparing To Be An Effective Communicator [15 minutes]
  - Worksheet 2.6: "I" Statements [15 minutes]
  - Worksheet 2.7: Good Listening Skills – Tips [10 minutes]
  - Worksheet 2.8: Communicating With Your Health Care Team: Helpful Tips [5 minutes]

**Putting It Into Practice** [5 minutes]

**Imagery and Closing** [5 minutes]

**Evaluation** [5 minutes] (optional)

## Section 5: Facilitating This Week

### WELCOME [5 MINUTES]

*This week, we are going to explore and practice two main tools we will be using each week. These are tools you may find useful on a day-to-day basis during and after this program.*

*We will begin by focusing on how to work through problems we might encounter in our daily lives. After the break, we will work on how to be an effective communicator. We will use these tools each week, so there will be lots of opportunity to practice. At first some of these ideas may seem simple, unrealistic or silly, but with practice, you may find them useful. Also with more practice, it will come easier, so if you don't get it the first time, hang in there. You may find it useful to review later.*

### REVIEW PUTTING IT INTO PRACTICE [5 MINUTES]

*Let's first review the Putting It Into Practice activity from our last week. Your activity this past week was to think of some ways you would like this course to help you move forward.*

*What do you hope to get out of this course?*

### Goal Setting

*We have asked you to think about some of the problems you are facing as a result of your injury or illness.*

*If you want to solve problems you are facing, it's helpful to set goals. When you break your problems down into a set of goals, you can better plan and take the steps you need to solve them.*

*We're going to begin with the first step in problem-solving—identifying problems and setting goals. Everyone has problems they face related to their illness or injury. These can be pain, inability to do certain activities, or feeling down.*

### Work in Pairs

*Let's divide into pairs. Each of you will take a couple of minutes to describe one problem you're facing that you are trying to solve. Explain to your partner what makes this problem important to you. Take about 5 minutes.*

## WORKSHEET 2.1: GOAL SETTING [15 MINUTES]

*Work with your partner to turn your problem into a goal you can work toward.*

*To increase your chance of success, keep three things in mind when setting goals.*

*Take a look at Worksheet 2.1.*

*Make sure your goals are:*

- **Specific**
- **Measurable**
- **Realistic**

*As an example, you may see being overweight as a problem, so you may choose weight loss as a challenge. To make a goal around weight loss, you may decide to reduce your desserts to one per week. Rather than just saying you want to lose weight, which is a general goal, you have chosen to deal with one part of the challenge first, desserts. So that is specific.*

*Next, you've decided to reduce your desserts to one per week. That makes it measurable. You know exactly how much you can have and how often.*

*Now, what if you decide to never have dessert again, ever? Is that realistic? Not for most of us. Keep in mind that what is realistic for one person may not be for the next person. That's why it is important for you to set your own goals. The reason most people don't reach the goals they set for themselves is that they do not make their goals specific, or they set unrealistic goals.*

*Lets' work together on an example before doing our own.*

*Let's look at the goals and decide if these meet our definition of being, specific, measurable and realistic.*



# Worksheet 2.1: Goal Setting

Keeping in mind that these *three things* will help you reach your goals:

**Make goals as SPECIFIC as possible.**

This may mean taking smaller pieces. For example, we may decide we'd like to exercise more. A specific goal may be to exercise in the gym three times a week.

**Make goals MEASURABLE.**

We've said *how* we're going to meet our goal. This makes it easy for us to measure whether we've met our goal or not.

**Make goals REALISTIC.**

We can check ourselves by rating our belief we can do this on the Confidence Scale. Keep in mind that it's better to take smaller bites and swallow than choke on a big bite! Small successes keep us going. We can help ourselves stay encouraged by making sure our goals are realistic.

- ✓ SPECIFIC
- ✓ MEASURABLE
- ✓ REALISTIC

GOALS "R" US			
GOAL	Specific?	Measurable?	Realistic?
Lose 30 pounds this month			
Walk 15 minutes three times per week			
Read a book to help me get organized			
Get organized			

## WORKSHEET 2.2: CONFIDENCE SCALE [5 MINUTES]

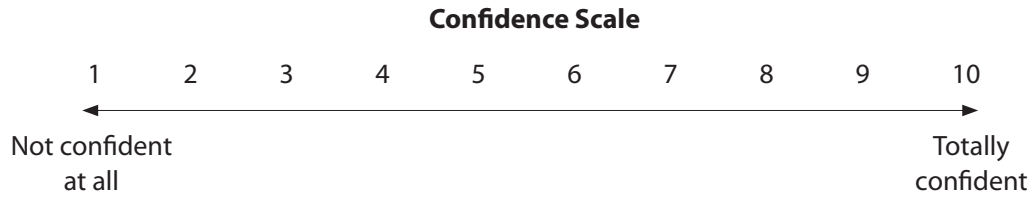
*One way to help us gauge whether a goal is realistic is to rate ourselves on how confident we are that we could meet our chosen goal. The Confidence Scale is a good and easy way to rate our belief that we can reach a goal.*

*We use the Confidence Scale to determine, on a scale of one to ten, how confident we are that we can reach our goals. Rating your confidence at a "1" means you have no confidence that you will reach your goal, and a rating of a "10" means that nothing will keep you from reaching your goal.*

*If you rate your confidence as a "6" or lower, that means your goal is too difficult. It's better to break the goal up into smaller pieces. That way, you'll be more confident about reaching your goal and more likely to experience the success of reaching your goal! If you rate yourself as a "7" or higher on the Confidence Scale, you have a good level of confidence and your goal is set at a level of difficulty that works for you.*

## Worksheet 2.2: Confidence Scale

### How Confident Are You That You Can Reach Your Goal?



A rating of 6 or less means that the goal is too hard and needs to be broken into smaller pieces.  
7 or more means it's a good fit!

*Adapted from Lorig K, Holman HR, Sobel D, Laurent D, González V, Minor M: Living a Healthy Life with Chronic Conditions (2nd Edition). Boulder CO: Bull Publishing, 2000.*

## WORKSHEET 2.3: PROBLEM SOLVING [15MINUTES]

### Exercise: Turning Problems into Goals

#### Work in Pairs

##### Steps 1 and 2

*Let's work on some personal goals. In pairs, take the problem you identified before and turn it into a goal for yourself.*

*Use Worksheet 2.3 to do your work.*

Allow time for pairs to work together.

#### Share

##### Problems and Goals

*Were you able to change your problem into a goal? Would some folks share their problem and the goal they made?*

##### Step 3

*Keep working through the problem solving with your partner using Worksheet 2.3. Help each other check your goal to make sure it is specific, measurable and realistic.*

##### Step 4

*Help each other think of potential ways to reach the goal.*

##### Step 5

*Help each other use the confidence scale to make sure those potential solutions are possible. If your confidence in your solution is less than 7 out of 10, make it more realistic.*

#### Discussion

*How about if one or two people share their problem, goal and possible solutions with the group?*

Work through the Worksheet with group, inviting members to provide input. Call attention to the variety of responses and remind participants that problems often have more than one workable solution.

## BREAK [10 MINUTES]



## WORKSHEET 2.4: COMMUNICATION STYLES [10 MINUTES]

### Overview

*Good communication is key to becoming a successful self manager. If you don't know how to communicate effectively, it is difficult to stand up for yourself or understand and work with others.*

*Poor communication often leads to frustration and distress in the short-term, and problems with relationships, your health, and overall well-being in the long-term.*

*Good communication skills can be learned and with practice, they become part of your everyday life. You will begin learning these skills today and practice them in the weeks to come.*

*The exercises in this class will help you get clearer about what you want to say and practice better ways of expressing yourself.*

*What is your communication style?*

*Scientists tell us that there are three basic communication styles. Most of us fall into one of these patterns although we can change from situation to situation.*

### Discussion

*Do you know people who fit each of these styles? What is your experience when you talk with them?*

*Which one of these do you think best describes your style?*

*Does your style change depending on who you are talking to?*

*In what situations are you most able to be assertive? In what situations is it hardest to be assertive?*

*Work through Worksheet 2.4. Identify each style – aggressive, assertive, passive – and the verbal and nonverbal descriptors of each.*

## Worksheet 2.4: Communication Styles

### Aggressive Communication

- They express thoughts, wishes, and feelings at the expense of the rights and feelings of others
- Often use a loud voice and point at the other person
- Blames others and uses put downs
- They seldom listen to others
- Sends the message: *"I count and you don't count!"*

### Passive Communication

- They don't express their thoughts and feelings directly
- They may apologize for themselves by saying, "I'm sorry to..."
- Their voice is often soft and weak
- Sends the message: *"I don't count, you count!"*

### Assertive Communication

- They express thoughts and feelings directly while considering the rights and feelings of others
- They are open to compromise while maintaining their own rights and dignity
- Voice is relaxed and calm, but firm
- They make good eye contact
- Sends the message: *"I count and you count!"*

**WORKSHEET 2.5: PREPARING TO BE AN EFFECTIVE COMMUNICATOR [15 MINUTES]****Brainstorm**

*Let's talk for a few minutes about what we can do to help us be more assertive. What are some of the things you think that you can do to prepare yourself to be an effective communicator?*

Write down all responses on flipchart

Reinforce the group as a whole and sum up

*Take a look at Worksheet 2.5. Are there more ideas for us?*

*Keep in Mind – being assertive does not mean becoming bossy to get your own way. It means letting people know how you feel and what you want by expressing yourself simply and directly.*



## Worksheet 2.5: Preparing To Be An Effective Communicator

1. **Pause and think before responding.**

This gives you control of yourself and projects control of the situation.

2. **Maintain control.**

Keep your cool and do not lose your temper. Express confidence in your abilities. Maintain direct eye contact.

3. **Be direct and have a simple message.**

"I would like to get my doctor's note for a disabled drivers permit." No matter what objections the other person offers, keep repeating your message.

4. **Reinforce obligation.**

"I expect to have good service and to be seen in a timely manner."

5. **Compromise.**

Offer a solution.

### Keep in Mind

Being assertive does not mean putting other people down or becoming bossy to get your own way. It means letting people know how you feel and what you want by expressing yourself simply and directly.

## WORKSHEET 2.6: "I" STATEMENTS [15 MINUTES]

One way to be a more effective communicator is to talk about ourselves, as opposed to talking about other people. To communicate responsibly and clearly, we need to make what we call "I" statements. These are clear statements about what you think, want or feel.

They are simple statements of fact, delivered in a thoughtful and straightforward way.

- "My leg is really bothering me today. I think it would be best if I did not go tonight."
- "I am grateful for all the help you have given to me in the past month, and really appreciate it"
- "I prefer to have my appointment on Friday".

The opposite of "I" statements are "you" statements, which try to label or explain the thoughts, feelings or behaviors of others. The problem with "you" statements is that we can never really be experts on other people, especially when it comes to their thoughts and feelings. When we say things that tell another person, especially in a blaming way, what they think, what they feel, or even worse, how they should think or feel, it often makes them feel angry, blamed or defensive.

- "You always walk too fast for me."
- "You never appreciate how much I do."
- "Why are you always late?"

Instead of making "you" statements, let's focus on taking responsibility for ourselves, and communicate clearly what we feel, think and want. If everyone did that, we wouldn't need "you" statements.

"I" statements are a way to clearly express what we feel, what we need, what we think, what we want. They focus on how we feel, rather than on how the other person makes us feel. For example, instead of saying, "You always walk too fast," an "I" statement would be, "I have a hard time walking this fast. Can we go a little slower?"

*Let's take a moment to practice this. Turn to Worksheet 2.6, which is called "I" Statements.*

There are a number of statements listed there that are "you" statements. Our job is to turn them into "I" statements.

## Worksheet 2.6: "I" Statements

Try to identify the feeling behind the "you" statements. Turn these "you statements" into more positive "I" statements or requests by directly saying how you feel and what you want.

**1. You always drive too fast! Slow down!**

"I" statement:

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**2. You make it difficult to get this medicine, you never have the prescription ready at this store!**

"I" statement:

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**3. You don't get it. Stop trying so hard to help me. You don't have to do every little thing for me.**

"I" statement:

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**4. You hardly ever want to be with me anymore. You're always so busy! You haven't paid any attention to me lately.**

"I" statement:

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**5. You're tired? What are you complaining about? You aren't the one with an injury or illness here.**

"I" statement:

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*Adapted from: Lorig K, Holman HR, Sobel D, Laurent D, González V, Minor M: Living a Healthy Life with Chronic Conditions (2nd Edition). Boulder CO: Bull Publishing, 2000.*

## WORKSHEET 2.7: GOOD LISTENING SKILLS – TIPS [10 MINUTES]

*The last, and probably the most important, principle of good communication is listening. Just as we have a right and a responsibility to be clear about what we need and want, we have a responsibility to listen carefully to others.*

### **Brainstorm**

*Let's talk for a few minutes about what it means to be a good listener. What are some of the things you think that you can do to be a good listener?*

*Write down all responses on flipchart.*

*Reinforce the group as a whole and sum up.*

*There are many ways to be a good listener. Let's review Worksheet 2.7 and see if we can learn anything new.*

## Worksheet 2.7: Good Listening Skills – Tips

### 1. Listening is very different than just hearing

### 2. Good listening skills must be learned and practiced

### 3. Listening skills can make the difference between an assertive and an aggressive communicator

- Focus your attention on the person you are talking with and get rid of all distractions. Remember to turn off your cell phone!
- Remind yourself that it is not your job to agree or disagree with other person, but simply to focus on understanding what they are trying to tell you.
- Let the other person know you are listening by giving feedback. It may be as simple as saying “Uh huh, go on.”
- Body gestures and facial expressions are also important – look alert and interested in what the other person is saying.
- Give the other person plenty of time to express their thoughts – don’t interrupt or rush them.
- Ask questions to make sure you completely understand what the other person is saying. Be specific and be careful not to be judgmental.
- Once you think you understand, it can help to summarize and restate the message in your own words to confirm your understanding. This also reassures the other person that you’re listening
- Remember, simply sitting next to someone and not talking is very different from being an active listener. Effective listening is a two-way street that requires that you respond to their messages too.
- Do not automatically assume that the other person is asking for your opinion or advice. Wait until they ask!

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**WORKSHEET 2.8: COMMUNICATING WITH YOUR HEALTH CARE TEAM [5 MINUTES]**

(Note: If short on time skip Worksheet 2.8)

*Good communication can make working with your doctor and other providers go smoothly.*

**Brainstorm**

*Let's talk for a few minutes about what helps these visits be productive. What are some communication skills and other actions that make for a good interaction with the doctor and other health professionals?*

Write down all responses on flipchart.

Reinforce the group as a whole and sum up.

*There are many ways to work well with your team. Let's review Worksheet 2.8 and see if we can learn anything new.*

## Worksheet 2.8: Communicating With Your Health Care Team

Remember, you are a central player on your health care team.

Speak up and ask questions.

Some helpful tips include:

- Make a list of questions and concerns and take them with you to the appointment!
- Be specific about what you want (information, reassurance, advice, action, etc.)
- Bring someone with you. Another person can help you listen and remember.
- Take notes
- Follow-up with your doctor, nurse, or therapist about test results, any complications you experience, or if your condition gets worse.
- Know your choices – Ask for a second opinion if needed
- Talk to your health care team about how you are feeling, both physically and emotionally
- It's okay to ask questions about sensitive topics like sexual activity, mental and emotional health, or problems going to the bathroom

Above all else, don't be intimidated. You can also use this sheet to write down any notes you may want to use the next time you speak with your health care team:

Notes:

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## PUTTING IT INTO PRACTICE [5 MINUTES]

*Today you learned about goal setting and about making a goal that you are confident you can achieve. You also learned the problem-solving steps—the way to reach your goal.*

*Your putting it into practice activity for the week is to use what you have learned about problem-solving to work toward the goal you identified today in this session.*

*You have already turned your problem into a goal. Try out some of the solutions you thought of. Later you will be able to work on a larger, longer-term goal. For now, the key is to start small, be successful and build confidence.*

*Or, if you like to work on your communication skills – become a better listener or take the opportunity to become a more effective communicator by using “I” statements. Try it, see what happens.*

## CLOSING IMAGERY [5 MINUTES]

*Slow down your rate of speech to match the relaxation you want to create now.*

*Now that we have planned out the practice activity, there is one more skill to practice.*

*Relaxation is an important tool in self-management. When we talk about relaxation in this way, we are not talking about having a drink and watching TV. The kind of relaxation we are talking about here is learning to clear our mind, focus on positive thoughts and relax our bodies. This kind of relaxation is used to manage anxiety, pain and other stressors. It also helps people focus on the task at hand.*

*At the end of each week from now on, we will spend a few minutes taking time to relax and imagine ourselves being successful with the goal we have set for the week and moving toward recovery. If we are able to see in our mind ourselves doing the activity and being successful, it prepares us to be successful in real life.*

*At first some of these ideas may seem simple, unrealistic or silly, but with practice you may find it useful. Also with more practice, it will come easier. So, if you don't get it the first time, stay with it. You may find it useful to practice at home.*

*Let's take a moment now before we end the session to practice relaxation and anticipate success.*

*Close your eyes, get comfortable, and tune in to your breath. Good.*

*Please take a moment and find a comfortable position.*

*Pause... Sit however is most comfortable for you...*

*Pause... with eyes open or closed, whatever you prefer.*

*Pause... take a few nice, big, deep breaths.*

*Breathe in and out with the group several times.*

*As you breathe slowly in and slowly out, you can begin to relax your body...*

*Pause... feeling more comfortable physically...*

*Pause... emotionally...*



*Pause...mentally.*

*Pause... With every breath in, notice a feeling of relaxation, an increase of comfort.*

*Pause... Breathe slowly and gently. With every breath out, notice a release of tension, a softening of your body.*

*Pause... Allow yourself to enjoy this moment.*

*Pause... With each breath you become more relaxed.*

*Pause... Breathe in and out with the group several times.*

*As you continue to relax and become more comfortable and quiet, your awareness of your inner experience increases.*

*Remember the putting it into practice activity,.. working on your goal, becoming a better listener, expressing yourself calmly and clearly..... Good.*

*Now see yourself working on your goal, becoming a better listener, expressing yourself calmly and clearly .... Imagine how proud you will be and how good you will feel.*

*Whatever your problem is, feel how good it is to make some progress by beginning to try out new solutions.....*

*Notice how good it feels not to be helpless but to have things to do to feel better.*

*Notice how good it feels to be listening to others, expressing yourself calmly and clearly .... Enjoy this feeling for a few moments.*

*Let a minute pass.*

*In a moment, we will slowly return our focus to the present ...*

*... to the furniture supporting you ...*

*... to the sensations in your body ...*

*... to the sounds around you.*

*Pause... For now, continue to breathe deeply to maintain your state of relaxation. I'm going to count slowly from one ... to five.*

*With each number I count, you will feel more alert and awake.*

*By the time I reach the number five, you will have returned to your alert state ...*

*... feeling refreshed ...*

*... empowered ...*

*... comfortable.*

*One... beginning to awaken. Two... feeling more and more alert and awake.*

*Three... halfway there. Four... one more deep breath.*

*And five... welcome back.*

**EVALUATION [5 MINUTES] (OPTIONAL)**

*Go to your workbook and tear out the evaluation form for this week.*

*Before you go, please complete the evaluation form. Each week we will do an evaluation. Your feedback helps us learn how to improve the program for others.*

*Do not put your name on the form, as we want anonymous and honest feedback. It should only take you a few minutes.*

[Collect forms from each member.](#)

*Great session! Thank you for coming and for participating. I look forward to seeing everyone next week.*





**WEEK 3:**

# Managing Emotions I



## Section 1: Goals for Week 3

By the end of week 3, group members will:

1. Be able to describe the range of psychological reactions (the “ups and downs”) that people can have following injury or illness, including the warning signs of depressive disorder.
2. Have a basic grasp of the concept of resilience and be able to list at least four ways to promote positive mood and protect against distress.

### Helping Members Reach the Goals

Goal	How Group Leaders Help
1. Describe the range of psychological reactions (the “ups and downs”) that people can have after an injury or illness, including the warning signs of depressive disorder.	<ul style="list-style-type: none"> <li>• Discuss the range of psychological reactions that people may have after serious illness or injury.</li> <li>• Explain that many people with serious illness or injury are psychologically healthy and that some people don’t have negative emotional reactions such as depression.</li> <li>• Encourage members to share their experiences with one another. Respect individual differences. Provide Worksheets.</li> <li>• Talk about how depression differs from other reactions such as sadness, grief and stress.</li> </ul>
2. Have a basic grasp of the concept of resilience and list at least four ways to promote positive mood and protect against distress.	<ul style="list-style-type: none"> <li>• Discuss resilience as a group and have members brainstorm ways to promote it.</li> <li>• Summarize the four major categories of skills—activation, cognitive techniques, relaxation and social support—and provide a brief rationale for each.</li> <li>• Reinforce and build on skills learned in other lessons.</li> </ul>

## Section 2: Background

### Psychological Health After Injury or Illness

One of the most common conditions following trauma is major depression (MD, also known as clinical depression). It does not happen to everyone, but when it occurs, depression can add to disability over and above the injury or illness itself, and it can have a negative impact on quality of life.

Besides MD, other emotions can occur after injury or illness, such as anxiety, anger, fear, sadness and grief. While many people cope well with the added stressors and changes that come with injury or illness, it is still vital to promote psychological health and to prevent and treat major depression.

This week group members will gain information and skills that will help them to make the most of their psychological health in relation to their injury or illness. Members will learn about the range of psychological reactions that can occur after their injury or illness. They will learn what major depression is, how it differs from grief and sadness, and how to recognize it. They will also learn about the “up” side, called “resilience,” and how to nurture it to promote positive emotions and well-being.

Group leaders provide information, instruction and practice in specific strategies, drawing on group members’ own coping strategies and experiences to help promote positive moods and protect against stress and depression.

## How It Relates to Other Weeks

This week builds on skills learned in previous weeks—specifically, problem-solving and relaxation—to enhance members' skills and self-efficacy to maintain and/or improve their psychological health. It builds on the principles of self-management learned in Weeks 1 and 2 by teaching members specific self-management techniques to promote resilience and address stress and depression. It also lays the groundwork for "Managing Emotions II" (Week 4), by describing the range of emotions that may occur after serious illness or injury, including anxiety, and by introducing the idea that how a person responds to a serious illness or injury can be changed to improve psychological health.

## Psychological Reactions and Adaptation to Trauma

Having a serious injury or illness can present a number of challenges in many areas, such as physical health, work, family roles, leisure activities and finances. How do people manage the changes that follow a serious illness or injury?

Research suggests that serious injury or illness can cause a range of strong emotions. For instance, it is common for people to feel sad and/or anxious. They may have crying spells and/or problems with sleep. They may also have other emotions, such as anger, irritability, grief or self-doubt.

For some people, distress may resolve over time, but for others it may hold steady or even increase. In about 20 percent to 35 percent, the distress is severe enough to warrant a diagnosis of major depression.

Even though dealing with an injury or illness can cause stress and be a challenge, most patients are not depressed and have good psychological health. Many even report benefits of having gone through the experience of injury or illness, such as a renewed sense of what is really important or a greater appreciation for family or for life.

For the most part, people often adapt well over time to life-changing situations such as a serious injury or illness. This often involves having what has been called "resilience," which we discuss below.

## Major Depression

Major depression is not just about "feeling blue" or "down in the dumps." It is more than feeling sad or grieving after a loss. Day after day it affects thoughts, feelings, physical health and behaviors. It is not the fault of the person who suffers from it, and it is not caused by personal weakness, laziness, or lack of will power.

Many people feel sad, depressed and/or a sense of loss after an injury or illness, but when a depressed mood does not go away and the person keeps on feeling hopeless and has a hard time functioning, it may be MD. MD is more likely to occur when there is major loss of functioning and in people who do not have much social support.

Rates of MD and depressive symptoms vary. At one year or more after injury or illness, about 15 percent to 25 percent of patients have MD, and about 20 percent to 45 percent have at least some depressive symptoms.

MD can be hard to detect in people with an injury or illness because some of the symptoms are much the same as, or can be mistaken for, the effects of the injury or illness. For instance, both MD and pain can cause insomnia. Fatigue can be caused by the added energy needs of walking or adapting



to injury or illness. Weight loss or gain can occur as a result of depression or changes in activity level due to injury or illness. Also, some health care givers or people with injury or illness may assume that depression always happens after injury or illness, so they don't think it can be changed or treated.

MD can affect a person's ability to function in daily life. Thoughts of death are common, and the risk of suicide is higher while someone is depressed. If MD isn't treated, it can last a long time—six to 12 months or longer. It can make the challenges of coping with injury or illness even harder.

The good news is that there are treatments for MD. Cognitive-behavioral, group or family therapy, or joining support groups that can improve mood and quality of life. Antidepressant drugs can reduce the symptoms of MD and anxiety, and help people return to normal functioning. MD often responds best when a number of treatments (drug and non-drug) are used.

This program is designed to teach members about MD, how to recognize it and how to come up with ways to address it, if it is present. Through the course, members learn to self-manage depression when it is present and to know ways to prevent it when it is absent.

## Resilience

Recent research has shown that many people not only keep on trying but thrive in spite of hard times, trauma, tragedy or losses. Being able to adapt well to or bounce back from tough challenges is known as *resilience*. It means keeping healthy levels of psychological well-being and functioning in the face of trauma or loss. Having resilience does not mean that a person does not feel down or get distressed. Such feelings are common and may be part of the resilience process. Resilient people may have such feelings, but they stay aware of other things that are positive in their life.

Resilience is *not* a personality trait that people either have or don't have. Rather, it includes thoughts and actions that can be learned, nurtured and practiced.

Factors shown to help with resilience include:

- having good support from others
- being able to problem-solve with realistic plans
- being good at talking with other people
- being able to cope with strong negative emotions
- self-efficacy

This program aims to promote resilience by giving members ways to build or strengthen it. The skills taught this week and in other weeks can all increase resilience.

## Myths About Adapting to Loss

Members of the public as well as many health care givers hold strong beliefs about how people should respond to loss. These beliefs come from a number of things, such as popular notions about loss, clinical lore and culture. Research has shown, though, that many of these beliefs are simply not true but are instead myths. So, when we talk about how people react and adapt to injury or illness, we should be wary of myths like the ones listed below, which are in part adapted from a big body of research on this topic.

### *Myth #1: Depression always follows a loss.*

Although many people believe that a person must “go through” depression after a loss and that intense psychological distress always occurs, research has shown that this is not the case. A serious injury or

illness can cause a great deal of distress, but that doesn't mean depression has to follow. In fact, most patients do *not* have major depression.

*Myth #2: Severe distress is needed, and it is not normal if a person doesn't have it.*

This myth assumes that it is somehow "therapeutic" to be depressed after an injury or illness and that a person has to confront the reality to adapt in a healthy way. It also assumes that not being depressed after the illness or injury means that the person is "denying" what's happened and that severe distress will "surface" later if it is not felt early on. Research has shown, though, that this is simply not true. In fact, studies suggest that it is "normal" to *not* be clinically depressed after an injury or illness. Of course, a person may feel intense emotions, but not all people feel such emotions.

This myth assumes that grief or adjustment is neat and orderly and has well-defined stages. Although it is true that the stage theories of loss do help describe many of the reactions that can occur, the adjustment process does not follow such rules.

Adapting does not have to involve all of those feelings or stages or in the order they are given above. In fact, it appears that people may show one of three patterns after an injury or illness:

<b>First Reaction</b>	<b>Long-Term Outcome</b>
High distress.....	Low distress
Low distress.....	Low distress
High distress.....	High distress

For some losses, including the onset of some disabilities such as spinal cord injury, it appears that about one third of people have each type of pattern.

*Myth #4: After a time of intense mourning and distress, a person who has suffered a loss will reach a state of recovery and acceptance.*

This myth assumes that every person "gets over" the emotional effects of the injury or illness, and most often in a certain amount time, such as one year. Research, though, has shown that adapting to a loss is not that neat. In fact, a fair number of people still show a lot of distress long after the loss. It is not clear that every person accepts the injury or illness or that doing so is needed for psychological health.

*Myth #5: Positive feelings such as laughter, happiness and contentment are not common and not healthy right after a serious injury or illness.*

After an injury or illness, people often feel a range of normal emotions that may include "positive" emotions or moods. These positive emotions rarely mean denial or poor coping. In fact, positive feelings are a sign that the person is adapting well, and they have many benefits during the aftermath of trauma. For instance, having positive emotions can provide relief from the stress of dealing with trauma (see below).

To sum up, although all patients must come to terms with the effects of their injury or illness, functional changes and the challenges that go along with it, many do well. Even though patients have many things in common and share many of the same experiences, it is important to keep in mind that there are many styles of coping and a range of emotions. No one reaction is "wrong" or "right" for all people. We should respect these differences and point out, gently, how myths may get in the way of understanding the psychological reactions of patients.

## Positive Emotions

Besides resilience, positive emotions also play important roles in adapting to loss. Positive feelings such as joy, laughter and contentment can and do occur even in the face of loss, disability or adversity.

Experiencing positive emotions during a stressful or tough time can help us adapt in a number of ways. First, positive mood helps us be creative and flexible and aids in problem-solving. It can help us get a more realistic appraisal of a situation. Positive mood can also provide a break or buffer from the adverse effects of going through something stressful. For example, when a good friend visits us in the hospital, we may get a break from our health situation and be distracted from pain. Positive mood can also help decrease distress and prevent chronic stress and depression. Some research even suggests that positive mood can change how our body functions to improve health.

Because positive emotions are so important, this week we will focus on ways to promote positive mood.

## Skills to Promote Resilience, Positive Mood and Coping

Research has shown that a number of skills are very useful in building resilience, reducing distress, treating depression, and promoting psychological health. These skills tend to fit into four groups:

- **Activation.** Being more active, which includes doing things that give us pleasure, is a key step to feeling better, physically and emotionally.
- **Cognitive Techniques.** The way we think about an event—the meaning we give to it—affects how we feel about the event. Negative thinking leads not only to more pain but also to more distress. In this lesson, we teach members ways to have a more proactive, positive mindset. These skills are key parts of programs on how to manage stress, anxiety and depression.
- **Relaxation.** As we noted in the earlier lessons, learning ways to relax is a vital skill for helping people feel better physically and emotionally.
- **Social Support.** Using support from family, friends and community is an effective tool for feeling better. We introduce this concept in this lesson and again later in the program.

Mastering some or all of these skills should lead to increased self-efficacy. Using good problem-solving skills is also key.

## Spiritual Health after Trauma

Research has shown that spiritual health is also an important part of health for many people. It can impact how a person adapts to a serious injury or illness. It may provide both internal and external sources of support.

After a serious injury or illness, a person's spiritual health may also be affected. Many people say the injury or illness strengthens or affirms their beliefs. Others describe their spiritual health as being challenged. Some report near-death experiences as a result of injury.

It is likely that some group members will talk about how their spiritual health has been affected by their injury or illness and/or played a role in how they have adapted. Given the range of spiritual beliefs that may exist within the group, leaders should promote a setting where such beliefs can safely be shared and discussed (as they relate to the injury or illness and its aftermath).

## Section 3: Preparing For This Week

- Read background information for the trainer.
- Read information that follows on facilitating this week.
- Select and prepare the icebreaker. Bring prizes if needed (bring an extra prize in case of a tie).
- Create partners for the session.
- Pre-print the flipchart as needed.
- Prepare folders and name tags.
- Have large markers for the flipchart.
- Have pens or pencils for members.
- Prepare the sign-in form (1 copy).
- Set up the flipchart.

## Section 4: Working Outline For This Week

**Sign in and Welcome** [5 minutes]

**Review Putting It Into Practice** [5 minutes]

**Group Discussion: Common Psychological Responses** [15 minutes]

- Worksheet 3.1: Signs of Major Depression [5 minutes]

**Grief, Anger, Anxiety and Other Emotions** [5 minutes]

**Group Discussion: Managing Emotional Distress** [5 minutes]

**Break** [10 Minutes]

**Group Discussion: Resilience – What Helped You in the Past** [5 minutes]

- Worksheet 3.2: Building Positive Emotions: Recognizing Your Strengths [5 minutes]

**Group Discussion: Strategies for Dealing With Their Injury or Illness** [10 minutes]

- Worksheet 3.3: Creating Positive Feelings: S.T.A.R. [10 minutes]

**Putting It Into Practice** [5 minutes]

**Imagery and Closing** [5 minutes]

**Evaluation** [5 minutes] (optional)

## Section 5: Facilitating This Week

### WELCOME [5 MINUTES]

*Welcome back and thanks for coming! Did everyone sign the attendance sheet?*

*Today we're going to focus on the emotional aspects of having an illness or injury. You'll have a chance to talk about these common feelings after injury or illness, both the ups and the downs.*

### REVIEW PUTTING IT INTO PRACTICE [5 MINUTES]

*First, let's review how your Putting It Into Practice from the last session went. How did you take one of your problems and turn it into a goal?*

*What experience did you have practicing good communication skills?*

*Ask the group about the Putting It Into Practice. Reinforce what they are learning.*

### Managing Emotions I

*We want to acknowledge that you may not have any problems along these lines. Not everyone feels depressed or has other emotional challenges after trauma. But, as human beings, we believe that everyone—whether they have had trauma or not—can use a refresher on how to stay emotionally healthy and manage stress.*

*Those of you who are not having any concerns in this area will still gain from learning what you may be doing right to help you manage your mood.*

*Let's begin by talking about common emotions and responses to injury and illness. We touched on this during the checklist activity in the first week. It is a vital part of recovery, and we will spend more time on it today.*

## COMMON PSYCHOLOGICAL REACTIONS AFTER SERIOUS INJURY OR ILLNESS [15 MINUTES]

### Group Discussion:

*What feelings or emotional reactions have you had since your injury or illness?*

Draw a line down the middle of the flipchart. Write the negative feelings and changes that members say on one side of the line, and write the positive ones on the other.

Members will likely say not only feelings. They may also say behavior changes that they describe as:

- emotions: “I yell at my spouse more” or “I do less”
- social consequences: “I can’t work”
- physical symptoms: sleep problems, for instance
- spiritual experiences: “I became more spiritual” or “I questioned my faith”

Help all members to share, and reinforce them for doing so. Gently point out:

- shared experiences
- different experiences
- any myths that come up about how we adapt to injury or illness so as to not promote such myths in the session

If no one in the group gives a positive change, ask what positive changes members have had.

Help get members talking by giving some examples, like feeling grateful for time with family or friends.

Emphasize the balance between negative and positive feelings.

### Sum up

*So, from our discussion, a number of things are clear:*

- *people can have a range of emotions after injury or illness*
- *you probably have had similar experiences and emotions as other people in the group*
- *not every person experiences everything in the same way*
- *you may have many emotions, including positive ones, as a result of going through the injury/illness experience*
- *these emotions don’t necessarily last*
- *you have had both positive and negative emotions and responses since the injury or illness*

*You should know that much of what you all have brought up so far is supported by research on the topic—that is, that people can have a combination of emotional reactions and experiences following injury or illness. And not everyone has all of these emotions or experiences them in the same way. So, even though you share common experiences, you also differ.*

*What is important is finding a balance. Recognizing and accepting both positives and negatives takes honesty and courage. Taking this step is important for managing your illness or injury.*

*There are no “right” or “wrong” emotional reactions.*

*Next, we are going to talk about two types of reactions that are important to recognize—depression and resilience. In a future week, we will focus on anxiety and stress and work out ways to manage them.*



### WORKSHEET 3.1: SIGNS OF MAJOR DEPRESSION [5 MINUTES]

*One of the most common problems in people who have sustained an injury or illness is depression—especially something that is called major depression. When depression is severe, it has negative effects on all aspects of a person's life. That's why we need to talk about what MD is—so that you can recognize it, if it's present, or prevent it in the future.*

*Here are a few facts about depression:*

- It is not just feeling blue or down in the dumps, and it is more than feeling sad or grief after a loss
- It is a disorder that day after day affects thoughts, feelings, physical health and behaviors
- It is not the person's fault
- It is not caused by personal weakness, laziness or lack of will power
- It can be effectively treated and you can feel better

#### **Discussion:**

*What are the signs of major depression?*

*Only a doctor or other health care professional can determine whether you have depression.*

*Depression can be effectively treated and you can feel better.*



## Worksheet 3.1: Signs of Major Depression

1. Little interest or pleasure in life
2. Feeling down, depressed, or hopeless
3. Trouble with sleep – too much or too little
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself
7. Trouble concentrating on things
8. Moving or speaking so slowly that other people have noticed
9. Being extra fidgety or restless
10. Thoughts that you would be better off dead or of hurting yourself

If you do not report any significant symptoms of depression, it is good to know the signs of depression so you can recognize it if you or others experience it in the future. You can focus on learning and practicing ways to increase the positive feelings in your life which can help recovery.

If you have one or two signs of depression learn and practice ways to manage these symptoms by increasing your positive thoughts and feelings. Continued support from your family and friends can also help. However, if your mood worsens, then it may be important that you contact your doctor or get in touch with a mental health professional so that you can get the treatment you need.

If you have several signs or symptoms of depression, you may be experiencing minor or mild depression. While continuing with NextSteps should help you manage these symptoms, you may also find it helpful to speak with your doctor about treatment options like psychotherapy or medications that can elevate your mood and get you back on track. Continued support from your family and friends can also help.

If you have several signs of depression and are experiencing considerable distress, it is important to speak with your doctor about treatment options like psychotherapy and medication that are likely to benefit you.

## GRIEF, ANGER, ANXIETY AND OTHER EMOTIONS [5 MINUTES]

### Group Discussion:

*So far, we've focused on depression, but we want to stress that it's just one emotional reaction a person may have after illness or injury.*

*What other emotional responses do people have?*

*In our group exercise a few minutes ago, we listed a number of other feelings that people have had since the injury or illness. Some of you mentioned that you have felt \_\_\_\_\_ [fill in blank with examples from the earlier exercise] \_\_\_\_\_. These and other feelings, including feeling angry, nervous, stressed or fearful, are just some of the reactions that can occur.*

*Grief is a normal response to a serious injury or illness. Even so, not every person feels grief, and there is nothing wrong with you if you do or do not.*

*Grief and depression have some overlap.*

*We also want to say a few words about anger because it is another common and normal response to illness or injury. What are some things you might be angry about?*

*Wait for members to respond. Add examples from the earlier group discussion if they apply.*

*Anger can sometimes signal that we feel sad, depressed, fearful or anxious. Like all other emotions, there is nothing wrong about feeling angry. Sometimes anger can motivate or inspire us to take action or make changes that are helpful. Anger only becomes a problem when it colours all of our experiences, when it doesn't go away, or when it gets in the way of our goals or relationships.*

*The good news is that we can get help for depression and other persistent problems with mood such as anxiety and anger.*

### Discussion

*What have people found helpful in managing emotional distress?*

*Possible helpful approaches: Psychotherapy, group or family therapy, self-help, or taking part in groups such as this one can improve mood and quality of life.*

*Antidepressant medications can reduce the symptoms of depression and anxiety and help people return to normal functioning. In most cases, treatment works best when we use a number of strategies.*

## BREAK [10 MINUTES]



## **WORKSHEET 3.2: BUILDING POSITIVE EMOTIONS: RECOGNIZING YOUR STRENGTHS [10 MINUTES]**

Now that we've talked about some of the negative moods that can occur after an injury or illness, we want to talk about the flip side—about what we call resilience. Resilience means being able to bounce back from a challenge—in this case, the injury or illness and its aftermath.

Take a moment to think about a difficult time in your life that you have dealt with successfully. Break into pairs and talk with your partner about this time.

Now let's think about what helped you get through that difficult time. It could be family, friends or other resources that helped or some personal strength like patience, good planning, or being able to cheer yourself up.

*Write it down on Worksheet 3.2 and share with your partner.*

Having resilience does not mean that a person does not have a hard time, get discouraged or feel upset. These things are common after injuries or losses and may even be part of the resilience process. When people are resilient, they may have such feelings, but they don't let those feelings define who they are or how they respond to what they are facing.

Resilience is not a personality characteristic that people either have or don't have. Resilience is made up of thoughts and actions that we all can learn, practice and develop.

Can people share with the group what helped you deal with your current injury or illness? What has helped you get to where you are now?

### **Discussion**

What helped you overcome that difficult time in the past:

Write what members say on the flipchart.

Encourage all members to share experiences, and reinforce them when they do.

It is normal to have good days and bad days. The key is to use the strengths you have identified and the skills you have learned to create more good days and fewer bad days.

# Worksheet 3.2: Building Positive Emotions

## Building Positive Emotions: Recognizing Your Strengths

**What was a difficult time you were faced with?**

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### **Strengths**

*List the strengths that helped you get through that difficult time*

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### WORKSHEET 3.3: INCREASING POSITIVE FEELINGS: S.T.A.R. [15 MINUTES]

Research has shown that positive emotions play a key role in our health. By positive emotions, we mean things that make you feel good like joy, happiness, laughter, being playful. So, when we say positive emotions, we are talking about feeling good emotionally.

As you probably know from your own life, positive emotions such as joy and laughter can and do occur even in the face of major issues, such as a recent loss. We named a few examples earlier.

Can anyone recall any other examples of having positive experiences or emotions after your injury or illness despite how serious the situation is?

Have an example ready in case no one offers one, or be able to sum up any that came up earlier in the session.

Give members time to respond. Sum up, and add any points that they did not cover.

Positive emotions can:

- Increase creativity
- Increase flexibility of attitude and thinking
- Help with problem-solving
- Serve as a break from stress
- Decrease distress .
- Prevent depression, chronic stress and anxiety
- Improve our physical health

So how can we increase positive emotions in our daily lives? Let's talk about this for a few moments.

You may not realize it, but you probably do things every day that cause you to feel good, even if for just a few minutes. What do you do to help yourself feel better? What makes you happy?.

#### Creating Positive Feelings: S.T.A.R.

Here are some strategies to increase positive feelings. To help you remember these strategies you'll notice that the first letter of each word spells the word "STAR".

**Support.** Connect with others, you're not alone.

**Thoughts.** Focus on setting goals and thinking in new ways.

**Activity.** Get active, physically and socially.

**Relaxation.** Learn to calm your mind and body.

Give several examples from the flipchart, pointing out how group members' ideas fit into one of the categories.

We may need to use more than one strategy at a time to improve our mood during a stressful situation.

Now take a few moments to think about each point of the STAR.

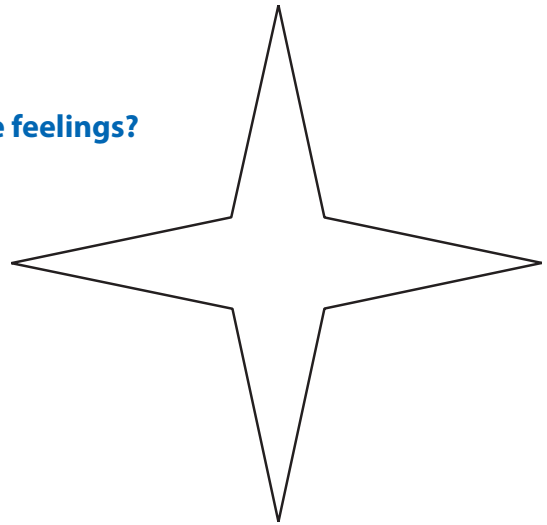
Fill in what you are doing, or could do, to help you improve your positive feelings on Worksheet 3.3.

#### Discussion

What have people found helpful?

# Worksheet 3.3: Creating Positive Feelings: S.T.A.R.

What Support, Thought, Activity, Relaxation resources can you use to increase your positive feelings?



**Support:**

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**Thoughts:**

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**Activity:**

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**Relaxation:**

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### **PUTTING IT INTO PRACTICE [5 MINUTES]**

*Now put what you've learned into practice. Look at your S.T.A.R. worksheet where you listed what helps you increase your positive feelings. Choose one of your points and plan to do this more often during the coming week. By working this into your daily life you will be able to create more positive feelings.*



## IMAGERY EXERCISE [5 MINUTES]

*Let's take a moment now before we end the session to practice relaxation and anticipate success. Close your eyes, get comfortable, and tune in to your breath. Good. Please take a moment and find a comfortable position.*

**Pause.**

*Sit however is most comfortable for you . . .*

**Pause.** . . . *with eyes open or closed, whatever you prefer.*

**Pause.** . . . *Take a few breaths as deep as you can.*

**Breathe in and out with the group several times.**

*With every breath in, notice a feeling of relaxation, an increase of comfort.*

**Pause.**

*Breathe slowly and gently. With every breath out, notice a release of tension.*

**Pause.** . . . *Allow yourself to enjoy this moment.*

**Breathe in and out with the group several times.**

*While you are relaxed you are able to help yourself become more healthy and more successful...*

*Take a few moments to continue on your own ...*

**Pause 10 seconds.**

*Think about what we worked on today, exploring how you've overcome difficulties . . . and negative feelings in the past . . .*

*Think of how good it feels . . . to know that you can control your negative feelings . . . and increase your positive ones . . .*

**Pause.**

*See yourself practicing your S.T.A.R. strategies over the next week.*

**Pause.**

**Support.** *See yourself enjoying the support of others . . . enjoying a friendly chat.*

**Pause.**

**Thoughts.** *Focus on setting goals. . . . and thinking in new ways . . .*

**Pause.**

**Activity.** *Think about the positive feeling you will get from being active physically and socially.*

**Pause.**

**Relaxation.** *Feel the calmness in mind and body from relaxation.*

**Pause.**

*See and feel yourself becoming more relaxed . . . and calmer . . . and feel how good that feels.*

*Just enjoy this feeling for a few moments.*

**Let a minute pass.**

*In a moment, we will slowly return our focus to the present . . . . . to the furniture supporting you . . . . . to the sensations in your body . . . . . to the sounds around you.*

**Pause.**

*For now, continue to breathe deeply to maintain your state of relaxation. I'm going to count slowly from one to five. With each number I count, you will feel more alert and awake. By the time I reach the number five, you will have returned to your alert state . . . . . feeling refreshed . . . . . empowered . . . . . comfortable. One . . . . . beginning to awaken. Two . . . . . feeling more and more alert and awake. Three . . . . . halfway there. Four . . . . . one more deep breath. And five . . . . . welcome back.*

## **EVALUATION [5 MINUTES] (OPTIONAL)**

*Go to your workbook and tear out the evaluation form for this week.*

*Before you go, please complete this week's evaluation form. Your feedback helps us learn how to improve the program for others.*

*Do not put your name on the form as we want anonymous and honest feedback.*

*Collect form from each member.*

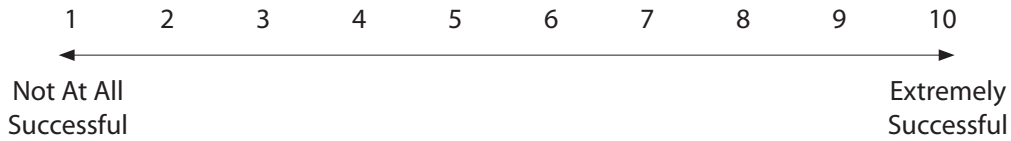
*Great session! Thank you for coming and for participating. I look forward to seeing everyone next week.*

# Evaluation Form

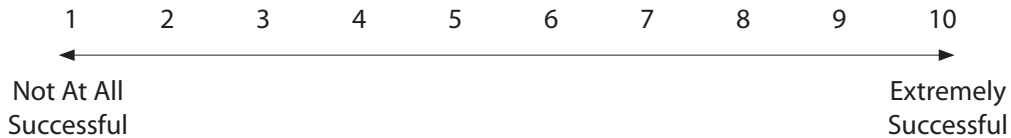
## Week 3: Managing Emotions I

Rate on a scale from 0 to 10 how successful you felt the week was in achieving each goal. 0 means not at all successful and 10 means extremely successful.

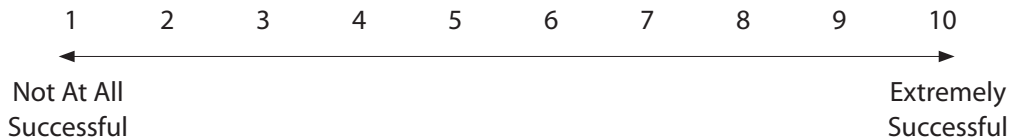
- 1) Be able to describe the range of “ups and downs” that people can have after a an injury or illness, including the warning signs of depressive disorder.



- 2) Have a basic understanding of the concept of resilience and be able to list at least four things that promote positive mood and protect against distress.



- 3) Use problem-solving skills to identify areas to work on and skills to use with regard to psychosocial health.



What was most important in this week was:

---

What was least important in this week was:

---

Here are my ideas about how to improve this week:

---

I would recommend this week to others following injury or illness YES  NO



**WEEK 4:**

# Managing Emotions II



## Section 1: Goals for Week 4

By the end of the week, group members will:

1. Have a basic understanding of the stress disorders that people can have after injury or illness and how normal reactions can become ongoing problems.
2. Learn and practice two relaxation methods for managing and overcoming physical and mental symptoms of stress.
3. Identify negative thinking patterns and balance them with positive thoughts..

### Helping Members Reach the Goals

Goal	How Group Leaders Help
<p>1. Have a basic understanding of the stress disorders that people can have after injury or illness and how normal reactions can become ongoing problems.</p>	<ul style="list-style-type: none"> <li>• Provide information on common reactions to stress and extreme stress (fight-flight-freeze) like injury or illness.</li> <li>• Describe and discuss how the stress response can help when there is a real threat or a strong possibility of a real threat.</li> <li>• Talk about how fear relates to threat and how anxiety relates to potential threat.</li> <li>• Describe and discuss how threat and anxiety both depend on how one thinks about stressors, the context in which they occur, and how much support (friends, family, neighbors, coworkers) and confidence (self-efficacy) one has in coping with it.</li> <li>• Ask members to share their experiences of stress—get a number of examples of cognitive, emotional and behavioral components.</li> <li>• Help members tell the difference between present-moment experience and past- and future-oriented thoughts and feelings.</li> <li>• Describe and discuss how remembered (past) or imagined (future) threats can provoke the same stress response as real (present) threats and how this can sometimes be unhelpful.</li> <li>• Use members’ examples and show how stress increases when thoughts focus on past or future.</li> <li>• Use the “Anxiety Cycle” worksheet to show how thoughts focused on the past or the future (i.e. worries) lead to and worsen anxiety symptoms (emotion and arousal) which are so unpleasant that one is motivated to avoid them.</li> <li>• Use members’ responses to “Negative Self Talk” worksheet to discuss how catastrophizing and magnifying make stress worse and how avoiding people, places and events that cause the stress response keeps the fear alive.</li> </ul>

2. Learn and practice two relaxation methods for managing and overcoming physical and mental symptoms of anxiety.	<ul style="list-style-type: none"> <li>• Describe and discuss how getting focused on present senses and breathing can quiet one's mind, emotions and body and help manage anxiety.</li> <li>• Teach and practice these techniques and help members schedule a time and place to practice them each day.</li> </ul>
3. Identify negative thinking patterns and balance them with positive thoughts.	<ul style="list-style-type: none"> <li>• Use the "Stop, Look, Listen" worksheet to describe and discuss how negative thoughts can be balanced with more positive thinking.</li> </ul>

## Section 2: Background

### Anxiety and Its Effects

In previous weeks, we have discussed chronic pain and depression. After injury or illness, these common problems can cause a lot of discomfort and distress, and they reduce people's confidence that they can achieve a good quality of life.

Anxiety is another emotional reaction that often occurs in those faced with sudden changes or very stressful situations such as injury or illness. Today we are going to discuss anxiety. By doing so we hope to teach basic skills that will help members regain control over in their lives by learning how to overcome their anxiety.

Anxiety is a complex response to stressful situations, events and people. It affects how we think (e.g., apprehensive, worried, distractible), how we feel (e.g., tense, irritable, scared, panicky) and how we behave (e.g. avoid reminders of other challenges, arguing, overly seeking reassurance or safety).

In the early days and weeks after major challenges such as injury or illness, feeling anxious is completely natural. It forces people to "stop, look and listen" to what has happened, which may be the most important benefit to come from anxiety. By taking time to "stop, look and listen," we can learn lessons from the bad things that have happened, apply these lessons to our problem-solving and planning, and then get back to living a full life.

This week is designed to provide members with the information and skills that will help them understand the process of stress and the initial responses to stress, as well as how to promote recovery from stress. Members will learn about the range of cognitive, physical therapylogical and behavioral responses to stress. They will also learn about how certain thoughts and behaviors make it worse and get in the way of natural healing.

### How This Week Relates to Other Weeks

This week will build on the relaxation skills learned in previous weeks to enhance confidence (self-efficacy) in their ability to improve their own psychological health and well-being.



This week builds on the principles of self-management learned in earlier weeks by showing members ways to promote resilience and to move forward by reducing distress and anxiety. Members will take a close look at what they think, believe and assume and how that relates to anxiety. One part of this will be to begin changing worries about the past or the future into planning and problem-solving. Two relaxation methods you teach this week aim to build members' confidence that they can reduce their anxiety and improve calmness in the present moment.

During this and the other weeks, you should emphasize that the ways to manage anxious, depressed or angry moods can also be used to manage other stressors that occur after injury or illness and in life in general.

Keep in mind, research shows that how much members gain from these exercise is strongly tied to how much practice they do between weeks. Practicing the activities connects directly with:

- how well members understand and master the techniques
- how much confidence they have that it will help them
- whether they made specific, concrete plans for how, when, where to put it into practice

As a group leader, you must help members master the techniques you are teaching, stress that putting it into practice is a key part of reaching their goals, and help them make concrete plans for practicing the activities.

## Psychological Reactions and Adaptation to Chronic Conditions

Living with a chronic condition after an injury or illness can present a number of challenges in areas such as physical health, job functioning, family roles, leisure activities and finances. How do people manage their injury or illness and the changes that follow?

Research suggests that a serious injury or illness can cause a range of strong emotions. For instance, it is common for people to feel sad and/or anxious right after the injury or illness. They may have crying spells and/or problems with sleep. They also may have other emotions, such as anger, irritability, grief or self-doubt.

For some people, distress may resolve over time, but for others it may hold steady or even increase. The distress may become severe enough to warrant a diagnosis of posttraumatic stress disorder, or PTSD (see below).

Even though dealing with an injury or illness can cause stress and be a challenge, many people report benefits of having gone through the experience, such as a renewed sense of what is really important or a greater appreciation for family or for life.

For the most part, people often adapt well over time to life-changing situations such as serious injury or illness. This often involves having what has been called "resilience," which we talked about last week.

## The Cycle of Anxiety

The stress response initially evolved to help humans evade predators and seek safety in the wild. When danger is perceived, the brain initiates what we call the "fight or flight response" to jumpstart the body into action by increasing breathing, heart rate, and blood pressure. The body then stays on alert until the danger has passed.

It is a much slower process to bring the body down from high alert. It also becomes harder and harder to slow things down the more we are exposed to or anticipate a dangerous situation. While this system works well for situations where it is useful to fight or run away, many of the stressors we face today cannot be handled this way. Things like arguments with loved ones, deadlines, or even traffic jams. In these situations, even though there is no real danger, our body reacts in many of the same ways it would if we were being chased by a lion. And it is difficult to calm down because we continue to think or worry about the problem or remember what happened. This ongoing combination of physical arousal, worry, and attempts to escape them are all part of the cycle of anxiety.

A threatening event or stressor, like an injury or illness can trigger these responses. This causes our bodies to respond in ways that increase our heart rate, tense our muscles, or make us sweat. Further, when we think of, or remember, the original event, our bodies are programmed to react in the same way and put us on high alert.

Once the event has passed, this cycle can be triggered by thoughts or reminders of these dangerous or uncomfortable situations. This once again causes our bodies to respond in ways that increase our heart rate, tense our muscles, or make us sweat. These uncomfortable physical sensations can lead us to avoid situations that trigger these responses. However, by avoiding the situation we maintain the anxiety or fear which can make it difficult to go about our daily lives. And the more we try to avoid it, the more we think about it, and the more our bodies are put on high alert to react. And the cycle of anxiety continues on, and on.

### **Posttraumatic Stress Disorder (PTSD): A Specific Type of Anxiety**

PTSD is not at all like it is portrayed in films—for instance, living alone in the woods and then going berserk. It isn't a minor experience, either, such as being upset after something bad happens.

PTSD is an ongoing problem made up of certain kinds of thoughts, feelings and behaviors that have a direct effect on physical health and function. It is present when a person:

- reports often having disturbing, intrusive thoughts about the injury
- avoids thoughts or places that are reminders of the injury
- feels emotional numbness (not feeling close to others)
- keeps feeling “on edge” or “on guard”

Almost everyone will have some or many of these symptoms after a severe injury. However, PTSD is not diagnosed unless these symptoms last at least one month and interfere with daily functioning.

Although people with PTSD may feel guilt or shame, having the disorder is not their fault, and it is not caused by personal weakness, laziness or lack of will power.

Serious injuries are shocking and emotionally overwhelming situations. PTSD has been diagnosed in up to one third of people who have had a severe injury. The symptoms tend to become less intense and less common in the days and weeks after the trauma. It is natural for people who experience a traumatic event to have many reactions, such as intense fear, helplessness, or horror. These events might involve real or threatened death or serious injury. They can be one-time occurrences, such as a natural disaster, house fire, violent crime, or car crash, or they can be ongoing, as is often the case with war, child abuse, or prolonged treatment for severe injury.

As mentioned, the diagnosis of PTSD cannot be made until one month has passed after the event. Before then, if PTSD symptoms are present, the diagnosis of acute stress disorder (ASD) can be made.

Symptoms of ASD include:

- feelings of unreality or being disconnected
- re-living the trauma because of intrusive thoughts or images
- avoiding reminders of the event
- having a hard time relaxing or sleeping

People who survive trauma try to cope the best way they can, and for many people, symptoms slowly lessen. Some find that it helps to talk about what happened, read the police report, visit the site of the injury, get support from people who can be trusted, or get involved in other activities that help them reconnect with people and find meaning in their lives. For other people, the disturbing reactions persist or even worsen.

The good news is that PTSD can be treated. Cognitive-behavioral therapy (CBT), group or family therapy, or support groups such as this one can improve mood and quality of life. Antidepressant medications can reduce the symptoms of depression and anxiety and help people return to normal functioning.

There are many types of treatment for PTSD and severe anxiety. Only two—medication and CBT—have been shown to be effective in treating PTSD. We stress CBT, even though many people may be taking medication or have thought about trying it.

The two major parts of CBT that we focus on in this lesson are called anxiety management and cognitive therapy.

Anxiety management teaches a number of ways to relax and focus so that people can regain control over the physical part of anxiety.

Cognitive therapy teaches people how to recognize and challenge thoughts that increase symptoms of anxiety.

## Section 3: Preparing For This Week

- Read background information for the trainer.
- Read information that follows on facilitating this week.
- Pre-print the flipchart as needed.
- Prepare name tags.
- Have large markers for the flipchart.
- Have pens or pencils for members.
- Prepare the sign-in form.
- Set up the flipchart.

## Section 4: Working Outline For This Week

**Sign in and Welcome** [5 minutes]

**Review Putting It Into Practice** [5 minutes]

**The Cycle of Anxiety**

**Identifying Anxious Thinking, Physical Aspects and Behavioral Responses**

**Group discussion**

- Worksheet 4.1: Anxiety Cycle [5 minutes]
- Worksheet 4.2: Signs of Post-traumatic Stress Disorder (PTSD) [5 minutes]

**Break** [10 Minutes]

**Interrupting the cycle of anxiety – Relaxation and anxiety management skills**  
[15 minutes]

- Worksheet 4.3: Breathing Exercise [10 minutes]
- and**
- Worksheets 4.4, 4.5 or 4.6: Sensory Focus Exercises
  - Worksheet 4.7: Tips for Relaxation [5 minutes]

**Group Exercise: Interrupting the Cycle of Anxiety – Situations and Feelings**  
[10 minutes]

- Worksheet 4.8: Common Types of Negative Self-Talk [5 minutes]
- Worksheets 4.9: Stop, Look, Listen – Control negative thinking and balance your thoughts [15 minutes]

**Putting It Into Practice** [5 minutes]

**Imagery and Closing** [5 minutes]

**Evaluation** [5 minutes] (optional)

## Section 5: Facilitating This Week

### WELCOME [5 MINUTES]

*Welcome to week 4 of NextSteps. Last week, you learned about some common reactions people have following injury or illness, like depression, and how you can increase your positive emotions.*

*Many times, people who survive major injuries or illnesses face new challenges and need to find new ways of coping with them. The focus this week will be on stress and how the body's natural stress response can lead to ongoing problems after injury or illness. We will learn how our thoughts can affect the way we feel and act, and how we can change these thoughts to improve our health.*

*Many of you may not have any problems with your mood or emotions. Not every person feels anxious, depressed, or angry after injury or diagnosis of serious illness. Still, we believe that, as human beings, all of us can benefit from a refresher on how to keep our emotions healthy and manage stress.*

### REVIEW PUTTING IT INTO PRACTICE [5 MINUTES]

*First, let's discuss how you managed the Put It Into Practice from the last session. Were you able to choose one point on your STAR (Support, Thoughts, Activity, Relaxation) and work it into your daily life? What STAR skill did you use? Support from others . . . Thinking in new ways . . . Getting active . . . Relaxing . . . ? What have you noticed? What worked and what didn't work for you? Did you come up against any problems in putting this into practice? Did anyone note an increase in confidence?*

**Praise members for responding.**

*Practicing your STAR points helps you to create more positive feelings and experiences. The more you do this, the more progress you'll make in your rehabilitation.*

*While you can't always control the fact that you get the blues or feel down, you can control how you respond to it!*

*We want you to keep using these skills every day because the more you use them the better you'll get and the more confident you will be in your ability to benefit from them when you need them most.*

## WORKSHEET 4.1: ANXIETY CYCLE [5 MINUTES]

*Even though we all experience distress, we may not have taken the time to really look at it. Feelings of stress may occur in response to nearing deadlines, fights with loved ones, or even traffic jams.*

*For people who have gone through a trauma, feelings of anxiety may occur when thinking about the event and where, when or how they were injured, when tackling rehabilitation, or even when thinking about returning to their normal daily routine.*

*Anxiety is the complex set of unpleasant psychological, physical and behavioral responses we have in the face of a stressful life event, or stressor. Broadly speaking, a stressor is anything that challenges our sense of competence, comfort and well-being.*

*In this session, we describe the human stress response and how it can be brought on not only by current events, but also by thinking of past events and even by imagining future events.*

### Explain the Cycle of Anxiety

*Have you ever heard of the “fight or flight” response? This is an instinct that evolved to deal with a stressor. When humans roamed the plains, our only chance to survive a meeting with a saber-tooth tiger was to challenge it—fight—or to run for cover—flight.*

*Many of the stressors we face today cannot be handled in this way. Things like arguments with loved ones, deadlines, or supermarket lines. Even though there is no tangible danger our bodies react in much the same way - increase in heart rate, tensing of muscles, or sweating.*

*And it is difficult to calm down because we continue to think or worry about the problem or remember what's happened. This ongoing combination of physical arousal, worry, and attempts to escape them are all part of the cycle of anxiety.*

*Following a threatening event such as an injury or illness, the stress response can be triggered. In addition, when we think of the original event our bodies are programmed to react in the same way and put us on high alert. This causes our bodies to respond in ways that increase our heart rate, tense our muscles, or make us sweat.*

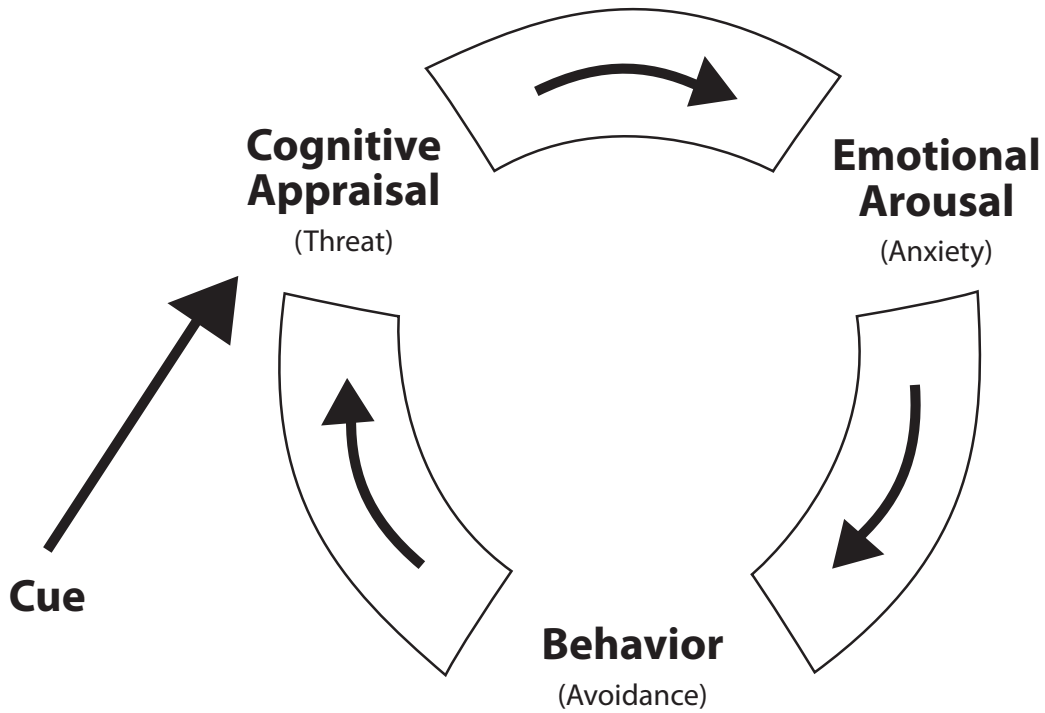
*Once the event has passed, this cycle can be triggered by thoughts or reminders of these dangerous or uncomfortable situations. These uncomfortable physical sensations lead us to avoid situations that trigger the stress response. But avoiding the situation helps to maintain the anxiety or fear and can make it difficult to go about our everyday lives.*

*And the more we try to avoid it, the more we think about it, and the more our bodies are put on high alert to react.*

*And the cycle continues on, and on.*

## Worksheet 4.1. Anxiety Cycle

The Anxiety Cycle illustrates how our negative thinking affects how we feel (emotional and physical distress) and how our feelings influence what we do (behavior).



## **WORKSHEET 4.2: SIGNS OF POSTTRAUMATIC STRESS DISORDER (PTSD) [5 MINUTES]**

*Clearly, people can have signs of distress after illness or injury. When severe, such as PTSD, it has negative effects on all aspects of a person's life.*

### **Explain about PTSD**

*Often after traumatic events, people develop fears around the events, places or activities related to the loss. When the things that make us anxious are related to memories of an extreme threat, these thoughts may happen more often, and they may be more disabling when they occur. The anxiety may lead to extreme vigilance for danger signs and may cause us to avoid situations or people that remind us of the event.*

*When we talk about PTSD, we do not mean the normal feelings of being distressed, nervous, worried or apprehensive that we all have when we face a new challenge. I am sure that all of us here have had these feelings for brief periods. PTSD is different in that it is marked by intense feelings and physical symptoms such as fear, being easily startled, being on edge most of the time, and may include having nightmares or flashbacks about the event.*

*We want to stress that ALL of these post-trauma reactions are common after extreme stress, and in most cases they become more tolerable and manageable over time.*

*The main symptoms of PTSD are listed on Worksheet 4.2.*

*We must point out that we can't diagnose PTSD in a group like this because other health conditions can also cause these kinds of symptoms. We want you to know about these symptoms so that if you see them in yourself (or others) you can seek more help.*



## Worksheet 4.2: Signs of Posttraumatic Stress Disorder (PTSD)

After a traumatic event, signs of PTSD can include:

**1. Re-experiencing the event and being distressed:**

- Feeling distressed by images, thoughts or nightmares about the event.
- Feeling or acting like the event were happening again.
- Speeding up of breathing, heart rate, and other physical responses following reminders about the event.

**2. Avoiding things that may be related to the traumatic event:**

- Avoiding of people, places, or thoughts, feelings or conversations that remind you of the trauma.
- Feeling disconnected from or disinterested in others.
- Not feeling as deeply as you once did.
- Not being able to remember parts of the traumatic event.
- Not expecting good things in the future (e.g. having kids, a career, marriage, or living a long life).

**3. The way you feel and how your body reacts to changes after the event:**

- Difficulty falling or staying asleep.
- Feeling irritable or losing your temper.
- Feelings of guilt.
- Difficulty focusing or paying attention.
- Feeling on your guard or on edge a lot of the time.
- Being very jumpy or easily startled.

**4. These signs impact your life (e.g. your work, relationships, etc.) in a negative way.**

## **WORKSHEET 4.3: DEEP BREATHING PRACTICE [15 MINUTES] AND ONE OF 4.4–4.6**

### **Interrupting the Cycle of Anxiety- Relaxation Response**

Start with the deep breathing relaxation

*As we said before, our stress response is our instinctive way to react to a stressor that evolved out of necessity.*

*This complex set of reactions still occurs inside each of us when we feel threatened, and these changes may have been happening to you when you were injured. These changes help us adapt when they are in response to a real physical threat in the present moment.*

*Today, you will learn about other common types of relaxation. You will then have an opportunity to practice one of them.*

*It is important to try out these exercises and build this skill.*

Ask people to get comfortable. Read instructions from Worksheet 4.3.

*Now we will practice a Present Sensory Focus Relaxation Activity.*

*Let's do Sight Activity in Worksheet 4.4*

## Worksheet 4.3: Deep Breathing Exercise

*Learning to notice your own breathing pattern and being able to change it from short breaths to long abdominal breaths is one of the most crucial and simplest of the mind-body skills. Make yourself comfortable.*

*Take a few moments to notice your own breathing. Focus your awareness on the slight sensations of rising and falling as your abdomen expands and contracts with your breathing.*

*Breathing in and out, nice and slow.*

**Pause 20 seconds.**

*Most people take shallow short breaths. To change this try taking a long deep breath in through your nose bringing the air right down to your waist. Now let it go breathing out with an audible sigh of relief. Now let's try again. Breathing in through your nose.... and out through your mouth. Make the sound of breathing out through your mouth. Pushing all the stale air right out of your lungs. Breathing in again and out through your mouth.*

*Now try breathing in through your nose and out through your nose.*

*Now you are ready to try abdominal breathing on your own. From now on breathing in through your nose and out through your nose.*

**Pause 1 minute**

*As you breathe in again close your eyes for a moment. Feel any tension in the muscles around your eyes and as you breathe out let it all go.*

*Breathe in again and notice your lower jaw... let it loosen as you breathe out.*

*As you breathe in the next time notice your neck... let it relax as you breathe out.*

*Breathing in again deeply bring your awareness to your shoulders and just let them drop and relax as you breathe out. Now take a very deep breath in and as you breathe out just let your whole body relax. Now, as we count down from ten to one feel yourself becoming even more relaxed.*

*So let's begin by taking a deep breath in and then breath out.*

*Ten... Imagine the feeling of letting go*

*Nine... Letting all the tension in your body just float out though the soles of your feet*

*Eight.... Lowering your shoulders*

*Seven... Relaxing your jaw*

*Six... Breathing in again deeply*

*Five... Breathing out*

*Four... Your eyes gently closing*

*Three... Peaceful and calm*

*Two... Letting any last bit of tension fade away*

*One... You are deeply, deeply relaxed*

*In a moment, we will slowly return our focus to the present..... to the furniture supporting you..... to the sensations in your body..... to the sounds around you. Pause.*

*For now, continue to breathe deeply to maintain your state of relaxation. I'm going to count slowly from one to five. With each number I count, you will feel more alert and awake. By the time I reach the number five, you will have returned to your alert state..... feeling refreshed..... empowered..... comfortable. One... beginning to awaken. Two.... feeling more and more alert. Three... halfway there. Four.... one more deep breath. And five....welcome back*

## **WORKSHEETS 4.4–4.6: SENSORY FOCUSING EXERCISE**

*We are going to do an activity that will prompt you to focus on one sense at a time. Let the awareness of what you are experiencing fill your mind. Try to savour each experience in turn.*

*Can you tell me one thing that you are hearing, one thing that you are seeing, and one object that you are touching?*

*Now focus on each, one at a time.*

[Choose one of these worksheets \(4.4–4.6\) to practice now.](#)

*We are going to practice the Present Sensory Focus Activity (Sight, Touch, Sound)*

[Ask people to get comfortable. Read instructions from one of the Worksheets 4.4-4.6.](#)

## Worksheet 4.4: Present Sensory Focusing Activity—Sight

Allow yourself to be aware of the world of sights around you. Notice everything that comes within your field of vision at this moment. Let your eyes move about the room, letting objects come into focus as your gaze settles on them.

Now, just like a butterfly lands lightly on a flower, allow your eyes to settle on one thing in particular. Allow the stimulation from whatever it is that you are looking at to enter your eyes, filling your mind. Allow yourself to become fully absorbed in the experience.

Now, when you are ready, allow your eyes to settle on the outline or edges of the object. Are the edges smooth or irregular? Are there corners or rounded parts? Allow your eyes to slide along the edges, notice how it feels when your eyes travel over smooth straight edges. Now, notice how it feels when your eyes travel over rough irregular edges.

Next, when you are ready, allow your eyes to take in the surface of the object. Notice the texture as your eyes pass over the surface. Do your eyes glide over a smooth surface as if on ice? If the surface is smooth, is it shiny? Oily? Soapy? Hard? Soft? Notice how it feels as your eyes glide over the surface. Do your eyes tingle as your fingertips do when touching sandpaper or a nail file?

Now, when you are ready, notice the colours of the object. Are they bright or dull? Are they light or dark? Be aware of subtle differences in colour, brightness or shading as your eyes move over the object. Allow these small differences to fill your mind, but allow this to happen without your doing any work or analysing, simply allowing yourself to see and to become absorbed in what you see. Finally, allow yourself the pleasure of being absorbed in every aspect of the sights around you— shapes, textures, colours. Let this happen. There is no work involved. Simply be present.

## Worksheet 4.5: Present Sensory Focusing Activity—Sound

Be aware of the symphony of sounds around you at this moment. Start by listening for any rhythmic sounds, like those from the heating system or the traffic in the hall or street.

Allow this rhythm to fill your awareness, without anticipating it or recalling it—simply stay with the flow of sounds occurring in the present moment.

Now notice any intermittent sounds around you—voices, laughter, birds. Notice how these sounds move around the base rhythm, sometimes higher, sometimes lower.

Savour the texture of each sound around you. Some sounds are rough and almost like sandstone, others are clear and fresh like water flowing in a brook.

Next, notice any movement. Some sounds move while others stay in place.

Now, notice the pitch of the sounds around you. Allow your awareness to move higher with high tones and to descend with the lower ones.

Finally, allow yourself the pleasure of being absorbed in every aspect of the sounds around you—rhythm, texture, pitch. Let this happen. There is no work involved. Simply be present.

## Worksheet 4.6: Present Sensory Focusing Activity—Touch

Now, when you are ready, allow yourself to be aware of those places where your hands come in contact with something. Notice everything that comes into contact with your fingertips at this moment. Start by allowing your fingers to move slowly around the objects, allowing the different objects to come into focus as your fingers lightly touch them.

Now, just like a feather falls lightly to the floor, allow your fingers to settle on one object in particular. Allow the stimulation from whatever it is that you are looking at to enter your fingers and to flow freely to fill your mind. Allow yourself to become fully absorbed in the experience.

Now, when you are ready, allow your fingertips to move around the edges of the object. Are the edges smooth or irregular? Are there corners or rounded parts? Allow your fingers to slide along the edges. Notice how it feels when they travel over smooth straight edges. Now, notice how it feels when your fingers travel over rough irregular edges.

Next, when you are ready, allow your fingers to take in the surface of the object. Notice the texture as they pass over the surface. Are your fingers gliding over a smooth surface as if they are on a window? If the surface is smooth, is it glassy? Oily? Soapy? Notice how it feels as your fingers move over this surface. Do your fingertips tingle like when you are touching sandpaper or a nail file?

Now, when you are ready, notice the weight and hardness of the object. Notice how the object touches you. Does the hardness push down your skin? Is your skin tingling, tickling or itching from the touching? Do your fingers push down the surface of the object? Is it feathery? Cottony? Woolly? Leathery? Solid? As you hold this awareness of the object in your mind, allow yourself to take in the weight. Is it heavy? Is it light?

Allow your mind to become fully absorbed in the object's solidity and its hardness. Allow this to happen without your doing any work or analysing, simply allowing yourself to feel and to become absorbed in what you feel. Finally, allow yourself the pleasure of being absorbed in every aspect of the object. Let this happen. There is no work involved. Simply be present.

**BREAK [10 MINUTES]**

## **WORKSHEET 4.7: TIPS FOR RELAXATION [5 MINUTES]**

Ask people to get comfortable. Read instructions from Worksheet 4.7.

*Here are some tips that can help deepen your level of relaxation.*

*Take a look at worksheet 4.7.*



## Worksheet 4.7: Tips for Relaxation

### **Find a good spot:**

Find a comfortable, quiet place to start. Lie down or sit in a comfortable chair.

### **Reduce distractions:**

Wear comfortable clothing. Make sure the TV is off in the room and plan not to answer the phone. Ask others not to disturb you for 15 minutes.

### **Focus on the relaxation:**

Your mind will probably wander as you practice. When you notice this happening, simply bring your attention back to the exercise and continue. Most people find their mind wandering when they first learn relaxation. Don't give up if this happens. If your mind goes onto other things, say to yourself, "I'll think about that later, now I am taking time for myself". If it continues, you may want to stop and find a better time to practice.

### **Try another approach:**

For some people, closing your eyes and tensing muscles can feel uncomfortable. You may need to try several different strategies to see what works best for you.

### **Start when it's easy:**

At first you may want to practice at a time when you are already relaxed, like after dinner or before bed. You can then gradually move to harder situations and with practice you will become familiar with relaxation and learn how your body—and mind—responds.

### **Plan to practice regularly:**

It may take a while to feel the benefits, keep practicing for a week or so. The more you practice, the more comfortable and easier relaxation will become. Ideally, you should practice 1-2 times each day for 10-15 minutes.

### **Don't try so hard:**

You don't have to work at it. It will happen naturally with practice.

## INTERRUPTING THE CYCLE OF ANXIETY - SITUATIONS AND FEELINGS [10MINUTES]

### Group Discussion:

*So far, we know that anxiety is more than just a feeling. Research shows that it is related to what we think and do. We know from our own experience that what we think and do in a situation can affect how we feel. Often, when we feel anxious or fearful, we are thinking in exaggerated or negative ways. However, we can learn to change our thinking and actions to improve how we feel.*

*Let's look at the thoughts and actions we have when we are anxious or afraid.*

*What kinds of situations lead you to feel anxious?*

Make two columns on the flipchart, one for situations and one for thoughts.

*What are you thinking when the anxiety comes on?*

Write what members say in the second column, next to the situation they relate.  
For instance, "I am going to get hit again."

*The language we use can either magnify or minimize how anxious we feel. Do these things increase or reduce anxiety?*

Go through the list item by item and put a plus sign (+) or a minus sign (-) next to each thought or feeling depending on whether it helps or hurts.



## WORKSHEET 4.8: COMMON TYPES OF NEGATIVE SELF-TALK [5 MINUTES]

### Helpful and Unhelpful Thinking

How we think has an effect on how we feel, including our mood. By “self-talk,” we mean how we think, or the things that we say to ourselves. Holding an inner dialogue is quite normal. It can be helpful, if your self-talk is positive, or unhelpful, if it is negative.

Bad things happen to all of us every day. And the pressures we deal with contribute to many of the worries we have. Some days are worse than others. But no one can avoid all hassles, disappointments, or worries. They are inevitable parts of life. What’s really important is this: In most cases. . .

How you think about what happens determines how you feel.

When you feel anxious, irritable, defeated, or depressed, it is usually because you have thoughts that are unhelpful, negative or alarming. Believe it or not you can change the way you think...

And the first step is recognizing negative thinking patterns.

Let’s look at the common types of negative thinking that people get caught up in. You may find yourself thinking this way at times or you may know someone who does.

*On Worksheet 4.8, you can see a few of the most common negative thinking traps that we fall into. Let’s review it for a few moments.*

Let’s look at the common types of negative thinking that people get caught up in. You may find yourself thinking this way at times or you may know someone who does.

Some examples are:

- Having one bad day leads to thinking, “I will never get better”.
- You get a number of compliments on your work but one person doesn’t like it. So you find yourself thinking, “No one appreciates my work”.
- After one bad physical therapy appointment you say to yourself: “I am never going to get any better.”

## Worksheet 4.8: How I think Determines How I Feel

### **All or none thinking:**

Lets you see only one side of things – usually the bad side.

### **Focusing on the negative and ignoring the positive:**

It's easy to pay more attention to the negative aspects of life, while overlooking the positive things that are happening.

### **Overgeneralisation:**

Allowing one negative example or situation determine how you think overall.

## WORKSHEET 4.9: STOP, LOOK, LISTEN [15 MINUTES]

*Let's work in pairs to identify our personal negative thinking and write them on Worksheet 4.9.*

*Write down several negative thoughts that bother you.*

*You can change these negative thoughts into more positive ones. It may take some practice to start thinking this way. Use the text boxes to write in some positive thoughts to replace the negative ones here.*

*There are three steps to changing the way you think. When you find yourself caught up in negative self talk, you should...*

**Stop** *Picture a big red stop sign to get yourself to stop what you're thinking.*

**Look** *Notice what you are thinking. Look for the signs of negative thinking – always, never, only thinking of the bad things. Look for the good things that have happened recently – if you say there is nothing, look again.*

**Listen** *to a more realistic and balanced point of view. Sometimes this can be hard. It can help to think what a close friend or family member might say.*

*Work with the group to do one example, which could be someone not wanting to drive the same route where the crash occurred.*

*Now think of some positive thoughts to balance out the negative ones you thought of before.*

*Ask several people to share their negative and positive thoughts.*

# Worksheet 4.9: Stop, Look, Listen

## Get control of negative thoughts and balance your thinking...

**STOP** Picture a big red stop sign in your mind to help you put on the brakes on whatever you are thinking and feeling.

**LOOK** Notice the thoughts that are going through your mind. Look for words like “always,” and “never,” or thinking only of the negatives.

**LISTEN** Listen to more balanced and realistic thoughts you create. Imagine what a friend or family member would say.

### My Negative Thoughts

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Postive Thoughts to Try

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PUTTING IT INTO PRACTICE [5 MINUTES]**

*Now put what we've worked on today into practice by selecting relaxation techniques from your workbook to practice each day. Try each one to find which suit you best in different situations.*

*Also practice changing your thinking to feel better. As you go about your day, find one example of negative thinking and create some positive thinking to replace it. Notice how this makes you feel to balance out your thinking.*

*If you aren't able to identify any negative thoughts, ask someone who knows you well to point out negative talk they hear from you.*



## IMAGERY EXERCISE [5 MINUTES]

*Let's take a moment now before we end the session to practice relaxation and anticipate success.*

*Close your eyes, get comfortable, and tune in to your breath. Good.*

*Take a moment and find a comfortable position.*

**Pause.**

*Be however is most comfortable for you . . .*

**Pause.** . . *with eyes open or closed, whatever you prefer.*

**Pause.** . . *Take a few nice, big, deep breaths.*

**Breathe in and out with the group several times.**

*As you breathe slowly in and slowly out, you can begin to relax your body . . .*

**Pause.** . . *feeling more comfortable physically . . .*

**Pause.** . . *emotionally . . .*

**Pause.** . . *mentally.*

**Pause.**

*With every breath in, notice a feeling of relaxation, an increase of comfort.*

**Pause.**

*Breathe slowly and gently. With every breath out, notice a release of tension, a softening of your body.*

**Pause.**

*Allow yourself to enjoy this moment.*

**Pause.**

*With each breath you become more relaxed.*

**Breathe in and out with the group several times.**

*As you continue to relax and become more comfortable and quiet, your awareness of your inner experience increases.*

*Now I'd like you to see yourself becoming more aware of how your thinking influences how you feel. Notice how this makes you feel more in control of the situation.*

*Now see yourself tackling something that has been stressing you lately. See yourself working through the solutions.*

*See and feel yourself becoming more relaxed and feel how good that feels.*

*See yourself with less stress and notice how good that feels.*

*Notice how good it feels to have things to do to feel better. Just enjoy this feeling for a few moments.*

**Let a minute pass.**

*In a moment, we will slowly return our focus to the present . . . . . to the furniture supporting you . . . . . to the sensations in your body . . . . . to the sounds around you.*

**Pause.**

*For now, continue to breathe deeply to maintain your state of relaxation. I'm going to count slowly from one to five.*

*With each number I count, you will feel more alert and awake. By the time I reach the number five, you will have returned to your alert state . . . . . feeling refreshed . . . . . empowered . . . . . comfortable. One . . . beginning to awaken. Two . . . feeling more and more alert and awake. Three . . . halfway there. Four . . . one more deep breath. And five . . . welcome back.*

## **EVALUATION [5 MINUTES] (OPTIONAL)**

*Go to your workbook and tear out the evaluation form for this week.*

*Before you go, please complete this week's evaluation form. Your feedback helps us learn how to improve the program for others.*

*Do not put your name on the form as we want anonymous and honest feedback.*

*Collect form from each member.*

*Great session! Thank you for coming and for participating. I look forward to seeing everyone next week.*





**WEEK 5:**

# Interacting With Family and Friends



## Section 1: Goals for Week 5

By the end of the lesson, group members will:

1. Identify the important relationships in their life.
2. Learn the difference between helpful and unhelpful social interactions.
3. Explore how recovery affects family and friends.

Goal	How Group Leaders Help
1. Identify the important relationships in their life.	<ul style="list-style-type: none"><li>• Discuss the types of support people get from their family and friends.</li><li>• Help group members to identify their key relationships.</li></ul>
2. Learn the difference between helpful and unhelpful social interactions	<ul style="list-style-type: none"><li>• Continue self-assessment of current relationships and document helpful and unhelpful behaviors and words, given and received.</li><li>• Explain helpful and unhelpful social support.</li></ul>
3. Explore how recovery affects family and friends.	<ul style="list-style-type: none"><li>• Identify social roles and discuss how they may change.</li><li>• Discuss the feelings and reactions of key people to injury or illness.</li></ul>

## Section 2: Background

### Social Relationships

Social health is an important part of overall well-being. For most people, once the basic needs for food, shelter and safety are met, the next most important thing is to belong socially.

One of the biggest stressors that we know—even greater than natural disasters—is losing a spouse, child or parent.

Having mutually satisfying interpersonal relationships can be a source of help, information, affection and motivation. Did you also know that good social relationships can reduce depression, isolation and pain? They can also provide meaning and enhance quality of life. Therefore, it is very important that we deliberately cultivate good relationships with people and invest time and energy in our relationships.

### How This Week Relates to Other Weeks

This week is closely related to “Looking Ahead” (Week 6) in that social health is one of the most important ways to maintain a positive mood and get through tough times.

### Background

Research shows that people with good social support are likely to recover better from major health problems. In one large study, people who were married and people who had frequent contacts with close friends and relatives were likely to live longer and be healthier than people who were more

isolated. Social support has also been shown to promote well-being and ease the hardships that go along with certain health problems, such as cancer, multiple sclerosis, depression and chronic pain.

Social support is complex. To really grasp a person's social health, we need to take many things into account:

- the quality and frequency of social interactions
- the nature of one's social network:
  - number of people
  - how long the relationships have been in place
  - whether the relationships are a "two-way street"
  - how well people in the social circle know each other
- how much the person takes part in a broad range of social relationships (spouse, friend, sibling, co-worker, teammate, etc.)
- how much the person is invested in his or her social roles and feels a sense of belonging and commitment to them

There are many kinds of social support:

- practical support, such as help with transportation, chores, child care, or finances
- emotional support, or sympathetic listening and reassurance of caring and acceptance
- comforting and physical affection
- informational support, such as advice and guidance
- company for taking part in social and leisure activities

We function at our best when we are able to both give and receive each of these types of support.

Injury or illness may have a number of both positive and negative effects on social health. Much depends on the timing (how long since the illness or injuries), the types of ongoing problems, the person and the person's pre-existing social health.

People who are more socially alone before an injury or illness may be at risk for more problems after it because they do not have access to the support they need. In contrast, people with great social support systems in place before becoming ill or injured tend to benefit from this support because their family and friends can lessen the impact by keeping other things going in their life, such as help with child care, finances, travel, and so on. They also provide emotional support, companionship, encouragement and comfort.

Social responses to injury or illness may vary. In the best-case scenario, some people report that they are better off because the injury or illness gives them the chance to learn or grow in a major way. Researchers call this process post-traumatic growth, and for many people it often includes a deepened appreciation for social relationships.

In the worst-case scenario, an injury or illness can derail a person's social roles and get in the way of important relationships.

This week will help group members resume social roles to the fullest degree that they can. This may require changing core beliefs about social roles.



Core beliefs are an unspoken set of rules by which we live and make day-to-day decisions. These rules are so deeply ingrained and automatic that we often simply think of them as “the truth” or “just the way things are.” We don’t stop to examine where we learned these rules or beliefs.

Core beliefs are often deeply intertwined with our values. Most people have specific core beliefs about their social roles, such as the “right” way to be a “good” parent.

In the face of a serious injury or illness, one of two things might happen with regard to core beliefs.

You might interpret the injury or illness in light of your core belief and “weave” your experience into your existing belief system. For instance, if your core belief is that you are mostly a lucky person,” you might interpret the injury or illness this way: “This could have been so much worse. I’m lucky I’m alive!”

In this example, your core belief does not have to change, and you see the injury or illness as fitting in with your belief. In fact, your core belief might be reinforced or strengthened as a result of the injury or illness.

Sometimes it isn’t possible to fit the injury or illness into your core belief framework because of a different kind of experience or perhaps a different personality style. So, another possible way to cope would be to change your belief to fit your experience. For instance, you used to believe that you were mostly a lucky person, but now you see the injury or illness this way: “I realize that I’m just as vulnerable as everybody else. Better make the most of it while I’m here!”

In this example, you have modified your core belief to reflect your new experiences.

The major goal this week is to help members learn ways to enhance their own social health. This may look different for each member. Some will need to focus on how to enhance quality in one or two key relationships. Others may need to focus on how to expand their social networks and make some new friends.

## Section 3: Preparing For This Week

- Read background information for the trainer.
- Pre-print flipcharts as needed.
- Have large markers for the flipchart.
- Have pens or pencils for members.
- Make copies of the sign-in form.

## Section 4: Working Outline For This Week

**Sign in and Welcome** [5 minutes]

**Review Putting It Into Practice** [5 minutes]

**Social Roles, Support and Health**

- Worksheet 5.1: Taking Stock of Your Relationships (*column i*) [10 minutes]

**Group Discussion: Helpful Help** [10 minutes]

**Helpful Help You Receive**

- Worksheet 5.2: Summary of Helpful Social Support [5 minutes]
- Worksheet 5.1: Continued (*column ii*)

**Group Discussion: Unhelpful Help** [10 minutes]

**Unhelpful Help You Receive**

- Worksheet 5.3: Summary Unhelpful Social Support [5 minutes]
- Worksheet 5.1: Continued (*column iii*)

**Break** [10 Minutes]

**Helpful and Unhelpful Help You Give** [10 minutes]

- Worksheet 5.4: How Has Your Injury or Illness Affected Your Family and Friends [10 minutes]
- Worksheet 5.1: Continued (*column iv and v*)

**Putting It Into Practice** [5 minutes]

**Imagery and Closing** [5 minutes]

**Evaluation** [5 minutes] (optional)

## Section 5: Facilitating This Week

### WELCOME [5 MINUTES]

*Welcome back and thanks for coming! Did everyone sign the attendance sheet?*

*Today we are going to talk about relationships—with your family members, friends, and other people you interact with in your day-to-day life.*

### REVIEW PUTTING IT INTO PRACTICE [5 MINUTES]

*Before we dive into today's topic, let's review last session's 'Putting It Into Practice'. At the last session your practice activity was to begin using your relaxation skills.*

*What was your experience with this?*

*Did you find that you preferred one over the others?*

*The other activity was to find examples of negative thinking and create some positive thinking and balance it with positive thoughts. How did this go?*

## **WORKSHEET 5.1: TAKING STOCK OF YOUR RELATIONSHIPS [10 MINUTES]**

*Today's lesson is about family and friends and how to have healthy relationships in spite of the stresses that come with injury or illness, and recovery.*

*Why is it so important to have healthy relationships? At the simplest level, we all need to feel that we belong and are socially accepted. It is a basic human need to both give and receive affection, assistance, support and caring. We need people we can rely on, and we also need to feel as though we help others.*

*People get support in different ways: some have a few close friends or family members, while others have many. There is no right number of relationships. What matters is having our needs met.*

*Some relationships may have changed for the worse under the stress of illness or injury and others may have continued unchanged or even improved. You may have discovered support and love that you did not know was there.*

### **Identifying important relationships**

*Find Worksheet 5.1, "Taking Stock of Your Relationships." We're going to work through this together. Let's start by identifying key people in your life, these might include family members (husband or wife; children; parents), your closest friends, people at work.*

*We're going to list these people in the first column (i). List your role in that relationship, and the person's name if you want to. For instance, you might put your role as spouse in the first box and your spouse's name. Include any relationship.*

## Worksheet 5.1: Taking Stock of Your Relationships

Important Relationships and People (i)	Types of Helpful Help You Receive (ii)	Types of Unhelpful Help You Receive (iii)	Types of Helpful Help You Give (iv)	Types of Unhelpful Help You Give (v)
<b>Example:</b> <i>Husband Joe</i>	<i>Affection            Practical</i>	<i>Criticism            Withdrawal</i>	<i>Affection            Companionship</i>	<i>Angry Outbursts            Tune out when frustrated</i>

## WORKSHEET 5.2: SUMMARY OF HELPFUL SUPPORT [15 MINUTES]

### Brainstorm on “Helpful Help”

The second column asks you to name the kinds of helpful support that you receive in each relationship. First, it's important to recognize that we both give and receive support and that support comes in many different forms. We'll call the types of support that we find useful or of benefit 'helpful help'.

Group members may not agree about what is helpful and what is not. You will need to lead this discussion so that you make clear why people report things are helpful or unhelpful.

There may be a few themes that you can make clear.

What kinds of useful or helpful help do you get from those important to you?

Write on flipchart

Turn to Worksheet 5.2, and let's review these together. Let's think of examples of each kind of support.

There are of course lots of other things we can do in relationships to be helpful or show support. We can be assertive. We can add humour or compassion, and express thanks. If you have ideas that don't exactly fit into these groups we've put on the flipchart, it's OK to mention those too.

Go back to Worksheet 5.1 and fill in the second column (ii) with the types of helpful help you receive from those who are important to you.

## Worksheet 5.2: Summary of Helpful Social Support

### Five Kinds of Helpful Help: Types of Positive Social Support

1. **Practical:** provide babysitting, transportation, help moving, dinner, money
2. **Emotional:** listen, validate and acknowledge your feelings, reassure, express support, empathy, confidence
3. **Affection:** hug, physical touch
4. **Information:** advice, suggestions, answers
5. **Companionship/friendship:** go to the movies together, spend time with someone, play games

## WORKSHEET 5.3: UNHELPFUL HELP [15 MINUTES]

The next thing to consider about social support is that it is not always helpful! Some of the things people do actually make things worse. We call this unhelpful help and there are many types.

### Brainstorm

What kinds of unhelpful help do you get from those important to you? What kinds of things do people do or say that you wish they did not?

Write on flipchart.

Let's look at Worksheet 5.3, and review these together.

Think about the most unhelpful things people have ever said to you while they were trying to be helpful. This might include:

- suggestions for what to do better or "constructive" criticism
- solutions that are ridiculous or won't work, such as "I saw this program on TV about a new drug that can..."
- dismissing you by saying things like, "Oh, that's nothing! Cheer up!"
- minimizing your experience or giving you the message that you shouldn't complain, by saying things like, "What are you complaining about? It could be so much worse! Look on the bright side! Be thankful you only lost your leg!"
- offering you help that you don't really need

Go back to Worksheet 5.1 and fill in the third column (iii) with the types of unhelpful help you receive from those who are important to you.

### Dealing with unhelpful help [10 Minutes]

Dealing with unhelpful help is not easy. Think of the unhelpful help you receive.

What are some of the ways to deal with unhelpful help?

Remember, your response should include three parts: express thanks; use an 'I' statement to tell the person how their help impacts your life, and then ask for what you really want.

Obviously dealing with major relationship issues can be very difficult. Whether these issues were caused by your illness or injury or were already there from before they can have a significant negative impact on your life.

Opening the lines of communication is a good first step for relationship issues; sometimes you may also need to use your problem solving skills to make a plan to address your relationship problems just like any other problem you may have.

Some relationship problems may be too big to handle on your own. Seek other help. You may benefit from talking to a professional.

## BREAK [10 MINUTES]



# Worksheet 5.3: Summary of Unhelpful Social Support

## Help We Can Do Without! Examples of Unhelpful Help

### **Criticism**

"You are too rude to the nurses."

"I wish you would try harder in therapy. I wonder if you really want to get better?"

### **Avoidance**

"It's pretty hard to get around to visit you these days."

### **Dismissing, minimizing**

"Why are you complaining? Things could have been so much worse!"

"Cheer up!"

### **Overly helpful (makes you feel like a burden, or too dependent)**

"I'll make your appointment for you. You stay there and rest on the couch."

### **Unsolicited advice**

"You should try this new treatment I saw on TV."

### **Forced cheerfulness**

"Now, now, let's not mope. Every day is a shiny new day."

## **WORKSHEET 5.4: HOW HAS YOUR INJURY OR ILLNESS AFFECTED YOUR FAMILY AND FRIENDS [10 MINUTES]**

*Let's look at the other side of the equation, how has your illness or injury affected your relationships with your family and friends? A lot of attention, concern and support are given to the well-being of the survivor, and rightly so. However, we must not forget that in most cases family and close friends are affected as well. Friends and family experience many different feelings after the injury or illness. These may include fear for the life of the injured or ill person, helplessness, and confusion about what will happen next.*

*Look at Worksheet 5.4. Here is a list of some feelings and reactions that people experience after a loved one is ill or injured. Think of someone close to you. Check off what they experienced. You can also add other feelings and reactions in the text boxes.*

### **Share**

*Let's take a few minutes to share some of the feelings and reactions your friends and family have. What are they doing differently?*

#### **Write on Flipchart**

*In addition to the emotional reactions that loved ones experience soon after the injury or illness, relationships can also change. Earlier each of you identified important people in your lives - think about one of these people and for a few moments try to put yourself in their shoes, let's consider how their life has changed.*

*It might help to think about how their routine has changed. What have they given up? Are they doing things they didn't do before?*

*These life changes, dealing with difficult feelings, and providing support to you can be a big job for anyone to handle. This new set of responsibilities, demands and pressures are on top of what was already going on in their lives. Often family and friends don't take care of themselves or get the support they need.*

## Worksheet 5.4: How Has Your Injury or Illness Affected Your Family and Friends

Check off the feelings and reactions they experience.

Afraid

Helpless

Confused

Relieved

Sad

Guilty

Shocked

Thankful

Exhausted

Overwhelmed

Numb

Hopeful

Angry

Other \_\_\_\_\_

Other \_\_\_\_\_

## WORKSHEET 5.1: (CONTINUED) HELPFUL AND UNHELPFUL HELP YOU GIVE [10 MINUTES]

Earlier you identified the helpful and unhelpful support that you receive. Now look at the fourth column (iv) on your worksheet.

Select one of the important people in your life, think of the helpful help you're giving that adds to the quality of this relationship. What are you doing that they appreciate? .... makes them smile? .... or puts them in a good mood?

What kinds of positive support or helpful help do you give? Fill in what you've been doing that adds to the quality of this relationship.

Good. When you are done, move on to the final column (v). For each relationship that you have listed, think about things that YOU may do that may in fact be unhelpful or making the relationship worse.

Are you critical of others efforts to help you? Do you ignore people or sulk when you are unhappy? Is there anything that your friends or family have mentioned they would like you to stop doing ...or makes their life harder?

Now let's turn again to Worksheet 5.1. and fill in the last two columns (iv, v) with the kinds of negative or unhelpful help you give?

### Brainstorm

What can you do to support your friends and family during a difficult time?

Write some of their ideas on the flipchart and add other examples:

- Use your listening skills to understand the needs and feelings of those close to you.
- Educate them about injury or illness and the specific needs you have during your rehabilitation.
- Use your problem solving skills when issues arise.
- Express your gratitude for what they do for you. Telling someone you appreciate them helps them to know that they are helpful.
- Recognize when your friends or family need more help than you can provide. This could be as simple as asking someone else to help them get things done or encouraging them to talk to a close friend.

## Worksheet 5.1: Taking Stock of Your Relationships

Important Relationships and People <b>(i)</b>	Types of Helpful Help You Receive <b>(ii)</b>	Types of Unhelpful Help You Receive <b>(iii)</b>	Types of Helpful Help You Give <b>(iv)</b>	Types of Unhelpful Help You Give <b>(v)</b>
<b>Example:</b> <i>Husband Joe</i>	<i>Affection Practical</i>	<i>Criticism Withdrawal</i>	<i>Affection Companionship</i>	<i>Angry Outbursts Tune out when frustrated</i>

## **PUTTING IT INTO PRACTICE [5 MINUTES]**

*Your practice activity for this week is to talk with one of the people you identified (family member, friend, or other person) and ask them about how your injury or illness has affected them.*

*Talk with this person about what you think you are doing that is helpful and unhelpful. See what they have to say. Then pick one thing this person finds helpful and begin to do this on a regular basis. Also, pick one thing they find unhelpful and do your best to stop.*

*Remember, you and those close to you are moving up and down the road to recovery together. Getting the help you need and giving the help they need will help you reach your goals and strengthen the relationships that matter most to you.*

## CLOSING AND IMAGERY EXERCISE [5 MINUTES]

*Let's take a moment now before we end the session to practice relaxation and anticipate success. Please take a moment and find a comfortable position.*

*Close your eyes, get comfortable, and tune in to your breath. Good.*

Pause.

*Be however is most comfortable for you . . .*

Pause. . . *with eyes open or closed, whatever you prefer.*

Pause.

*Take a few nice, big, deep breaths.*

**Breathe in and out with the group several times.**

*As you breathe slowly in and slowly out, you can begin to relax your body . . .*

Pause. . . *feeling more comfortable physically . . .*

Pause. . . *emotionally . . .* Pause. . . *mentally.*

Pause.

*With every breath in, notice a feeling of relaxation, an increase of comfort.*

Pause.

*Breathe slowly and gently. With every breath out, notice a release of tension, a softening of your body.*

Pause.

*Allow yourself to enjoy this moment.*

Pause.

*With each breath you become more relaxed.*

**Breathe in and out with the group several times.**

*As you continue to relax and become more comfortable and quiet, your awareness of your inner experience increases.*

*See yourself listening to others and expressing yourself calmly and clearly, able to talk— and listen— genuinely, comfortably. Imagine yourself feeling comfortable in your own skin.*

*See yourself able to give—and receive—support . . . . . feeling balanced and peaceful in an important relationship.*

*See yourself providing genuinely helpful support to someone you care about.*

*Notice how good it feels not to be helpless but to have things to do to feel better. Just enjoy this feeling for a few moments. Let a minute pass.*

*In a moment, we will slowly return our focus to the present . . . . . to the furniture supporting you . . . . . to the sensations in your body . . . . . to the sounds around you.*

Pause.

*For now, continue to breathe deeply to maintain your state of relaxation. I'm going to count slowly from one to five. With each number I count, you will feel more alert and awake. By the time I reach the number five, you will have returned to your alert state . . . . . feeling refreshed . . . . . empowered . . . . . comfortable. One . . . beginning to awaken. Two . . . feeling more and more alert and awake. Three . . . halfway there. Four . . . one more deep breath. And five . . . welcome back.*

## **EVALUATION [5 MINUTES]**

*Go to your workbook and tear out the evaluation form for this week.*

*Before you go, please complete the evaluation form. Your feedback helps us learn how to improve the program for others. Do not put your name on the form as we want anonymous and honest feedback.*

[Collect forms from members.](#)

*Thanks everyone for coming. You're doing great.*







**WEEK 6:**

# Looking Ahead



## Section 1: Goals for Week 6

By the end of week 6, group members will:

1. Identify goals for the future.
2. Identify and manage setbacks.
3. Review progress in the program and recognize each member's contribution to the group.

Goal	How Group Leaders Help
1. Identify goals for the future.	<ul style="list-style-type: none"> <li>• Talk about activities that may be possible for group members, such as return to previous activity (e.g. job with former employer), return to similar job (with former employer), find a new activity, obtain training or find new activities (such as work, education, home social.)</li> <li>• Ask members to list a short-term goal—what they plan to do now.</li> <li>• Have members brainstorm about physical, personal, social and environmental factors that are likely to help or hinder their return to usual major activities.</li> <li>• Emphasize members' strengths.</li> <li>• Use members' ideas in the goal-setting activity.</li> </ul>
2. Identify and manage setbacks.	<ul style="list-style-type: none"> <li>• Talk about how members can prepare for the future and the importance of expecting and managing setbacks.</li> </ul>
3. Review progress in the program and recognize each member's contribution to the group.	<ul style="list-style-type: none"> <li>• Acknowledge members for all of their hard work and dedication, and let them know that they have succeeded in completing a big investment in themselves and their well-being.</li> <li>• Remind members that although there will be bumps in life, they have the tools they need to successfully navigate toward the smoothest course.</li> <li>• Have each member talk about what they have learned in the program and from each other, and have the group give that person feedback on what positive contribution he or she made to the group.</li> <li>• Present members with their certificate and congratulate them.</li> <li>• Encourage members to continue with support group activities and expand their network of resources.</li> <li>• Encourage members to use each other as resources.</li> </ul>

## Section 2: Background

### Benefits and Challenges of Staying Active

Many people have no problem going back to the job, school, social or community activities they were involved with before their injury or illness. Others run into major roadblocks, and their ability to do important work and social activities is greatly reduced.

Keeping an active lifestyle has many benefits, such as improved self-efficacy, better physical and mental health and better quality of life. However, people living with disability and those with acute or chronic illnesses or injuries often face challenges to going back to work, school or leisure activities.

For instance, in one study of people who had badly broken bones in their legs, over 25 percent of those who were working before their injury had not returned to work by 12 months after it. In this study, many of the people who did return to work still had disability up to 30 months after their injury. Other studies have shown that people with limited economic, personal and social resources may have poorer overall health after the injury or illness is treated.

What does this mean for people who are thinking about going back to their usual activities? They are likely to face some challenges.

The good news is that there are things people can do to overcome these challenges and meet their goals:

- set reasonable goals
- use problem-solving skills
- overcome avoidance
- apply communication skills and advocate for themselves

Self-management can help people to build skills and use resources that may ease the return to work and leisure activities.

### How This Week Relates to Other Weeks

This week builds on goal-setting, problem-solving and effective communication skills from earlier weeks.

Goal setting strategies will be used to name specific activity-related goals.

Good communication, whether it is with family and friends or health professionals, is important to being a successful problem-solver. To be able to advocate for yourself, you must be able to communicate well—which includes not only saying what you mean, but also listening to what is being said.

As in other weeks of the program, group activities and interactions are designed to increase each member's self-efficacy.

### How Activity Relates to Physical and Mental Health

Research suggests that after a serious injury or illness, how much people are able to do overall (such as going back to work, being involved in social relationships, etc.) and how much they are able to take on

(such as functional limits, activities of daily living, etc.) is related to general health perceptions, quality of life, and many other conditions such as pain, depression, post-traumatic stress and negative mood. Getting back to meaningful social, job or volunteer activities is a key part of recovery and rehabilitation.

### **Return to Activities After Illness or Injury**

In a recent study of people who had some types of trauma to the lower legs, only 50 percent who had been working before their injury were back to work after six months, although this rate did increase to 75 percent after 1 year. But 60 percent of the people who got back to work were limited in the amount of work they did, and 8 percent of them found a different job because they still had some leg problems.

It is important to note that the extent of injury or illness does not fully explain why some people do not return to work or why others must get a different kind of job. Some other factors that can affect return to work are age, education, income level, and the physical demands of the previous job.

Health care and rehabilitation services can ease return to work or usual activities, but how much people know about injury or illness recovery and educational status can affect how well they understand the consequences of the injury or illness. This can affect their recovery or how well they adapt to changed circumstances. Taken together, these issues of access and understanding of recovery could hinder whether they are able to take another job or take on different tasks where they had been working before.

With this in mind, it is key for people with serious illness or injury to begin to self-manage early on. While some factors, such as extent of injury or illness, cannot be changed, there are things that people can do to increase the chances that they will be able to return to work or meaningful activities. Skills such as those included in this program can help people cope better with the challenges they face going back to major activities such as work or school.

Some of these skills include ways to communicate effectively, assertiveness, and job maintenance and search skills.

### **Communication**

Communication is the basis of a good relationship, whether it is between a patient and caregiver or an employee and employer. Communication is both verbal and non-verbal.

In other weeks, we reviewed three types of communication style: assertive, aggressive and passive.

As we have learned, the assertive style may be defined as being able to communicate your thoughts, wishes and feelings directly without violating the rights of others. This style lets people be more effective in their encounters with others. It lets them advocate for themselves in a non-threatening manner, while letting the other person know what they want. When people are assertive, they have a relaxed and firm voice, erect posture and good eye contact. They also listen actively and are willing to negotiate.

A key skill in being an effective communicator is stating what you prefer. Making good use of “I” statements is one way to improve effectiveness.

### **Coping Skills and Return to Major Usual Activities**

As noted above, people are likely to face some challenges on the way to getting back to usual activities after their injury or illness. Learning to cope with tough situations and learning specific, effective techniques in daily life are some of the best ways to decrease barriers to participation in activities.

There are many different ways to cope with tough situations. This week will present some new coping skills and review the strategies members have already learned, such as ways to problem-solve and be assertive. We hope that a review of these skills will increase their ability to apply them to a wide range of situations in their lives.

We have learned that anxiety is a complex response to stressful situations, events and people and that it affects:

- how we think, such as being apprehensive, worried, distractible
- how we feel, such as being tense, irritable, scared, panicky
- how we behave, such as avoiding reminders or other challenges, arguing, overly seeking reassurance or safety

In the early days and weeks after a major challenge like an injury or illness, anxiety is a completely normal response.

Anxiety and avoidance can disrupt a person's return to previous activity. We discussed and practiced two ways to manage anxiety—relaxation and changing how we think. As we move into action plans, it is important to provide a controlled and safe environment where we can help people systematically confront painful memories and situations that really are safe even though they are still frightening.

## Section 3: Preparing For This Week

- Read background information for the trainer.
- Read information that follows on facilitating this week.
- Create partners for the session.
- Pre-print the flipchart as needed.
- Prepare folders and name tags.
- Have large markers for the flipchart.
- Have pens or pencils for members.
- Prepare the sign-in form.



## Section 4: Working Outline For This Week

**Sign in and Welcome** [5 minutes]

**Review Putting It Into Practice** [5 minutes]

**Group Exercise: Looking Ahead – Identify Barriers and Resources**

- Worksheet 6.1: Getting Back on Track - Goals [10 minutes]
- Worksheet 6.2: Getting Back on Track – Barriers and Resources [15 minutes]

**Refer to information worksheets:** [5 minutes]

- Worksheet 6.3: Acute and Chronic Pain
- Worksheet 6.4: Tips for a Good Night’s Sleep
- Worksheet 6.5: Physical Activity – Tips to Overcome the Barriers
- Worksheet 6.6: Tips about Alcohol, Drugs and Smoking
- Worksheet 6.7: Staying in Contact with Your Employer
- Worksheet 6.8: Job Search Strategies
- Worksheet 6.9a: Interview Skills – Before the Interview
- Worksheet 6.9b: Interview Skills – During the Interview
- Worksheet 6.9c: Interview Skills – After the Interview

**Break** [10 Minutes]

**Group discussion: Staying on Track** [10 minutes]

- Worksheet 6.10: Red Flags – Recognizing Setbacks [10 minutes]
- Worksheet 6.11: Tips for Staying on Track: What Can You Do? [5 minutes]

**Affirmation and Recognition: Each Group Member** [15 minutes]

**Putting It Into Practice** [5 minutes]

**Imagery and Closing** [5 minutes]

**Evaluation** [5 minutes] (optional)



## Section 5: Facilitating This Week

### WELCOME [5 MINUTES]

*This last week is a time to review progress, look to the future and celebrate your success in the program. We'll also anticipate setbacks and identify red flags that tell us we need more help. We'll apply what we've learned to prepare ourselves for those upcoming challenges.*

### REVIEW PUTTING IT INTO PRACTICE [10 MINUTES]

*Your practice activity from last week was to talk with friends and family about how your health changes have affected them, express appreciation for the help they provide or discuss how someone who has been providing unhelpful help can be more helpful.*

*What kinds of conversations have you all had with friends and family?*

*What have you noticed about how these folks are affected by your changes in health?*

Acknowledge successes and encourage small steps

## **WORKSHEET 6.1: GETTING BACK ON TRACK [15 MINUTES]**

*In the first lesson we looked at what kinds of activities you were doing before your injury or illness.*

*Now let's look to the future. What activities would you like to start doing now or in the future?*

*This could be returning to work, education or home activities. Doing something to improve your health like beginning regular exercise, improving your diet or stopping smoking. Or it could be getting involved in social or community activities.*

*Take a few minutes and complete Worksheet 6.1.*

*Be as specific as possible, and write down what you want to return to. You can put down just one activity or several. Whatever you like.*

*Some of your goals and activities may be the same as before your illness or injury, and some may be different. List activities and goals, even if you are not sure how you will do them. Go ahead and dream a little.*

*Give members about 2-3 minutes to write on their worksheets.*

*Some group members may say they can no longer do what they did before due to the extent of their limitations. Remind the group that for some people physical limitations may lessen over time, as they recover or develop new ways to get things done. If people feel that they will not be able to return to a previous activity such as their work, they can include what they might do instead - finding a new kind of work, training or schooling, or taking up other new activities.*

*Please share some of your goals with the group.*

### **Returning to Activity**

*Today we are going to talk about going back to our important activities, particularly work, school, and home activities.*

*We will start out by naming the things that you were doing before your injury, and then we'll take a look at your goals for getting back to those or other activities.*

*We will look at barriers and resources, and we will discuss practical ways to overcome avoidance and use communication skills to work with employers and others.*

*Even if you don't have any challenges related to your job, there may be other activities in your life you can plan to get back to.*

*As we discussed before, it is good to stay involved in activities because it improves parts of our physical and emotional health. Research suggests that when people take part in things, they have better quality of life and health. In other words, if you stay active, you will likely feel better—and you may prevent yourself from feeling worse!*

# Worksheet 6.1: Getting Back on Track

Activities I would like to do now or in the future:

**Work or Education or Home:**

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**Health:**

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**Social:**

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## WORKSHEET 6.2: GETTING BACK ON TRACK - BARRIERS AND RESOURCES [15 MINUTES]

To reach our goals, we need to begin by identifying any barriers to these goals— anything that could stop you from getting from here to there. And we also want to identify resources that can help us overcome those obstacles.

Let's do an example together...

Use the flipchart, write a goal at the top.

Let's say my goal is getting back to work. Now there are some barriers to that...what problems can you think of?

Write under the barriers column on the flipchart.

Put up their ideas or if no one shares, put up a few examples:

- Not able to physically do my old work
- I just can't work as quickly as I did before
- I can't drive for a while

We all have strengths and resources, too. So we also need to name the resources we each have among our families and friends and in our community to help us to accomplish our goals, as well as our own strengths.

So what might help me get back to work or school-education activities? What are possible resources?

Write under the Resources column on the flipchart.

Put up their ideas or if no one shares, put up a few examples:

- I really get on with my boss and I can ask about what other kind of work that might be available.
- I'm a quick learner, so I can get more education, maybe a different job.
- I have someone who can give me a lift to work.
- I will need to get to the jobs center and see what is possible.

Work with your partner. *Look over your list of activities you want to do on Worksheet 6.1. Pick one that is important to you.*

*Write this activity/goal into My Goal Is... on Worksheet 6.2*

*Each of you take a turn and tell your partner what important activity you want to get back to and talk about what might be some of the barriers or challenges to doing that activity or achieving that goal.*

*Also talk about possible resources to help overcome those obstacles.*

*The partner who is listening – hear what they have to say and help them identify potential challenges. If it is helpful write down some of the challenges you might face in that column.*

Take about 10 minutes or so and each person take a turn.

Circulate around and help the pairs work through the activity.

Depending on the time ask one or two members to share their desired activity and the challenges and resources they were able to identify.

*Worksheets 6.3-6.9 have some resources for those who want to work on health goals such as managing pain, improving sleep or increasing activity. There is also information on job seeking and interview skills for those thinking of returning to work. You can look at these at another time.*

## BREAK [10 MINUTES]

# Worksheet 6.2: Getting Back on Track: Barriers and Resources

**My goal is:** \_\_\_\_\_

**List challenges you face to achieve this goal and resources you have to meet these challenges .**

There may be different things that trip you up or help you out depending on what you goal is:

1. Returning to your old job
2. Returning to a new job or different kind of work
3. Going to School/Training
4. Regular exercise, stopping smoking
5. Trying to participate in social activities

Be sure to think of resources that you have, that your family and friends may be able to provide, and that are in your community. As we go forward, add new resources you think of to your list.

CHALLENGES	RESOURCES

## Worksheet 6.3: Acute and Chronic Pain

Acute pain and chronic pain are different and need different approaches.

Acute Pain	Chronic Pain
Lasts less than 3 months.	Lasts for at least 3 months.
Warns of danger and harm.	No longer warns of danger.
Person may be anxious and afraid. These feelings go away once the cause is known or pain goes away.	Form of chronic stress. Person may feel tense, tired, helpless, alone, etc.
Rest is often best for acute pain. It allows healing to take place	Being active and then resting is best for chronic pain. Healing has already occurred.
Doctors have a good idea of how acute pain works.	Doctors don't have a good idea of how chronic pain works.
Natural tendency to tense muscles can help and can protect us.	Tendency to tense muscles in response to pain leads to more pain.
Relies on health care providers to fix the problem.	Needs an overall approach and self-management
Goal is to stop the pain.	Goal is to reduce pain and increase function.

Here are some ways to build a plan to manage pain. A good plan will use a number of strategies.

1. Take medications as directed and on schedule:

Medicine	Dose
A.	Time taken:
B.	Time taken:
C.	Time taken:

2. Massage, heat, cold, warm baths can help pain.

I will	on this day	at this time:
I will	on this day	at this time:
I will	on this day	at this time:
I will	on this day	at this time:

3. Make time to rest so you don't overdo it.

I will rest at these times:  
 \_\_\_\_\_  
 \_\_\_\_\_



## Worksheet 6.3 (continued)

4. Activity and exercise help reduce pain.

I will do the following activity:

Type of activity:	_____	on this day	_____	at this time:	_____	for	_____	long	_____
Type of activity:	_____	on this day	_____	at this time:	_____	for	_____	long	_____

5. Relaxation helps reduce pain.

I will practice deep breathing at these times:

\_\_\_\_\_

Other relaxation:

\_\_\_\_\_

6. Doing something else can help reduce pain.

Here are some things I can do to take my mind off my pain:

\_\_\_\_\_

\_\_\_\_\_

7. Being upbeat improves mood and reduces pain.

I can tell myself the following positive things when I feel pain:

\_\_\_\_\_

\_\_\_\_\_

8. Resources I can use:

One person I can call for support:

\_\_\_\_\_

My doctor:

\_\_\_\_\_

Other:

\_\_\_\_\_

# Worksheet 6.4: Tips for a Good Night's Sleep

You should get six to eight hours of sleep per night. Getting a good night's sleep has a lot to do with having a routine and following some basic rules.

## 1. Keep a regular schedule

- Do: go to bed and wake up at the same time every day
- Don't: sleep late on days when tired
- Don't: stay up really late
- Don't: take naps longer than 20 to 30 minutes
- Don't: take naps in the evening

## 2. Make your bed a place where you think about sleep

- Do: sleep in a comfortable, quiet and relaxing place
- Do: try to sleep only in your bed
- Do: make your bed a place for sleeping and sex only
- Do: get up and do something to relax if you can't fall asleep
- Don't: read, eat, watch TV or work in your bed
- Don't: stay in your bed if you're not sleepy
- Don't: fall asleep in front of the TV

## 3. Prepare for bedtime

- Do: have a routine to prepare for sleep
- Do: take time to wind down before bed
- Do: exercise at the same times during the day
- Don't: do things that stress you out just before bed
- Don't: exercise just before bed

## 4. Pay attention to how you use medicines and substances

- Do: avoid caffeine, nicotine and alcohol for at least a few hours before bedtime
- Do: take sleeping pills only as prescribed
- Don't: use sleeping pills you can buy off the shelf in a store

**5. Don't worry about getting enough sleep.** Nobody ever died from being tired.

## Worksheet 6.5: Physical Activity—Tips to Overcome the Barriers

It can be hard to find the time and interest to build physical activity into your daily life. We can all come up with lots of excuses to avoid exercise. Check with your doctor to make sure you are ready to increase your activity. We've looked at some of the reasons people don't exercise and excuses we use, and we offer some tips on how to move past them.

### 1. I don't have enough time.

- Keep a diary of your daily activities for a week. See how much spare time you really have. It may be more time than you thought.
- Try to break up your exercise sessions into two 15-minute blocks, or even into three 10-minute blocks, if it's hard to find a spare 30 minutes each day to exercise. You'll still get the fitness benefits.
- Involve your family. For instance, instead of watching TV together, get outside.
- Try to build physical activity into your daily life.

### 2. Exercise is boring.

- Exercise with a friend or take up a team sport. Physical activity doesn't have to be something you do alone.
- Change the way you think about physical activity. It doesn't have to be painful or dull to be good for you. Physical activity is all about getting more movement into your day. The activities should also be fun. Think about dancing or gardening.
- Mix it up. Plan to do a variety of physical activities.
- Consider using exercise equipment at home so that you can work out while watching your favourite TV programs.

### 3. I don't know how to be active.

- Check with your doctor before starting on a physical activity program.
- Contact your local community center. Most centers offer a range of physical activity classes at modest prices.
- Visit your local gym or sports center. Find an activity that appeals to you.
- Choose an activity that really interests you.
- Ask any of your physically active friends if you can come along during their next exercise session.

### 4. I'm too unwell or unfit.

- See your doctor for a full medical check-up before starting any physical activity program. This is most important if you are obese, over 40, haven't exercised in a long time or have a chronic medical condition. Your doctor can help and support you to make changes to your lifestyle.

## Worksheet 6.5: (continued)

- Learn about your medical condition. Talk to your doctor or local support group, or browse through articles to find physical activities that may be right for you.
- Choose an activity that feels comfortable. For instance, swimming may be a good choice because the water supports your body.
- Start slowly. Begin by exercising for as little as 10 minutes each day. Then slowly increase the time and intensity as your fitness improves.
- Don't push yourself too hard. If an activity hurts, decrease the intensity or stop altogether.

### 5. I'm too tired.

- Try to be active on most days of the week. The fitter you are, the more energy you have.
- Change your schedule, if you can, so that you can be active in the morning rather than at night.
- Exercise during your lunch break or build activity into your commute to work.
- Improve your diet. Healthy foods can boost your energy level.
- Try to get more sleep.

### 6. It's too hot, it's too cold, it's raining.

- Have a number of indoor and outdoor activities to choose from so that weather can't get in the way of your exercise plans.
- Choose indoor activities, such as working out to an exercise video or stationary cycling, on days when you don't want to exercise outdoors.
- Work out in a gym or swim at your local pool.

### 7. I don't feel like it.

- Figure out your barriers to physical activity.
- Browse the Internet and read up on the benefits of physical activity. For instance, regular exercise eases depression and anxiety, aids in weight loss, improves sleep and helps to manage back pain. Find your own reasons to become more active.
- Choose exercise that you can do alone, like working out to an exercise video, if you don't like to exercise in front of other people.
- Make sure your goals are reasonable. Avoid the 'all-or-nothing' trap of thinking that physical activity is a waste of time if it can't make you super-fit or super-slim.
- Plan time for physical activity. Make dates with yourself in your diary.
- Find an exercise partner. You are more likely to commit to a regular routine if someone else is relying on you.

### Keep in Mind

- The best physical activity is the one you enjoy because that is the one that you will keep doing.
- Figure out your personal barriers to exercise.
- Try to build physical activity into your daily life.
- Find physical activities that appeal to you. Exercise doesn't have to be dull.

*Adapted from: [http://www.betterhealth.vic.gov.au/BHCV2/bhcarticles.nsf/pages/Physical\\_activity\\_tips\\_to\\_overcome\\_the\\_barriers](http://www.betterhealth.vic.gov.au/BHCV2/bhcarticles.nsf/pages/Physical_activity_tips_to_overcome_the_barriers)*

# Worksheet 6.6:

## Tips About Alcohol, Drugs and Smoking

### 1. Smoking

The U.S. Surgeon General has stated, "Stopping smoking represents the single most important step that smokers can take to enhance the length and quality of their lives."

Quitting smoking is not easy, but it can be done. To have the best chance of quitting, you need to know what you're up against, what your options are, and where to go for help.

### 2. Alcohol

- Eat before you start drinking.
- Pace your drinking. Set a time limit on how fast you drink (such as one drink per hour). Decide in advance how many drinks you will have (within recommended guidelines). Or, alternate an alcoholic drink with a non-alcoholic drink.
- Choose lower strength drinks or reduce the alcohol content of your drinks by using more mixer.
- Have a safety plan for getting home.

### 3. Legal medicines

- Take medicines the way that your doctor has prescribed them.
- Make sure you and your doctor know about all the medicines and other substances you take and that you know about the ways they might interact.
- If you have questions about your medicines, ask your doctor or pharmacist.

### 4. Illegal drugs

- Do not share any equipment or apparatus, such as needles, which may lead to the transmission of body fluids.

### 5. General Tips

- Mixing substances can be dangerous. Do not mix alcohol with prescription drugs. Limit the number of substances you consume at any given time.
- If you have serious withdrawal symptoms when you stop using any substance, get medical help.
- Monitor changes in your patterns of use (method, amount, frequency, context) and discuss these with friends you trust.
- If you believe you have a problem with drugs or alcohol use, ask for help.
- Get immediate medical help for people who collapse or lose consciousness from drinking and/or drug use.

## Worksheet 6.7: Staying in Contact with Your Employer

- Tell your employer about the injury or illness as soon as possible so you are not absent without notice.
- Provide any required medical information to use sick days or disability insurance.
- Talk to your employer about creating an agreed plan for your return to work that includes a timeline with possible dates when you may return to work either part time or full time, etc.
- If needed, talk to your employer about options such as part-time, flex-time, accommodations that need to be made at your work site, and so on.
- Contact your employer often to make sure that he or she is aware of your progress toward returning to work.
- If you realize that your injury or illness will prevent you from returning to the same job (even with modifications), contact your employer to find out what other jobs may be available to you at the same company.

## Worksheet 6.8: Job Search Strategies

### Getting Job Leads

- Contact people in your personal job network.
- Ask family and friends if they know of any job openings in your field.
- Look at job ads in newspapers and online and use a job hotline number, etc.
- When you interview and are not offered a job, ask the interviewer for job leads.
- Conduct informational interviews by talking to people who work at potential job sites and asking them about their positions and experiences.

### Other Job Search Strategies

- Create a curriculum vitae (CV).
- Identify people you can ask for references, such as those who know you and your job-related skills and who would provide good references.
- Prepare for interview questions.
- Practice answering interview questions.
- Practice closing an interview.
- Mail CVs, follow-up letters, thank-you notes.

*Adapted from: Curran, J., Wishart, P., & Gingrich, J. (1999). JOBS: A Manual for Teaching People Successful Job Search Strategies. Michigan Prevention Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI.*

## Worksheet 6.9a: Interview Skills

### Before the Interview

- Find out about the company, the job you are applying for, the interviewer, and the pay scale for the job you want.
- Prepare a response for likely interview questions (such as, “tell me about yourself,” “what machinery can you operate,” and so on).
- Practice interviewing with family or friends.
- Obtain clean, appropriate clothes for the interview.
- Organize a notebook, pen, copies of your resume, work samples, list of references, etc., that you will bring to the interview.
- Get good directions, know how long it will take to get to the interview. Plan to arrive at the site 20 minutes early to allow for traffic or other delays, and arrive at the exact interview location five minutes early.
- Just before the interview, try to relax and breathe, give yourself a pep-talk, and see the interview being a success.

## Worksheet 6.9b: Interview Skills

### During the Interview

- Arrive on time.
- Dress and groom neatly and appropriately.
- Do not chew gum or smoke.
- Be friendly to everyone at the workplace.
- Greet the interviewer by name.
- Use appropriate non-verbal behavior—firm handshake, good eye contact, good posture, and so on.
- Maintain a positive attitude.
- Describe your job skills using real examples, such as machinery you can operate, computer programs you know how to use, and sales productivity numbers.
- To close the interview, sum up how your skills could benefit the employer, ask if the employer has concerns about hiring you, find out what the next steps will be, thank the interviewer and express enthusiasm about the possibility of working there.

*Adapted from: Curran, J., Wishart, P., & Gingrich, J. (1999). JOBS: A Manual for Teaching People Successful Job Search Strategies. Michigan Prevention Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI.*

## Worksheet 6.9c: Interview Skills

### After the Interview

- When you are offered a job, make sure you know and agree with the details of the offer, such as the job title and duties, starting date, hours, pay, health insurance, holidays, sick days, retirement, health or drug screening requirements, and whether the employer will make any accommodations you may need.
- If you accept a job, write a letter saying that you accept the job, that you are eager to begin, the date you will start, and any other information that may be needed.
- If you are not ready to accept the offer, ask for a reasonable amount of time to consider the offer. Call back on or before the agreed-upon date.
- If you are interested in the job but the offer is not what you thought it would be, think about aspects of the job that you would like to change and then request another meeting with the employer to work out some of the details before you make a final decision.
- If you are not interested in the position, tell the employer and follow up with a friendly letter thanking the employer for considering you as an applicant.

*Adapted from: Curran, J., Wishart, P., & Gingrich, J. (1999). JOBS: A Manual for Teaching People Successful Job Search Strategies. Michigan Prevention Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI.*





## WORKSHEET 6.10: RED FLAGS- RECOGNIZING SETBACKS [15 MINUTES]

*An important part of recovery is expecting setbacks. We know that each of us will have setbacks as we try to manage our lives after an injury or illness. If we look ahead and predict what sorts of problems we may encounter, we can be better prepared to meet that challenge.*

*Let's briefly review how we can stay on track and know when we need more help.*

*We have worked together over the past 6 weeks and discussed ways to keep ourselves on track—taking care of ourselves, managing problems and difficult emotions, and getting back to important activities. Part of staying on the road to recovery is recognizing when things are going off track so you can take action and get back on course.*

*Each of us has different warning signs that let us know that trouble is coming or things aren't going well. Here is a list of some examples of warning signs that other survivors have shared. Things like, avoiding family and friends, getting angry at the littlest thing, or difficulty concentrating.*

*Take a look at Worksheet 6.10. Put a mark next to the signs that tell you when things are going off track for YOU... but more importantly, add your own.*

If this is hard for you, think back to a difficult time in your life. What did you notice about yourself that told you things weren't right? Or, it may help to think about how others know when you're having trouble. Sometimes friends and family are the first to notice that things aren't going right for you.

### Share

*Let's hear from each other. Each person share one sign that you are going off track and having a hard time with setbacks.*

*Rarely is recovery a straight line. Let's face it, progress is often 2 steps forward...and 1 step back. The trick is to anticipate these setbacks and know how best to manage them so you can move forward.*

*To successfully manage setbacks, you should...*

*Know the early warning signs*

*Rely on your strengths*

*Recommit yourself to your goal*

*And most importantly, learn from the experience*

# Worksheet 6.10: Red Flags–Recognizing Setbacks

## Possible Setbacks

- Out of contact—not having contact with family or friends
- Avoiding certain situations or problems
- Not taking care of your health
- Decreased or no activity
- Setting unrealistic goals, then being hard on yourself
- Changes in sleeping, eating, self-care or energy levels
- Dissatisfaction with health care providers
- Conflicts with family or friends
- Negative thinking
- Continually feeling depressed, frustrated, irritable or anxious
- Increasing pain without relief
- Other

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## Tip for Getting Back on Track

- First, expect setbacks. Progress is often two steps forward and one step back. It’s expected that we will fall short of certain goals and have disappointments. Keep in mind that by finishing this course, you have shown how much you care for yourself and how committed you are to your health.
- Remember that you are skilled at problem-solving. Review your situation and choose the most pressing issue first. Apply the problem-solving steps.
- Remember to use your help! Do you need to call a friend for help brainstorming solutions? Is this a situation your doctor or health care team could help you with?
- Review the materials from the course again. You may find tips and ideas that will help your situation.

**WORKSHEET 6.11:**  
**TIPS FOR STAYING ON TRACK – WHAT CAN YOU DO? [15 MINUTES]**

*When we get off track and see those red flags, we may think that these are signs of failure. They are not. These thoughts, feelings and experiences are a sign that we need to do something different. It is important to recognize the warning signs of when we are off track and use them as a guide for change.*

**Brainstorm**

*What are some of the things you can do to get back on track or to get some additional help? What has helped you in the past when things went poorly?*

*Write what members say on the flipchart.*

*Those are some excellent ideas.*

*Let's take a look at Worksheet 6.11 and see what others have thought of.*

# Worksheet 6.11:

## Tips for Staying on Track – What Can You Do?

Every setback provides an opportunity to learn and grow.

As you gain experience, setbacks will come less often and be easier to deal with.

It can help to ask yourself the following questions each time you have a setback:

- What triggered the setback?
- What were the warning signs?
- What things did you do to manage the setback?
- What would you do differently in the future?

### What You Can Do

#### Stay connected to others.

Other people can help bring joy and meaning to our lives. Also, friends and family are often good sounding boards—they can spot problems we may not be aware of. Withdrawing from loved ones can be a symptom of depression.

#### If things are going right, keep doing it!

As much as you can, keep your routine that works for you. Even if you're away from home, find ways to continue with your regular exercise, activity and relaxation. Never underestimate habit—healthy habits will help when problems arise.

#### Expand your resources.

Make it a project to seek out new resources regularly. We can never have too many resources! Search the Internet or the Yellow Pages for resources, whether it's investigating bus lines, free shuttles, support groups, health fairs, senior citizen discounts. Find out what local events are happening in your area. Take advantage of what's being offered!

#### Show up.

Once you've investigated an event, get moving and go to it. Activity keeps you engaged in life and experiencing new things adds spice and adventure.

#### Help others.

Helping others is a great way to give back, stay in contact and build your confidence. *Enjoy!!*

#### You are not alone.

Make support calls to friends and family. Often, talking to others provides great stress relief.

## **AFFIRMATION AND RECOGNITION [15 MINUTES]**

*As we near the end of our time together, we want to honour all of your hard work. It's taken a lot of dedication on your part to complete the program and to put into practice what you've learned.*

*To wrap up, we want to do two things:*

### **Share**

*First, I would ask each of you to share with us something you have learned or enjoyed in the program.*

### **Share**

*Then, I would like someone else to share something about that person—a strength you recognized in them or some contribution that he or she made to the group. Who would like to start?*

Let each member speak, then ask others to make positive comments. Be prepared to provide an appreciation of each member. Make sure something positive is said about each person. **(Optional** – if you are presenting certificates for completing the program – do this after each person has spoken.)

Once everyone has had a turn, congratulate the group again on a job well done. Encourage them to use one another as resources.

## CLOSING IMAGERY EXERCISE [5 MINUTES]

*Let's take a moment now before we end the lesson to practice relaxation and anticipate success. Close your eyes, get comfortable, and tune in to your breath. Good. Please take a moment and find a comfortable position.*

*Pause. . . Be however is most comfortable for you . . .*

*Pause. . . with eyes open or closed, whatever you prefer.*

*Pause.*

*Take a few nice, big, deep breaths.*

*Breathe in and out with the group several times.*

*As you breathe slowly in and slowly out, you can begin to relax your body . . .*

*Pause. . . feeling more comfortable physically . . .*

*Pause. . . emotionally . . .*

*Pause. . . mentally.*

*Pause.*

*With every breath in, notice a feeling of relaxation, an increase of comfort.*

*Pause.*

*Breathe slowly and gently. With every breath out, notice a release of tension, a softening of your body.*

*Pause.*

*Allow yourself to enjoy this moment.*

*Pause.*

*With each breath you become more relaxed.*

*Breathe in and out with the group several times.*

*As you continue to relax and become more comfortable and quiet, your awareness of your inner experience increases.*

*Let's take a moment now and see yourself feeling disappointed over a setback.*

*Now feel yourself realising that it's OK—I can manage, I can help myself, and there are others to help me.*

*Feel your confidence grow as you realize—I can keep trying and overcome this.*

*See yourself listening well to others and communicating your needs clearly and calmly.*

*See yourself clearly able to talk—and listen—genuinely . . . comfortably . . . able to give—and—receive support.*

*See yourself feeling balanced and peaceful in an important relationship . . . feeling worthy . . . and deserving of happy relationships.*

*See yourself feeling empowered to create the kind of life and activity that you want.*

*See yourself providing genuinely helpful support to someone you care about.*

*Notice how good it feels not to be helpless but to have things to do to feel better. Just enjoy this feeling for a few moments. Let a minute pass.*

*In a moment, we will slowly return our focus to the present . . . . . to the furniture supporting you . . . . . to the sensations in your body . . . . . to the sounds around you.*

*Pause.*

*For now, continue to breathe deeply to maintain your state of relaxation. I'm going to count slowly from one to five. With each number I count, you will feel more alert and awake. By the time I reach the number five, you will have returned to your alert state . . . . . feeling refreshed . . . . . empowered . . . . . comfortable. One . . . beginning to awaken. Two . . . feeling more and more alert and awake. Three . . . halfway there. Four . . . one more deep breath. And five . . . welcome back.*

## **EVALUATION [5 MINUTES] (OPTIONAL)**

*Go to your workbook and tear out the evaluation form for this week.*

*Before you go, please complete the evaluation form. Your feedback helps us learn how to improve the program for others. Do not put your name on the form as we want anonymous and honest feedback.*

Collect form from each member.

## **SOCIAL [OPTIONAL]**

Encourage members to interact, enjoy the food and socialise.

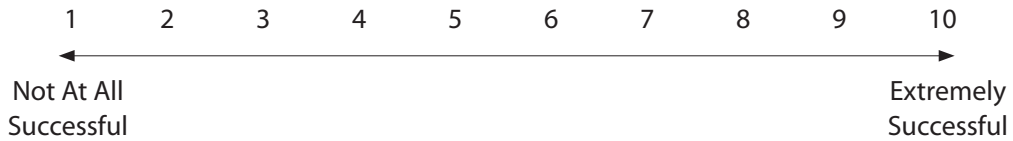


# Evaluation Form

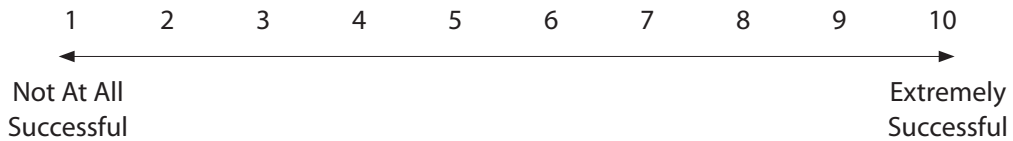
## Week 6: Looking Ahead

Rate on a scale from 0 to 10 how successful you felt the week was in achieving each goal. 0 means not at all successful and 10 means extremely successful.

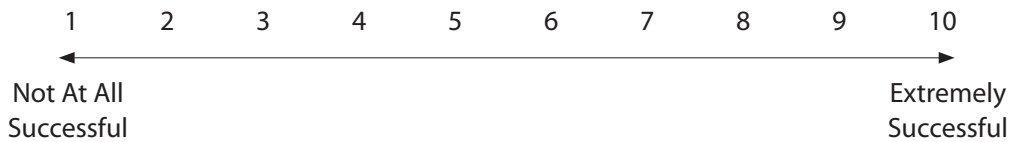
### 1) Identify goals for the future.



### 2) Be able to identify and manage setbacks.



### 3) Review progress and recognize each members contributions to the group.



What was most important in this week was: \_\_\_\_\_  
\_\_\_\_\_

What was least important in this week was: \_\_\_\_\_  
\_\_\_\_\_

Here are my ideas about how to improve this week: \_\_\_\_\_  
\_\_\_\_\_

I would recommend this week to others following injury or illness YES  NO



[www.nextstepsonline.org](http://www.nextstepsonline.org)

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