Skills Development Workbook
Cooley Dickinson Hospital
West 5

Welcome

In order to get the most out of your admission we ask that you remain actively involved in your care. You are central to all aspects of your treatment and in addition to meeting regularly with your treatment team, you will be asked daily what your treatment goals are and how you feel you are progressing toward your goals.

We have provided the following materials in a folder in order to help you organize these and any other handouts and materials you receive throughout your stay: the skills workbook, a journal, the group schedule, a medication workbook, treatment team preparation worksheets and other resources. We strongly recommend that you share this information with your supports. Additionally, it is essential to review the work you have done with your outpatient providers after discharge to ensure continuity of care.

Feel free to talk with any of the staff regarding questions or concerns you may have throughout your admission. Our goal is to work with you in a collaborative manner to help you to feel more safe, healthy and empowered to return to the community.

Skills Development Workbook

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Being an Active Participant in Your Care

The following form is provided to help you keep track of the focus of your treatment plan, which may change throughout the admission. It is also designed to help you to organize your treatment goals and to rate your progress throughout this admission. Please feel free to request assistance if needed.

My Initial Plan

The initial problem areas on my treatment plan include:

1. _____
2. _____
3. _____

My goals for the initial days of admission include:

1. _____
2. _____

Things I can do that will help me to meet my goals include:

1. _____
2. _____
3. _____
4. _____

My personal strengths that will help me to meet my goals include:

_____

_____

Plan Changes & Updates:

Changes in my treatment plan include:

1. _____
2. _____

Changes in my goals include:

1. _____
2. _____

Things I can do that will help me to meet my goals include:

1. _____
2. _____
3. _____

SYMPTOMS RESULTING FROM INTENSE EMOTIONS

PHYSICAL	EMOTIONAL	THOUGHTS	BEHAVIORS
❑ Nausea	❑ Anxious	❑ Racing	❑ Isolate
❑ Increased sweating	❑ Mad	❑ Forgetful	❑ Yell/scream
❑ Heart palpitations	❑ Scared	❑ Poor concentration	❑ Cry
❑ Headache	❑ Sad	❑ Short attention span	❑ Drink/ Use drugs
❑ Stomach problems	❑ Moodiness	❑ Ruminate	❑ Over eat/ Don't eat
❑ Fatigue	❑ Lonely	❑ Negative thoughts	❑ Violent outburst
❑ Numbness	❑ Overwhelmed	❑ Confusion	❑ Call someone
❑ Shakiness	❑ Emptiness	❑ Trouble problem solving	❑ Leave the situation
❑ Pain/Tension	❑ Depressed	❑ Paranoid thoughts	❑ Go for a drive
❑	❑	❑	❑ Go to bed/ Isolate
❑	❑	❑	❑

What are *your* symptoms when experiencing intense emotions or stress?

Physical:

Emotional:

Thoughts:

Behaviors:

Self-awareness Rating Tool

Please take a moment to think about a problematic emotion or thought that lead to your admission or one that you are struggling with now. Use the top 0-10 rating scale to identify and note how this problem escalates and use the bottom rating scale to identify and note key coping strategies that help you to de-escalate at each level. The next page provides examples of how to use this tool with anxiety identified as the problem.

Problem identified: _____

Calm **Crisis**

0 1 2 3 4 5 6 7 8 9 10

☺ 😐 ☹

Key Coping Strategies:

Calm **Crisis**

0 1 2 3 4 5 6 7 8 9 10

☺ 😐 ☹

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Self-awareness tool Example
Problem example: "Anxiety"

Problem identified: "<u>Anxiety"</u>

Calm **Crisis**

0 1 2 3 4 5 6 7 8 9 10

☺ 😐 ☹

Calm/relaxed	⇒**pre-anxiety**	⇒**anxious/frustrated**	⇒ **defensive**	⇒ **Outbursts**
Feel good Peaceful	Body feels tense Pre-occupied	Muscle aches Ruminating thoughts	Headache Angry thoughts	Yell or cry

---------- ***Increasing loss of self-control*** →

Key Coping Strategies:

Calm **Crisis**

0 1 2 3 4 5 6 7 8 9 10

☺ 😐 ☹

Candles Background music Going for a walk Going for a run with headphones
Stress balls/fidget items ----------→ Deep breathing or beanbag tapping
Talk to a friend on the phone -------→ Talk to therapist or supportive person (in person) Call crisis team

Note: It is more difficult to identify what helps as the intensity of your distress increases

*** Examples of self-healing techniques may include: distraction &/or self-soothing techniques, environmental changes, problem identification, problem solving, increased structure, and/or use of supports.**

Self-reflection & Journaling Ideas

Journaling can be very therapeutic process and will be encouraged throughout your admission. A general list of journaling ideas created by both patients and staff is provided below. Consider trying one of these ideas or one of your own.

Journal Entry Ideas:

- Questions for your treatment team
- Notes or a list to help organize your family meeting
- I am here because…
- Good-bye letter to your drug of choice
- List of triggers and early warning signs
- Create a list of people/places to avoid
- It's not good for me to isolate because…
- Write about an emotion
- List your interests and hobbies
- Develop a support system
- List your short term and long term goals
- Write about people who inspire you and why
- Write a letter to a friend
- I deserve to live because…
- What would "really living" be like?
- Write about how you're feeling
- Something I need to let go of is…
- Write a letter to someone who has been hurtful to you (you don't have to send it)
- Write a letter to someone you have hurt
- List the things you can and can't control
- List the pro's and con's of making a particular life change
- Write a story
- Write a poem
- List your favorite quotes
- List your strengths

Mindfulness

(Linehan, 1996)

Mindfulness is the practice of becoming more in control of your mind instead of allowing your mind to be in control of you. Simply put, it is the art of being fully focused on the experience of being in the moment. Mindfulness practice helps to learn how to quiet the mind, which helps to calm the body and soothe the spirit.

Some examples of mindfulness activities include:

- Focusing on and enjoying the tastes of your food while eating
- Focusing on the gentle rhythmic motion while rocking in a rocking chair
- Lifting weights or exercising and specifically focusing on the actions or sensations of your movements
- Focusing on the feeling of the warmth and pressure when lying under a weighted blanket
- Listening to a piece of music and paying attention to the different instruments
- Focusing on your breath during deep breathing activities
- Listen to all of the sounds around you

"What" to do:

Experience without describing or judging your experience. Instead, try to simply notice or attend to what you are doing or using. ***Participate*** actively by fully engaging in the activity. During discussion or journaling about the activity afterwards, ***describe*** what you observed or noticed.

"How to do it":

Nonjudgmentally, the goal of mindfulness is not to judge or label things or experiences as good or bad. ***One-mindfully***, is the act of focusing on only one thing in the moment. ***Effectively***, this requires doing what works, knowing the actual situation or experience and responding with assertiveness.

Try A Mindfulness Exercise: Deep Breathing

Deep breathing is a grounding and centering activity that can be practiced and used anytime and anywhere!

Grounding Techniques

What are grounding techniques? Grounding techniques are simple active strategies to help with orienting and focusing on the present and/or to distract or self-soothe when feeling distressed.

Why use grounding techniques? Grounding techniques can be used in times of crisis and for prevention purposes within a "sensory diet". When feeling dysregulated, grounding techniques can assist emotionally, physically, cognitively and spiritually.

Grounding Techniques:

- Using a weighted blanket
- Yoga
- Bean bag tapping/brushing
- Using a balance ball/textured seat cushion
- Moving furniture
- Cleaning
- Yard work
- Rocking in glider or rocker
- Blanket wrap
- Holding/chewing ice
- Eating sour balls, hot balls, a lemon – *alerting tastes*
- Aromatherapy
- Pottery/clay work
- Breathing exercises
- Stomping your feet
- Music: _____
- Bird watching
- Using a koosh or stress ball
- Walking/ Running
- Lifting weights
- Using thera-band
- Wearing weighted item: i.e.: vest, backpack, ankle weights
- Jumping rope/jacks
- Stretching
- Tossing medicine ball
- Petting dog/cat or pet
- Push-ups/ wall push-ups
- Clenching fists/jaw
- Cold/warm cloth to face/neck
- Hot/cold shower
- Playing earth drums/instrument(s)
- Isometric exercises
- Cold/hot drink
- Doing activities *mindfully*

Others: _____

_____

Sensory Modulation

Take control over your senses and use them to your benefit!

Sensations can be used mindfully to help you feel more calm and/or more alert. The following examples are categorized as calming or alerting to help you to think about how they might influence you. Circle those that you find helpful!

Calming	**Alerting**
Hot shower/bath	Cold or cool shower/bath
Holding/petting a pet	Holding ice in hand or to face
Warmth of a fireplace	Being in a cool room
Wrapping in a heavy blanket	Wrapping in cool bed sheets
Massage/Deep pressure touch	Light touch
Isometric exercises/yoga	Aerobic exercise
Leisure walks	Power walks
Beanbag tapping/brushing	Rubber band wrist snapping
Slow/rhythmic music	Fast paced/upbeat music
Calming sounds of nature (ocean)	Alerting sounds of nature (birds)
Humming/singing quietly	Humming/singing loudly
Soothing scents (oils/lotions/candles)	Strong scents (oils/lotions/candles)
Soft materials/textures	Rough or prickly materials/fabrics
Rocking in a rocking chair	A bumpy car ride
Swinging on a swing	Spinning on a swing
Slow rhythmic motions	Fast and/or jerky movements
Soft/low lighting	Bright or flashing lights
Decaf herbal teas	Drinking coffee
Chewing gum	Biting into a popsicle
Chewy or crunchy foods/candy	Sour or hot foods/candy

What are other options that might work for you?

Calming: **Alerting:**

_____

_____

_____

Sensory Diet Strategies

A 'sensory diet' refers to the things we use or do to help to nurture ourselves, cope, and heal. Use the following worksheet to begin brainstorming about things you can use or do during difficult times or for prevention purposes.

The *primary problems* I experience include:

Feeling unsafe Feeling overwhelmed Cravings
Voices Anger Anxiety Depression Negative thoughts
Dissociation/feeling "disconnected" Self-injury Impulsivity
Triggers Sensory defensiveness Substance Abuse
Other(s): _____

Things I can use or do to help to *alert or distract* myself:

_____
_____
_____
_____

Things that I can use or do to *calm or comfort* myself:

_____
_____
_____
_____

Things I use or do to help *improve the moment*:

_____
_____
_____
_____

Sensory Diet Exploration: Activity Checklist

The following is a checklist of things people may use or do in order to help decrease &/or to prevent distress. Please take a moment to check off those things that seem to be helpful for you! Each of these activities employs all or most of the sensory areas. However, they are categorized to help you identify some of the specific sensorimotor qualities you may want to focus on.

Movement

- Riding a bicycle
- Running or jogging
- Walking/hiking
- Aerobics
- Dancing
- Stretching or isometrics
- Lifting weights
- Yoga or Tai Chi
- Swimming
- Jumping on a trampoline
- Rocking in a rocker/glider
- Rocking yourself
- Bean bag tapping
- Shaking out your feet/hands
- Playing an instrument
- Doodling
- Re-arranging furniture
- Gardening
- Yard work
- Shopping
- Taking a shower
- Cleaning
- Driving
- Going on amusement park rides
- Chopping wood
- Washing/waxing the car
- Skiing/skating
- Building things

Others: _____

Different Types of Touch & Temperature

- Blanket wrap/weighted blanket
- Getting a massage
- Holding/chewing ice
- Soaking in a hot bath
- Using arts/crafts supplies
- Warming up to a fire/wood stove
- Pottery/clay work
- Petting a dog, cat, or other pet
- Holding a dog, cat or other pet
- Planting or weeding
- Warm/cold cloth to head/face
- Hot/cold shower
- Hand washing
- Washing the dishes
- Using a stress ball
- Fidgeting with something
- Twirling your own hair
- Going barefoot
- Getting a manicure/pedicure
- Washing or styling your hair
- Bean bag tapping/brushing
- Cooking or baking
- The feel of certain fabrics
- Being hugged or held
- Knitting/crocheting/sewing
- Being in the shade/sunshine
- Using powders/lotions
- Playing a musical instrument

Others: _____

♬ *Auditory/Listening*

- Enjoying the quiet
- The sound of a water fountain
- The sound of a fan
- People talking
- White noise
- Music box
- Wind chimes
- Singing
- Humming
- Whistling
- Plays/Theater
- Live concerts
- Radio shows
- Ocean sounds
- Rain
- Birds chirping
- Ticking of a clock
- A cat purring
- Using the telephone
- Use of a walkman/MP3 Player
- Listening to musical instruments
- Relaxation or meditation CDs

Others: _____

Vision/Looking

Looking at:

- Photos
- The sunset or sunrise
- Snow falling
- Rain showers
- Fish in a tank
- Autumn foliage
- Art work
- A bubble lamp
- A mobile
- Waterfalls
- Cloud formations
- Stars in the sky
- Ocean waves
- Watching sports
- Movies
- Animal watching
- Window shopping
- Photography
- Reading
- Looking through different colored sunglasses
- A flower
- Water or fish swimming in a lake
- Looking through picture books

Others: _____

❀*Olfactory/Smelling*

- Scented Candles
- Essential oils
- Cologne/perfume
- Baking/cooking
- Coffee
- Aftershave
- Freshly cut grass
- Flowers
- Tangerines/citrus fruits
- Herbs/Spices
- Chopped wood
- Smell of your pet
- Linens after being hung outside to dry
- Scented lotions
- Incense
- Herbal tea
- Mint leaves

Others: _____

Gustatory/Tasting/Chewing

- Chewing gum
- Crunchy foods
- Sour foods
- Chewing ice
- Sucking a thick milkshake through a straw
- Chewing on your straw
- Yawning
- Deep breathing
- Biting into a lemon
- Eating a lollipop
- Drinking coffee/cocoa
- Drinking herbal or regular tea
- Drinking something carbonated
- Listerine strips
- Mints
- Hot balls
- Chewing carrot sticks
- Spicy foods
- Eating a popsicle
- Blowing bubbles
- Chocolate
- Strong mints

Others: _____

Additional Questions:

What kind of music is calming to you? _____

What kind of music is alerting to you? _____

Do you prefer bright or dim lighting when feeling distressed? _____

Are there other things that are not listed that you think might help? If so, what?

_____

_____

After reviewing all of the activities you have checked off and listed, what are the top five things that are the most helpful when you are feeling distressed?

1. _____
2. _____
3. _____
4. _____
5. _____

Color Poems

A Self-Soothing Creative Expression Exercise

The color _____ *sounds* like _____
_____
_____

The color _____ *looks* like _____
_____
_____

The color _____ *tastes* like _____
_____
_____

The color _____ *feels* like _____
_____
_____

The color _____ *smells* like _____
_____
_____

The color _____ *makes me feel* _____
_____
_____

Distress Tolerance

(Marsha Linehan, Ph.D, 1993)

What to do when you can't make things better right away!

Using Distractions

Activities:
Contributing:
Comparisons:
Emotions (opposite):
Pushing away (taking a time out):
Thoughts:
Sensations:

Soothing Yourself

Hearing:
Vision:
Taste:
Touch:
Smell:

Improving the Moment

Imagery:
Meaning:
Prayer:
Relaxation:
One thing at a time:
Vacation:
Encouragement:

List the Pros & Cons Of Making a Change

Problem Identification & Problem Solving

The ***MAIN PROBLEM*** bringing me into the hospital this admission is _____.

When I experience _____ I tend to ***THINK*** _____.

When I think that way I tend to ***FEEL*** _____
_____.

When I feel that way I have the ***URGE*** to _____
_____.

When I feel that urge, the ***ACTION*** I usually take is
_____.

When I take that course of action it affects my ***RELATIONSHIPS*** by _____
_____.

Those thoughts and actions ***DO / DO NOT*** get me what I what I want.

ANOTHER WAY of thinking and acting that would be better at getting me what I need would be: _____
_____.

Making A Commitment to Change

(Prochaska, DiClemente & Norcross, 1994)

We all have things that we need or would like to change about ourselves. Some things are much more difficult to change than others. The stages of change were created in order to help people determine what stage they are in with any given problem and to consider what would be helpful at that stage, in order to more effectively facilitate the change process.

The Stages of Change

Pre-contemplation: *you are not aware of the problem or if you are aware of the problem you have no intention to change at this time.*

Contemplation: *you are aware that there is a problem and are seriously thinking about making a change. You may be ambivalent about making a change in this stage.*

Preparation: *you are serious about making a change and are making all of the necessary plans & setting up your supports.*

Action: *you have made a commitment to change. You are "working the program" – actively utilizing all of your supports and changing your thoughts and actions in order to make this change happen.*

Maintenance: *you have been active in the process of change for a period of time. You continue to "work the program"! Without a strong commitment and continued action in this stage relapse is possible.*

Termination or Relapse: *at the termination stage your problem is no longer a problem or a threat. However, there are some problems that can't go away or are prone to relapse. Therefore, for some problems relapse may be an issue but what is important is that we recognize this and get right back to working on the process of change (toward health and wellness) again.*

The Stages of Change

(Prochaska, Norcross & DiClemente, 1994)

What is in need of change in your life at this time?

Imagine yourself making this change… what stage of change would you be in? What can you do to help yourself?

Pre-contemplation Stage:

Contemplation Stage:

Preparation Stage:

Action Stage:

Maintenance Stage:

Termination Stage:

Relapse Stage:

Autobiography in Five Short Chapters

-Portia Nelson

Chapter 1:

I walked down the street.
There is a deep hole in the sidewalk
-I fall in
-I am lost…I am helpless
-It isn't my fault.
It takes forever to find a way out.

Chapter 2:

I walked down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place
-but, it is my fault.
It still takes a long time to get out.

Chapter 3:

I walked down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in…it's a habit.
-My eyes are open
-I know where I am
It's my fault.
I get out immediately.

Chapter 4:

I walked down the same street.
There is a deep hole in the sidewalk.
I walk around it.

Chapter 5:

I walk down another street.

The Pro's & Con's of Change

NOT Making A Change
Would Look Like:

Actions:

Thinking:

Supports:

Time:

Lifestyle Changes:

Environment:

Making A Change
Would Look Like:

Actions:

Thinking:

Supports:

Time:

Lifestyle Changes:

Environment:

Personal Strengths

We often use our strengths to help us solve or get through life's problems. Personal strengths are your positive qualities and may be things you do well, things you like about yourself or things that other people compliment you on.

List some of your strengths in the spaces below:
1.
2.
3.
4.
5.
6.
7.

What personal strengths have helped you in difficult times in the past?

Think about how your personal strengths can be useful in your current situation. Use the space below to write about how you can use your strengths to help you at this time, to achieve the most favorable outcome.

Warning Signs & Crisis Prevention Worksheet

Use this worksheet to help brainstorm ways to keep yourself safe and for crisis planning purposes. The following example demonstrates how you might use this worksheet.

Example:

5-7	***Moderate Distress***	***Prevention Techniques***
	**Pacing*	** Call my therapist (or sponsor)*
	**Feeling frustrated*	** Go for a walk or run*
	**Making sarcastic & angry comments*	** Go to a support group*

Self-Rating (0-10)	**Warning Signs**	**Crisis Prevention Plan**
	No Distress	Prevention Techniques
	Mild Distress	Prevention Techniques
	Moderate Distress	Prevention Techniques
	Severe Distress	Crisis Plan

Daily Schedule: Time Management

Date: _____

Time:	**Daily Activities/Routine:**	√

Daily Schedule & Sensory Diet: Discharge Planning

Use this form to help develop a daily schedule complete with *prevention* activities and a *crisis intervention* plan. This is important to establish prior to discharge as part of your discharge preparation and planning process.

Day of the Week: _____

Time of Day	**Activity**	**Prevention/'Sensory Diet' Considerations**

Crisis Intervention Plan

Support Planning

Identifying the supports available for use after discharge is an essential part of the discharge planning process. Supports include those that are personal and those within the community.

5 important people (main supports) in my life are:

	Names	Phone Numbers
1.		
2.		
3.		
4.		
5.		

Support groups I will be attending:

	Where	With Whom
Sun.		
Mon.		
Tue.		
Wed.		
Thurs.		
Fri.		
Sat.		

5 things I need to do to take care of myself everyday are:

1. _____
2. _____
3. _____
4. _____
5. _____

Spiritual Supports: _____
_____

Referrals:
Primary Care Physician: _____

Psychiatrist: _____

Therapist: _____

Creating a Personalized Sensory "Kit"

1. Choose a *theme* for your kit:

Safety kit Sobriety kit Relaxation kit Mindfulness kit
Motivational kit Inspirational kit Self-soothe kit
Distress tolerance kit Distraction kit Spirituality kit
Other: _____

2. Personalize your kit and *relate it to the theme* you chose.

You can use paint, tissue paper, markers, collage' or a host of other media to decorate and personalize your kit.

3. What things will you keep in your kit and how will they be helpful to you?

_____
_____
_____
_____

4. Where will you keep your kit?

_____

5. What can you do during times when your kit is not available to you?

_____
_____
_____

The Whole Person Recovery Model

The mind and body are very much inter-connected, and it is important to recognize that each influences the other. Do you ever notice the physical effects anxiety has on your body or the emotional effects you experience during an illness or injury? People possess the remarkable ability to *recover* in the face of adversity, which is often referred to as *resiliency*.

Chose just one thing or one area to work on and it will influence all of the others!

"If we change within, our outer life will change also."

~Jean Shinoda Bolen

Healthy Lifestyles & Wellness

Do's:
◊Eat wholesome foods
◊Exercise regularly
◊Get plenty of sleep
◊Drink 8 glasses of water daily
◊Embrace your talents/strengths
◊Utilize your supports
◊Strengthen your spirituality
◊Nurture yourself
◊Engage in social activities
◊Structure your time
◊Ask for help when needed
◊Participate in your community
◊Join a support group

Don'ts:
◊Stop growing
◊Miss doctor appointments
◊Isolate yourself
◊Neglect your self-care
◊Miss therapy appointments
◊Over eat or under eat
◊Let your stressors build up
◊Be overly critical of yourself
◊Miss your medications
◊Use unhealthy substances
◊Disrespect your body and mind
◊Self-harm
◊Stop caring about others

Do healthful things that you love to do:

- ✓ *Socialize*
- ✓ *Stay engaged in your hobbies*
- ✓ *Be creative*
- ✓ *Interact with nature*
- ✓ *Volunteer*
- ✓ *Increase your skills/knowledge*
- ✓ *Take care of yourself*

Creating healthy habits and lifestyles requires practice!

Closing Quotation

"Watch your thoughts;
they become your words.

Watch your words;
they become your actions.

Watch your actions;
they become your habits.

Watch your habits;
they become your character.

Watch your character;
it becomes your destiny."

~ Frank Outlaw
(20th-century American writer)