

Provider Manual





Calmer Life: A CBT-based Treatment for Anxiety in Older Adults with or without Depression

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This manual can be downloaded at https://www.mirecc.va.gov/visn16/calmer-life-program.asp.

For a hardcopy of the manual, please contact VISN16SCMIRECCEducation@va.gov.

Questions for the authors about the content in this manual may be directed to VHAHOUCalmerLife_NRT@va.gov

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Original authors of this manual include: Shrestha, S., PhD; Davis, M., MS; Silva, S., MSW; Sneed, C., CHW; Cortes, J., BA; Armento, A., PhD; Barrera, T., PhD, Wilson, NL, LMSW; and Stanley, MA, PhD.

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- Care for Elders (formerly at United Way of the Texas Gulf Coast)
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Ver. 2.0

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Introduction

Calmer Life is a program designed to help older patients who struggle with worry, stress, and anxiety, using traditional cognitive and behavioral strategies. Problems with worry and anxiety are common among older adults; however, these difficulties can often go unnoticed and untreated in healthcare settings. The Calmer Life program was developed via collaboration between academic researchers, mental health providers, and community partners (i.e., social service and faith-based organizations) to address the needs, as well as potential barriers to treatment, of this unique population.

This manual offers providers the following:

- Guidance and instructions for the clinical delivery and therapeutic interventions and strategies used in the Calmer Life program
- Tips for improving clinical delivery of this content
- Examples of treatment implementation

Each chapter is based on a cognitive behavioral skill for managing worry and anxiety. Additionally, 2 optional, non-CBT elements make this program unique:

- The integration of **religion and spirituality** if applicable and relevant to the patient
- The integration of counseling to support unmet needs

Religion/Spirituality (R/S)

Patients are given the option to incorporate R/S into the program. This manual provides guidelines for assessing patient interest in R/S and presenting a rationale for integrating R/S into treatment. The choice is made by the patient, and R/S modifications are applied flexibly according to the patient's level of interest. Patients who elect to incorporate R/S elements will complete the R/S Assessment during the second core session. Throughout this manual, text for presenting the optional R/S elements will be presented in purple boxes and font.

Addressing Unmet Needs

Throughout this manual, we provide instructions for helping patients address any unmet needs that may be a source of worry and stress. Use of this program component should be guided by a discussion with the patient to determine areas of unmet needs (e.g., providing care to others, caring for one's home, personal care needs). If patients indicate a significant need in any of these areas, you are encouraged to help identify available healthcare or community resources and provide detailed information. We recommend that you and/or patients search online for resources at the county, state, or federal levels. Providers may encourage patients to contact these resources on their own to facilitate a self-management approach.

We encourage you to discuss the following topics, which can enhance patient work in Calmer Life.

Social Support

Large bodies of work have found that social support predicts better outcomes for patients. You can integrate social support into skills practice, such as helping patients create realistic behavioral activation plans that include scheduled activities with family, friends, or community organizations.

Caregiver Involvement

Caregivers may be a current form of support to patients using Calmer Life. You may encourage caregiver involvement in helping patients following the program (e.g., through reading materials to the patient, helping patients document homework or questions, providing encouragement to the patient's efforts).

Communication with Health Providers

To facilitate further connections with primary care and integrated attention to healthcare needs, you can refer patients to the "How to Talk to Your Doctor" handout (see Appendix D). This includes a written description of their symptoms and the Calmer Life program to use as a guide for talking to a healthcare provider to further address worry, stress, mental health, medical issues, or health or lifestyle concerns.

What Is in the Patient Workbook and How It Is Used

The accompanying skills workbook contains the same skills covered in the provider manual, with instructions, tips, and examples relevant to the patient's learning of the material. Starting with Chapter 1, the provider and patient materials are "matched" such that the skills content in the provider manual is present in the skills workbook.

The skills workbook is designed to be used with a flexible amount of support. Patients could technically follow the manual on their own, or with support from a provider such as yourself (research indicates patients have better outcomes with some support!). Below we introduce a few models of care with varying levels of provider versus program support.

Pure Self Help This is a self-administered treatment modality for patients with a high level of independence/functioning. Patients rely on the written Calmer Life material to learn coping skills. This treatment is self-paced. Although it often increases access to mental health resources, patients are encouraged to reach out to a mental health provider if struggling with the program independently or if experiencing suicidal ideation. You can give a copy of the Patient Workbook to older patients who want resources for managing anxiety on their own. Research shows guided self-help treatment outcomes are better than pure self-help outcomes. We recommend guided self-help over pure self-help.

Guided Self-Help This model may be used with patients at a higher level of independence/functioning. Your role in this model is to facilitate the patient's use of the manual with shorter check-ins. During these check-ins, you can review the patient's progress with the skills workbook, help them decide when they should learn a new skill, help patients address any barriers to following the program, and evaluate treatment progress. In this model, the published materials guide the content of sessions. For example, when a patient has a question about a topic, you might first direct a patient to a page in the patient workbook to help answer questions and facilitate patient independence in using the material to learn and implement skills. Contact between providers and patient is regular but may be minimized (e.g., shorter sessions). This modality can be administered by non-specialists who are familiar with the Calmer Life materials.

Provider-led This model aligns with traditional models of therapy, in which the sessions are primarily guided by the provider. Your role is to introduce material, teach and practice skills in session, and provide greater support in treatment planning. For example, providers in this model might teach the concept of deep breathing; whereas the Self-Help and Guided Self-Help models would rely on the written program to teach this skill to patients. In another example, you might help the patient create an exposure hierarchy in-session generating an immediate feedback loop between ideas for the hierarchy. In this model, you should help patients address any barriers to following the program and evaluate treatment progress. Contact between therapists and patients is regular and conforms to more traditional session lengths (e.g., 1 hour).

These models exist on a continuum and are examples of the flexible delivery of Calmer Life.

	Pure Self Help	Guided Self Help	Provider-led	
<i>Provider's role to the patient:</i>	None	Supporting the patient	Fully administering treatment and supporting the patient	
Session intensity:	No sessions	Regular meetings with minimized sessions	Regular meetings with a traditional session length	
Patient Workbook use: Essential		Essential	Optional	

Who Can Deliver Calmer Life?

Calmer Life was designed to be administered by a wide array of different types of providers, who may or may not have expertise in the areas of anxiety/worry treatment or working with older adults. In research testing the effects of the Calmer Life program, providers have included counselors with both traditional (e.g., mental health workers) and nontraditional (e.g., community case managers or health workers) providers. Chaplains and pastoral workers may also find Calmer Life useful in their work with older adults.

Introduction: Program Structure

This program uses a person-centered, cognitive-behavioral skills-based approach for managing worry. After completing three "core" modules, the person-centered skills training allows patients to choose from a selection of elective sessions, which are described in the next section. The patient workbook was written at a 6th-grade and above reading level and may require modification for patients with lower literacy levels.

Session Length and Frequency The Calmer Life program was designed to be provided over a three-month period. As initially developed and tested, patients can complete up to 12 weekly sessions depending on counselor and patient availability. However, data indicate that briefer versions of the intervention (e.g., 4-6 sessions) are also highly effective. The first meeting with the patient usually requires approximately 60 minutes. Subsequent meetings covering chapter content will last 30 to 45 minutes. Optional chapter elements can increase the meeting time to 60 minutes or more.

Measurement Based Care This treatment incorporates measurement-based care, which is a strategy to evaluate changes in patient symptoms and inform treatment planning. Measurement based care is comprised of the following steps:

- 1) Collect—obtain a measure of patient symptoms regularly
- 2) Share—discuss this information with the patient
- 3) Act—use scores to make joint decisions regarding the patient's care

At the beginning of every chapter, you will administer a **PHQ-9** and **GAD-7** to measure the patient's symptoms. Additionally, you will share this information with the patient to review progress, which will inform treatment planning.

Crisis Intervention/Suicide Risk Procedures Assessment of both depression and suicidal ideation (SI) are recommended to occur before, as well as throughout, the intervention, per your agency's guidelines. Should patients endorse suicidal ideation or other issues that warrant immediate attention, follow your agency's crisis guidelines. In general, we recommend screening for the presence of suicidal ideation, formally evaluating the severity and acuity of SI, and managing SI through formal treatment planning. Suicidal ideation is explicitly referenced at the beginning of each chapter, and providers should be comfortable checking in with patients about this topic.

Practice Exercises Practice exercises are assigned at the end of each chapter, with forms included in the patient's workbook to record between-session practice. At the end of every chapter, patients are asked to practice the new skill and complete Skills Practice Forms. These forms are reviewed at the beginning of the next meeting.

introduction

Delivery Flexibility We have designed this intervention to be flexibly delivered depending on patient and provider needs. Given that the patient workbook is written as a self-help manual, patients can complete work or learn skills between sessions, and receive varying levels of support from providers. We have listed time estimates for each chapter section, and expect session content to total up to 60 minutes. The more aligned with this standard session length, the closer the treatment will be to the program as initially tested and developed. However, providers have options to deliver the current intervention more flexibly. To deliver as a guided self-help intervention, consult the Guided Self-Help Provider Guide, which pairs with the Patient Workbook. In addition, chapters can be broken up across multiple sessions to suit patient needs.

Telehealth Considerations Calmer Life was designed to be flexible in its delivery, so that patients can complete the sessions in-person or over telephone or video telehealth. Though we acknowledge that different agencies/individuals administering Calmer Life may have different needs and requirements for conducting the sessions, we recommend completing the first two to three visits in-person; however, patients may elect to complete all sessions via telephone or video telehealth.

Working with Older Populations Adjustments to the program may be required for patients with sensory impairments. For example, alternative ways of monitoring practice exercises may be necessary (e.g., use of audiotapes, enlarged homework forms, simplified checklists). Tailoring the protocol to patients who have serious medical problems may require reviewing material at a slower pace and with less intensive homework assignments (e.g., practicing only one skill each day, reducing the amount of reading expected between meetings).

How to Administer Calmer Life in Context of Life Stressors If patients need assistance in managing immediate stressors experienced during treatment (e.g., death of a significant other), you may spend one to two sessions on this issue, returning to focus on specified treatment skills when the patient is ready. General checks on crisis management can be made as needed. After a clinical or life-changing event (e.g., hospitalization, death of a close friend or family member, notification of a significant illness) and potential time away from treatment, the patient may need to be reoriented to the program.

The program includes three phases:

- 1) core skills sessions conducted in order
- 2) elective skills sessions chosen by the patient with advice from you, and
- 3) a final session to review skills learned and discuss relapse prevention.

If a patient is working with a provider, elective session decision-making should be increasingly clear by the time you end the core skills sessions; throughout treatment it is strongly recommended to revisit the plan depending on the patient's progress, changing needs, or emergent life circumstances. It's important to remember that facilitating the patient's autonomy is, itself, a core part of Calmer Life.

Core Skills

1. Becoming Aware of Worry and Stress

The first core chapter involves introducing the Calmer Life program and getting a sense of the patient's motivation for reducing worry and stress. Next, the chapter describes symptoms of worry and stress and how to become more aware of them. In this chapter, you will also assess any unmet needs and provide the resource counseling if relevant.

2. How to Relax I: Deep Breathing

Chapter 2 includes two primary components: 1) learning the first calming skill – reducing anxiety with deep breathing and 2) providing education about the role of religion/ spirituality (R/S) in the program and assessing the patient's beliefs and practices (if desired). Deep breathing is a CBT-based skill that reduces symptoms of anxiety and worry.

3. Using Calming Thoughts to Manage Worry and Stress

Chapter 3 involves learning another calming skill to manage anxiety, using calming thoughts, a CBT-based skill shown to decrease anxiety and worry.

Elective Chapters

Make recommendations to the patient based on the descriptions provided below, but allow them to choose skills that best fit their needs and preferences. There is no particular order that the elective sessions must follow; however, you should teach the skills most relevant to the patient's desires and needs earlier on in treatment.

A. Changing Your Behavior to Manage Depression

This chapter helps patients address and change behaviors associated with depression, which often include isolation and eliminating activities that the patient used to enjoy. This skill involves learning how to re-engage in pleasant activities (i.e., behavioral activation) and teaches goal-setting.

B. Changing Your Behavior to Manage Worry and Stress

This session is used to teach a skill to change anxiety-related avoidance behaviors (e.g., checking, procrastination, etc.). However, not all patients with worry/anxiety have significant avoidance. This session will be recommended to patients who have significant avoidance behaviors. This skill and "Changing Your Behavior to Manage Depression" above may overlap, but they target different types of symptoms.

C. Problem-Solving

Problem-solving skills have been incorporated into many multicomponent interventions for late-life anxiety. To help determine whether a patient can benefit from this session, consider the amount of functional impairment (e.g., difficulty taking part in social activities, keeping in touch with others, etc.) indicated. It is also helpful to understand whether the patient is facing unmet needs that are causing worry and stress, which may be reduced by solving these problems or addressing these needs.

D. How to Relax II: Progressive Muscle Relaxation

Progressive Muscle Relaxation (PMR) is a key component of effective treatment for late-life anxiety. Although all patients will receive simple relaxation training (i.e., breathing skills) as part of the core skills, patients with more severe anxiety (particularly those with increased physical symptoms) will most likely benefit from more intensive relaxation procedures.

Introduction: Chapter Overviews

E. Thought Stopping

Thought Stopping is a skill that helps with repeated negative thinking. Patients learn to focus on their immediate environment and experiences to distract themselves from worry thoughts. This is a simple skill that may offer some immediate benefits.

F. Changing Your Thoughts to Manage Worry and Stress

Changing Thoughts to Manage Worry and Stress is focused on identifying unrealistic thoughts that increase or cause worry/anxiety and changing them to more realistic thoughts to manage stress/anxiety.

Final Session

G. Maintain a Calmer Life

The fourth and final core session should be conducted at the end of treatment and provides a review of the skills learned throughout the Calmer Life program and a discussion about how to maintain the skills after the end of the program.

Appendices:

The following appendices can be used to supplement chapter delivery.

Appendix A: Psychoeducation

This item includes psychoeducation on anxiety, worry, and stress. Providers can use this item to explain the nature, course, and treatment of anxiety

Appendix B: Vignettes

In this appendix, you'll find vignettes of two characters, Beth and Geraldo, who are often referred to in patient-facing materials. Use this appendix to quickly refer to Beth and Geraldo's presentations of anxiety.



Appendix C: Motivational Interviewing

Motivational interviewing is a technique that focuses on change-oriented language to understand and elicit patient's motivation for change. This appendix item provides certain activities and techniques utilized in this process, such as assessing importance and confidence in change as well as evaluating pros and cons.

Appendix D: How to Talk to your Doctor

This item helps patients identify symptoms of anxiety, worry, and stress in preparation for a conversation with their medical provider. It asks patients to identify the duration of their symptoms, the medications they currently take, and provides a section in which they are able to write out recommendations provided by their doctor.

Appendix E: Sleep Handout

This handout can be incorporated into any session that allows time for reviewing it. The handout is recommended for patients who report problems with sleep, which may include low satisfaction with sleep, interference with daily functioning, and any problems falling or remaining asleep.

Appendix F: SMART Goal Planning

This appendix mostly ties into the elective Chapter A: "Changing Your Behavior to Manage Depression" and Chapter B: "Changing Your Behavior to Manage Worry and Stress," but can be incorporated in any other session if time allows. This appendix will help the patient design goals in a way that is meant to improve their success as it helps patients plan their activities in a structured way.

Introduction: Provider Role and First Steps

Your Role: As we mentioned, Calmer Life is designed to be delivered with a flexible amount of support from the provider. Some aspects of your role may include:

- Teaching skills directly in session
- Encouraging and praising the patient's progress across the program
- Engaging in problem-solving to address barriers to completing homework assignments
- Helping the patient select additional elective chapters once core chapters have been completed
- Orienting the patient to different sections of the manual

If you are delivering Calmer Life following a guided self-help modality, consult with the Guided Self-Help Provider Guide. If you are planning to do more teaching of skills in session with, use the current Provider Manual.

Checkboxes: The Provider Manual organizes chapter delivery through a system of bullet points. Checkboxes (\Box) are used for crucial steps in delivery, while bullet points (•) can be seen as suggestions or elaborations.

Here are your first action items for delivering Calmer Life.

A. Reflection

Measure symptoms using PHQ-9 and GAD-7. Provide feedback over scores.

Discuss and manage suicidal ideation if present.

B. Psychoeducation

- Provide patient with a copy of the Patient Workbook.
- Provide psychoeducation on worry, stress, and anxiety (e.g., types of anxiety, "fight or flight," consequences of worry and stress).
- Provide psychoeducation on treatment options for worry and stress. Introduce Cognitive-Behavioral Therapy (CBT) as the foundation for Calmer Life skills.

C. The Calmer Life Workbook

- Introduce optional treatment additions, including addressing unmet needs, and integrating Religion/Spirituality (R/S)
- Introduce concept of homework—there are Skills Practice Forms at the end of every chapter.
- Ask patient to read the introduction prior to the next session.
 - □ Ask the patient to write down any questions they have after reading the introduction.
 - □ Ask the patient to consider whether they would like to start the Calmer Life program.

Schedule the next appointment.

Chapter 1

Becoming Aware of Worry and Stress

Make sure the patient has workbook pages for Chapter 1

CHAPTER GOALS

- A. Reflection (5 mins)
- B. Optional: Unmet Needs Assessment (10-15 mins)*
- C. Orientation to Calmer Life (15 mins)

Optional: Use of Religion/Spirituality in Calmer Life (5 mins) *

- D. Understanding Worry and Stress, Motivation and Treatment Preferences (10 mins)
- E. Practicing Awareness of Worry and Stress (15 mins)
- F. Chapter Wrap Up and Practice Plan (10 mins)

*If added, total chapter length to exceed 60 minutes

A B C D E F

A. Reflection (5 mins)

 Section Summary Measure symptoms using PHQ-9 and GAD-7. Provide feedback over scores. Discuss and manage suicidal ideation if present. Ask patient to identify: If this program helped me with my anxiety, what things might look different?
 Patient Workbook Pg. 16
Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in the Provider Manual Appendix A, Pg. X.1.
Communicate results from both the PHQ-9/GAD-7 to the patient.
If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic.
 Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to their mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter.

National Suicide Prevention Lifeline	1-800-273-8255	
Crisis Text Line	Text HOME to 741741	
Veterans Crisis Line	988, press 1 at the menu	

Ask the patient to identify: If this program helped me with my anxiety, what things might look different?

A B C D E F

B. Optional: Unmet Needs Assessment (10-15 mins)

Section Summary

- Assess for and/or address unmet needs that can be a source of stress and worry Patient Workbook pages 18 and 19 are useful for this process
- Common assessment areas include health, finances, food, housing, and providing/receiving care
- □ Help patient identify and plan to pursue/contact resources

- Patient Workbook Pg. 17

(Optional) If needed, discuss how worry and stress can be related to unmet needs.

- Examples include:
 - Difficulty with housing.
 - Not being able to afford bills, food, etc.
 - Caring for a loved one.
 - Not having access to needed care.
- Accessing community resources can help stress/worry.

If you or another provider HAVE recently assessed for unmet needs

- □ Remind patient of recent assessment of unmet needs
- □ Refer to any community resources previously discussed with patient
- Workbook Pg. 18-19 has examples of unmet needs
 - Patient can review this later and get in touch if new needs arise
- □ <u>SKIP—></u> to Provider Manual Pg. 18 and Patient Workbook Pg. 20.

If you or another provider <u>HAVE NOT</u> recently assessed for unmet needs, go to next page of Provider Manual and Patient Workbook.

□ Inform patient that you will take a moment to discuss whether they have unmet needs in the areas discussed on Patient Workbook Pg. 18-19.

- Patient Workbook Pg. 18 —

Use the Resource Check-In Questions box below to discuss relevant needs.

• Patient Workbook Pg. 18-19 have an expanded form of this table with examples for each category.

If patients indicate a significant need in any of these areas, help identify available community or in-house resources. Provide detailed information and written handouts as appropriate during this session about how to pursue the identified resources.

	Resource Check-In Questions			
Health	Any areas of concern that they are not already discussing with their medical providers?			
	Any difficulties accessing or adhering to treatment?			
Financial	Any difficulties paying bills on-time?			
Food	Enough to eat at home? Able to prepare meals effectively?			
Housing	Risk of homelessness? Maintenance concerns?			
	Needing to care for children, spouse, parents, etc.? Have the resources			
Providing or	(time, money, emotional bandwidth, etc.)?			
Receiving Care	If in need of care, is current care adequate? Are providers able to access			
	the resources they need for the patient and themselves?			

EXAMPLE

Areas of concern: New symptoms; New diagnoses from a different provider; Problems that have not been addressed well enough
<i>Treatment difficulties:</i> Filling prescriptions; Remembering to take your medication on time; Sticking with a special diet
Trouble paying bills on-time; Lost a job or having difficulty finding work; Loss of Social Security or disability payments
Too sick to go to the store; Cannot afford to buy food
Forgetting to turn the stove off; Too sick to cook
Behind on rent; Eviction or foreclosure notice; Living with family or friends who cannot provide support. Difficulty cleaning appliances or the bathroom; Unable to complete major repairs such as plumbing or electrical

A B C D E F

C. Orientation to Calmer Life (15 mins)

Section Summary □ Orient the patient to the Calmer Life format by reviewing how tips (yellow boxes), examples (blue boxes), and R/S content (purple boxes) appear in the skills workbook. Reintroduce vignettes for Geraldo and Beth. □ Explain that goal is to reduce stress/worry symptoms through skills, which will be practiced between meetings. □ Mention that medication is another evidence-based treatment that is an option for the patient. □ Explain the structure of sessions. □ Explain your role and the patient's role in treatment. □ If patient wished to include R/S in treatment, complete R/S assessment (Provider Manual Pg. 21; Patient Workbook Pg. 24) - Patient Workbook Pg. 20 – Discuss importance of bringing the Patient Workbook to each session. □ The workbook helps the patient follow along throughout the session. □ The workbook also keeps assignments accessible for session. □ Reinforce that if patient has difficulty using workbook, it can be modified (e.g., highlighting particular words that will be easy to recognize, writing simple summary words in the margins, etc.) Orient the patient to Tips/Example boxes. Tips—Yellow boxes containing useful ideas for how to use the workbook. Examples—Blue boxes that contain examples to help explain ideas. Religion/Spirituality (R/S)—Purple boxes denote optional religious/spiritual integration. RELIGIOUS/SPIRITUAL INTEGRATION Introduce the option to integrate R/S material and the purple R/S Integration boxes in the Patient Workbook Calmer Life skills remain the same regardless of inclusion of R/S. It is included as • an option so that you can flexibly meet the patient's needs. • If the patient does not have or prefers not to include any R/S beliefs, skip over any purple sections or pages with a purple header. • You can also decide to include R/S on a skill-by-skill basis. • We will discuss more at the end of today's session.

pg. 18

core skill

Patient Workbook Pg. 21

Introduce patient vignettes for *Geraldo* and *Beth*.



Geraldo Patient Workbook Pg. 3

"I'm 68 years old and, recently, it feels like I've had a lot of bad luck. My mom passed away last year, and I was recently divorced from my wife of 25 years. It feels like everything has changed in my life. I often worry that I am going to get an unexpected bill, which will prevent me from handling my finances and make me lose my house. Sometimes I even try to figure out where I would go if I can't pay my rent. As if that wasn't enough, I also can't seem to get my mind off my health and what might go wrong in the future.

"All of these worries keep me up at night, and I haven't slept well in a long time. I can't bring myself to open the mail on the kitchen table. Looking at it makes me sick to my stomach."

Beth is 72 years old. She has a daughter who has 3 children. Beth often cares for



Beth

Pq. 5

her 3 grandchildren, whom she enjoys; but she is finding it difficult to keep up with the demands of caring for young children. She has back pain, which gets worse with frequent movement and doesn't seem to be responding to the medication she gets from the doctor. Her muscles are tense, and she feels like she Patient can never relax. She worries that, if her back pain gets worse, she will be unable Workbook to care for the grandchildren. She worries what will happen to them. When she starts worrying about her family and her health, she finds that she is unable to stop. She notices that she is smoking and eating more junk food lately to try to get her mind off her worries.

Provide examples of where to store the Patient Workbook.

- Blue example box on Patient Workbook, Pg. 21, uses the following:
 - Geraldo keeps his on his bedside table to read/write in at night. 0
 - Beth keeps hers on her desk next to her daily agenda so she can pencil-in a 0 practice time each day.

Patient Workbo	ook Pg. 21 ————
 Explain the goals of the program. Become more aware of worry and stress Learn coping skills to manage symptoms. Not all skills work for all people, but at lease 	symptoms.
 Explain skills practice and introduce homewor It is best to practice skills daily. At the end of each chapter are practice New skill practice over 1-2 weeks gener Pacing can be modified according to part 	exercises for patient to complete. rally works.
	s to better cope with worry and stress. 's primary care provider can help with this).
Patient Workbo	ok Pg. 22 ———
Explain session structure. Ensure the patient understands:	
• How often you will have sessions.	
 How many sessions you expect to 	have.
	or multiple chapters of the workbook
between sessions.	
Explain patient and provider roles.	
	Review provider responsibilities.
 Choose which skills to work 	 Provide suggestions about what skills fit
through.	presenting concerns.
 Attend sessions. 	 Teach concepts and skills.
 Actively participate in 	 Help develop practice plans.
sessions.	 Troubleshoot difficulties that come up.
 Practice at home. 	 Keep sessions focused, sometimes by gently redirecting the patient back to the topic of discussion.

- Patient Workbook Pg. 23-25

Optional: Use of Religion/Spirituality in Calmer Life (2-5 mins)

TRELIGIOUS/SPIRITUAL INTEGRATION

Ask if the patient is interested in integrating their Religious/Spiritual beliefs.

- It is optional to include R/S in Calmer Life skills overall and in each chapter.
- If **NO** —> <u>SKIP</u> to Patient Workbook Pg. 26, and Provider Manual Pg. 22.
- If **YES** —> Ask patient to complete this assessment for homework. This assessment serves to help inform your you about your patient's R/S beliefs.
 - Emphasize that their answers **will not be discussed** until next session.
 - □ Emphasize that this is secondary to the other homework (to be discussed) and can be completed later on if needed.

Below is a table summarizing the Patient R/S assessment questions found on Patient Workbook Pg. 24-25

Pg. 24—What do you think? Do you use the terms religious and spiritual, or do you prefer one term more than the other?

Pg. 24—Do you currently see yourself as a religious or spiritual person? If so, in what ways?

Pg. 24—Do your R/S beliefs include the existence of a higher power? If yes, what term do you use to refer to your higher power?

Pg. 24—What are some current R/S practices that you engage in (for example, prayer, meditation, etc.)?

Pg. 25—When you encounter problems, who do you turn them over to?

Pg. 25—Do you currently identify yourself with a particular R/S group? If so, with whom do you identify?

Pg. 25—If yes, how long have you identified with that particular group?

D. Understanding Worry and Stress, Motivation, and Treatment Preferences (10 mins)

Section Summary

- □ Provide psychoeducation on worry and stress.
- □ Elicit patient's personal reasons for interest and commitment to the program.
 - Use appropriate MI techniques if necessary, found in Appendix C of your Provider Manual.

– Patient Workbook Pg. 26 –

Provide education about worry and stress.

- Worry and stress are natural and sometimes a good thing (e.g., event planning, getting ready for guests, etc.)
- Worry and stress an become a problem when they are:
 - Too frequent
 - Too intense
 - Prolonged
 - Difficult to control
 - Preventing you from accomplishing goals

Discuss the reasons the patient sought help for managing worry and stress.

PATIENT ACTION: Assist the patient to fill out the blank space in Patient Workbook, Pg. 26, which asks: "In your own words, what are some reasons you want to work on your worry and stress?"

— Patient Workbook Pg. 27 —

Discuss how "staying the same" has pros and cons.

Some good things: Staying the same...

- Requires less effort than changing
- Feels more comfortable and familiar than trying to change
- Does not take up more of my time

Some not so good things: By staying the same...

- I still feel worried and stressed.
- I will not know if there are better ways of dealing with worries and stressors.
- My health, relationships, and overall well-being might suffer.

core skill

- Patient Workbook Pg. 27 -

Discuss short-term vs. long-term pros and cons.

- A strategy may provide relief in the short term but make worry and stress worse in the long term.
- \Box Provide an example.
 - Ex: Watching TV for hours to avoid a worried and anxious mind relaxes you. However, in the long term, you may feel guilty about "wasting" time or end up isolating yourself from loved ones.
- □ Provide vignette examples:



- <u>Geraldo</u>: avoided meeting up with friends after his divorce and recent passing of his mom. The more time passed, the more anxious he felt at the idea of reconnecting with people, and the more alone he felt.
- <u>Beth</u>: used smoking and eating too much to avoid her worrisome thoughts.
 She later felt bad about the impact these behaviors have on her health goals.

- Patient Workbook Pg. 28 -

Discuss benefits and obstacles/challenges of learning skills to manage worry and stress

Help the patient fill out
 Patient Workbook Pg. 28, #2-5
 using Motivational
 Interviewing skills found in
 Provider Manual Appendix C.

E WORKBOOK VIEW

Take some time to list benefits and obstacles you might experience when trying to change your worry and stress.

Benefits of Change	Obstacles to Change	
1. I'd be able to spend more time	1. I need to find time in my busy	
doing what's important without	schedule to practice new coping	
worrying as much.	skills.	
2.	2.	



- "What are some benefits of learning skills to manage worry and stress?" (better functioning, better sleep, less worry)
- "What are some challenges or obstacles to learning skills for managing worry and stress?" (not enough time to attend session, difficulty getting to appointment)

E. Practicing Awareness of Worry and Stress (15 mins)



Physical	Thoughts	Feelings	Behaviors
How the body reacts	What's going on in the mind; concerns you have	Our experience of emotions	Avoiding situations or doing something time consuming to reduce worry/stress

- Patient Workbook Pg. 30 -

- \Box **1. Physical** How the body reacts
 - Common physical signs include muscle tension, fast pulse, shortness of breath, shaking/trembling, sweating, and butterflies in your stomach.
 - If patient has difficulty understanding, refer to the following examples:



- Geraldo felt sick to his stomach.
- Beth experienced muscle tightness.
- Both are physical signs of worry and stress.
- □ 2. Thoughts What's going on in the mind.
 - o Often, worry and stress are accompanied with negative thoughts.
 - Negative thoughts are often based in the future and on fear of something bad happening.

pg. 24

core skill

- Patient Workbook Pg. 31 -

- □ 3. Feelings— our conscious experience of emotions
 - Feelings that include anxiety, nervousness, panic, unease, restlessness, or sadness can accompany worry and stress.
 - Our feelings can signal when we might be engaging with thoughts or behaviors that make those feelings worse.
- □ 4. Behaviors actions that occur along with anxiety
 - These behaviors can include avoiding situations or doing something "too much" to reduce your worry and stress.

- Patient Workbook Pg. 32 -

Help the patient differentiate between physical, bodily sensations (e.g., tightness in the chest) and feelings (e.g., emotions like anger or stress).

Help the patient differentiate between thoughts (negative beliefs, expectations, concerns about a situation or event) and feelings (emotions).

- Patient Workbook Pg. 33 –

Test the patient's understanding with the quiz on Patient Workbook Pg. 33.

A — Physical / B — Feeling / C — Thought / D — Behavior

		Physical?	Thought?	Feeling?	Behavior?
E WORKBOOK VIEM	A. Getting onto a crowded bus, <u>my</u> <u>palms started getting sweaty</u> and I dropped my phone multiple times.				
	B. My dog died last month. Today I found some old toys of hers and it <u>made me sad.</u>				
	C. I've been having a bad morning. <u>I</u> <u>am sure</u> that my afternoon will be just as bad.				
	D. I had a hard day today and ended up <u>eating the whole box of cookies</u> in the pantry.				

– Patient Workbook Pg. 34 –

Discuss the signs the patient experiences with worry and stress, using the worksheet on Patient Workbook Pg. 34.

Provide verbal prompts if the patient has difficulty with the worksheet.

Make sure the behaviors the patient identifies are driven by worry and stress and are not simply habits.

WORKBOOK VIEW

Use this worksheet to mark down the symptoms of worry or stress that you experience. If it helps, think of a recent time you felt worried or stressed.
Physical Signs: How your body reacts to worry/stress
[] Muscle tension [] Rapid pulse [] Shortness of breath [] Shaking/trembling [] Sweating [] Butterflies in stomach [] Other:
Thoughts: What is running through your mind, including concerns
 [] Health (own and others') [] Daily events [] Issues related to aging [] Work/volunteer/place of worship [] Any other thoughts:
Behaviors: Actions you take to reduce worry/stress, such as avoiding feared situations or doing something over and over
Avoidance [] Not making decisions [] Avoidance of activities [] Putting things off [] Ignoring [] Other:
Doing too much [] Checking [] Smoking [] Snacking [] Asking for reassurance [] Cleaning [] Other:

core skill

F. Chapter Wrap Up and Practice Plan (10 mins)

Section Summary

- □ Wrap up the chapter and answer any questions the patient has.
- □ Introduce the Awareness Skills Practice worksheets and go through the example.
- □ Help the patient develop an action plan for their awareness practice goal.
- □ Explain that the next chapter will teach the deep breathing skill.
- □ Set the next appointment.

– Patient Workbook Pg. 35 –

See if the patient has any questions about what was covered in this chapter.

C WORKBOOK VIEW

Chapter 1 Summary

 The Calmer Life Program is adaptable to meet your individual needs and preferences.

	=
=	

- Worry and stress are normal but become a problem when they occur frequently, feel out of control, or get in the way of your goals.
- Keep in mind your own reasons for wanting to reduce and manage your worry or stress as you progress in the program.
- 1st Step to Reduce Worry: Awareness of situations leading to worry or stress.
- 2nd Step to Reduce Worry: Using coping strategies to manage worry.
- The goal of the Calmer Life program is to help you through these 2 steps in order to reduce your worry, stress, or anxiety.
- Regular practice will help you master your new skills.

Encourage patient to continue awareness training by completing this chapter's homework.

- Best to note or record 1 experience with worry and stress per day .
- The experience does not need to be overwhelming; even slight increases in worry and stress are worth writing down
- The goal is to notice the signs of stress (physical, thoughts, behaviors).

Awareness Skills Practice Form
<u>GERALDO'S EXAMPLE</u>
What situation caused worry, stress, or anxiety today? I had an argument with my best friend from the service.
Where were you? Who was with you or who were you talking to? Dave came over and he was surprised at my dirty house. He told me to get my together. I felt criticized and uncomfortable. I decided to call it an early night.
What physical signs of worry, stress or anxiety did you have? [x] Muscle tension [] Rapid pulse [] Shortness of breath [] Shaking/trembling [] Sweating [x] Butterflies in stomach [] x] Other: I felt my face get really hot []
What worry, stress, or anxiety thoughts or feelings did you have? I don't want to lose him as a friend. I feel embarrassed about my house and ho let the comment get to me.
Did you avoid anything because of worry, stress, or anxiety? If so, what did you avoid? I'm avoiding calling Dave to set a time for our next get-together.
Did you do anything too much to try to reduce worry, stress, or anxiety? If so, what did you do too much? When Dave left, I sat in front of the TV and did not get up until it seemed late enough to go to bed.

• The behaviors associated = avoiding activities and tasks; watching TV


Chapter 2 How to Relax I: Deep Breathing

Make sure the patient has workbook pages for Chapter 2

CHAPTER GOALS

- A. Reflection (5-10 mins)
- B. Optional: Integrating Religion and Spirituality (R/S) (10 mins)
- C. Deep Breathing (25 mins)
- D. Chapter Wrap Up and Practice Plan (10 mins)

A B C D

A. Reflection

	Section Summary
	 Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity, changes, etc.)
	Discuss and manage suicidal ideation if present.
	□ Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.)
	 Assess patient progress in managing anxiety, stress, and worry Assess patient progress in following the program
	 Assess patient progress in following the program Assess patient progress in practicing awareness (Ch. 1 homework)
_	Patient Workbook pg. 44
Г	Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in the
L	Provider Manual Appendix A, Pg. X.1.
	Communicate results from both the PHQ-9/GAD-7 to the patient.
	If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic.
	 Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to their
	mental health provider or a national helpline if they are ever having these thoughts.
	They can find the numbers below on the second page of every chapter.National Suicide Prevention Lifeline: 1-800-273-8255
	 Crisis Text Line: Text HOME to 741741
	Veterans Crisis Line: 988, press 1 at the menu
	Assess patient progress in managing anxiety, stress, and worry
	 Has managing worry gotten easier?
	 Are you spending more time doing things you enjoy? Overall, how are you feeling now since you began the Calmer Life program?
F	
L	 Assess patient progress in following the program Are you reviewing the material in the workbook between our sessions?
	 Are you practicing the skills you learned last chapter?
	 Are you logging your practice using the Skills Practice forms?

core skill

- Patient Workbook pg. 44

Assess patient progress in practicing awareness (Chapter 1 Homework)

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?
- When you were practicing awareness, what went well? What challenges came up?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.

A B C D

B. Optional: Integrating Religion and Spirituality (R/S) (10 mins)

Section Summary

- □ Help patient determine whether to integrate R/S into this deep breathing skill.
- □ Review R/S assessment worksheets only if the patient completed for homework since last session. (Patient Workbook pg. 23-25).
- □ Complete R/S Assessment In Provider Manual, pg. 34.
- □ Explain that this R/S assessment helps personalize the treatment to their beliefs; the patient can share as much or as little as they would like about their R/S beliefs.

– Patient Workbook pg. 46 –

- Introduce the option for the inclusion of R/S (shortened to R/S) beliefs into skills practice and check if the patient is interested.
 - □ Explain that the Calmer Life skills are designed to work with or without R/S integration.

EXAMPLE

"In the previous session, we discussed that the second step in reducing worry/stress was to learn new calming skills to use when you're about to face a worry/stressproducing situation. Over the next several weeks, we'll talk about and practice some of these skills. Each skill has options for weaving R/S beliefs into your skill practice. If you're interested in including R/S, there will be opportunities for you to identify how R/S can help, and I can provide suggestions if you'd like. If you're not interested in including R/S, that's fine as well. We'll go through all the same skills, just without weaving in R/S beliefs.

What are your thoughts about including R/S in your skills? "

If the patient is **not interested**, **SKIP** to —> Section D. Learn Deep Breathing.

If the patient is interested in incorporating R/S elements:

- □ Explain that learning a little about their beliefs, practices, and experiences will help to personalize how R/S is integrated into their treatment.
- The patient can share as much as they are comfortable with about their beliefs.

Check if the patient looked at or completed the R/S assessment handout from the prior session (Patient Workbook Chapter 1, Pages 23-25).

A B C D

- □ If so, ask them about their thoughts about the questions.
- □ If patient did not complete the R/S assessment worksheet, continue with the R/S Assessment questions below.
 - Remind patient they can complete these pages between meetings as a way to reflect on their beliefs if they wish.

Religion/Spirituality Assessment

Differentiate for the patient between religion and spirituality.

- Many people use the terms *religion* and *spirituality* to mean the same thing, but others see them as quite different.
- "What is your perspective?"
- "Are you comfortable with my using the terms *religious* and *spiritual*, or would you prefer one term more than the other?"

Ask about the patient's R/S background and current practices.

- "So that I am able to help personalize your intervention, please tell me a little about your R/S background."
- "Do you currently see yourself as a religious or spiritual person? If so, in what ways?"
- "Do your R/S beliefs include the existence of a higher power?"
 - If yes: "What term do you use to refer to your higher power?"
- "What are some current R/S practices that you engage in?"
- "When you encounter problems, do you turn them over to _____? Do you handle them yourself, or work together with _____?"
- "Do you currently identify yourself with a particular R/S group? If so, with whom do you identify?"
- "How long have you identified with that particular group?"

Remind the patient of how this information will be used to personalize and enhance the intervention to transition to the next component of the session.

A B C D

C. Deep Breathing (25 mins)

Section Summary

- □ Provide psychoeducation on deep breathing.
- □ Walk patient through a deep breathing exercise (taking slow, even breaths through the diaphragm, not the chest, with proper hand placement). *
- $\hfill\square$ Get patient reactions to the exercise.
- □ Repeat exercise with incorporating a relaxing image or an R/S image.

* Example script for deep breathing exercise found in Provider Manual, pg. 37.

– Patient Workbook pg. 47 –

Review Step 1 and Step 2 in reducing worry/stress.

- Step 1: Becoming aware of situations around and symptoms of worry and stress.

 Probe for why awareness is important for patient.
 - Awareness helps patients to learn their style of worry and stress.
 - Helps to learn about situations that bring about worry and stress.
- Step 2: Learning new coping skills to use in before facing a worry or stressinducing situation.
 - □ Explain that skills for relaxation can be learned
 - □ Relaxation skills, such as deep breathing, are helpful follow-ups to awareness.

Provide psychoeducation on deep breathing.

- □ When we are worried, we can experience physical signs (such as muscle tension, sweating, trembling, etc.).
- □ Breathing becoming rapid and shallow is a physical sign.
- □ Changing breathing can reduce these physical signs and increase relaxation.
- □ Deep Breathing is helpful whether patients have more physical or cognitive symptoms when stressed/or worried.
- □ This skill can also help people fall asleep or stay asleep.

- Patient Workbook pg. 48 ·

Explain key features of deep breathing for the patient:

- 1) Taking slow, even, deep breaths without pausing; inhaling through nose to the count of 4, exhaling through mouth to count of 4.
- 2) Breathing through your diaphragm, not your chest, placing 1 hand on your stomach and the other on your chest; the goal is to see the hand on your stomach move this means you are breathing with your diaphragm

core skill

- Patient Workbook pg. 48 –

Provide an example of deep breathing, showing the difference between chest and diaphragmatic breathing.

Get the patient ready for a deep breathing exercise.

- □ Encourage patient to find a comfortable sitting position.
- $\hfill\square$ Ask how stressed the patient is right now.
- □ Check if the patient has any breathing conditions (e.g., COPD) that call for modifications in deep breathing exercises such as pursed-lip breathing.
- □ Note that slightly unpleasant sensations are common when first practicing deep breathing. This is okay, but if the patient feels very dizzy or like they're about to have a panic attack it's okay to stop.

🛞 TIPS

For some people, it can help to use "pursed lip breathing". When you exhale, purse your lips as if you were blowing on hot soup. This controlled breathing helps you exhale the most used air possible and inhale fresh air.

Lead the patient through a deep breathing exercise.

- During the exercise, observe and give feedback to help the patient get as much benefit as possible.
- An optional example script begins on the following page for leading a Deep Breathing exercise. After following the script, turn to the next section.

Patient Workbook pg. 49 Deep Breathing Guide Place one hand on your stomach and the other on your chest. Think of a time you were worried or stressed recently (e.g. misplaced your keys, doctor's appointment, etc.). Try to remember how you felt in that situation. Breathe in through your nose to the count of 4 (inhale...2...3...4...) and exhale to the count of 4 (exhale...2...3...4...). Remember to take slow, even, deep breaths. Try not pause after each inhale. Breathe through you diaphragm, not your chest. The hand on your stomach should be moving in and out. Do you feel calmer?

pg. 36

core skill

Get the patient ready for a deep breathing exercise. Dim lights if possible.

"First, I would like for you to sit comfortably (uncross legs, lower shoulders). Close your eyes. Then, put 1 hand on your abdomen, with your little finger about 1 inch from your navel, and place 1 hand on your chest. Next, begin to notice your breathing (pause for several seconds) – which hand is doing more of the moving? (Wait for response).

"Your hand on your diaphragm should move out as you inhale and in as you exhale.

"You don't want the hand on your chest to move more than the 1 on your abdomen because that is producing tension and doing the complete opposite of what you are trying to achieve, relaxation. If this is happening, do not be discouraged; you can continue to work on this throughout our work together.

"There are <u>2 key things you need to do:</u>

- Take long, deep breaths; and
- Make sure the action of breathing occurs in your diaphragm, not in your lungs.

"Let's practice. I want you to close your eyes, and keep them closed through the remainder of the exercise. This will help you stay focused and not get distracted by your surroundings. As you learn to use the skill, you might not need to close your eyes. But for right now, keep your eyes closed

"I want you to begin to breathe in and out a bit more slowly, evenly, and deeply. Inhale through your nose, and exhale through your mouth. As you exhale, purse your lips by imagining that you are blowing on hot soup. This controlled breathing helps you exhale the most used air possible and inhale fresh air.

A B C D

"As soon as you finish inhaling, begin to exhale – do not pause at the 'top' of your breathing cycle because this will create tension in your chest and stomach. You should inhale approximately the same amount of time that you exhale. Blow at a rate that would make a candle flame flicker.

"Now I'd like you to breathe with me while I count – counting up to 4 to inhale and again up to 4 to exhale. Inhale-2 -3 -4. Exhale-2 -3 -4.

"Some people struggle to breathe up to 4, so I would like you to breathe up to the number you feel the most comfortable with. Some people breathe up to 2 or 3. If you are one of these people, please adjust your breathing to the number that is the most comfortable for you. Do not force yourself; remember, this skill is to help you reduce tension. Make sure you are comfortable and not pausing between breaths. As soon as you exhale, inhale without pausing. Make sure that your hand that is closest to your belly button is the one that is moving. Do not get discouraged if you are struggling or not catching on as quickly as you would like. This skill takes time; the more you practice the easier it will become.

"Good. Let's try again."

Practice breathing for at least 3 full breaths.

After practicing, get a sense of how the patient is feeling now (ask for general feedback about how this skill seemed to work).

- Note that this is a very simple, "portable" skill to be used whenever the patient notices physical symptoms of worry or stress.
 - Ask them to think of a worry or stress -producing situation where this skill might be useful.

Explain to the patient that, as they practice this skill, they may find inhaling and exhaling for 4 seconds is uncomfortable. Encourage them to find a comfortable and relaxing rate that works best for them.

- Patient Workbook pg. 50

- □ After practicing, get a sense of how the patient is feeling now.
 - Ask for general feedback about how this skill seemed to work.
- □ Note that this is a very simple, "portable" skill to be used whenever the patient notices physical symptoms of worry/stress.
- □ Ask them to think of a worry/stress -producing situation where this skill might be useful.
- □ Explain that as they practice this skill, they may find inhaling and exhaling for 4 seconds is not comfortable. Encourage them to find a comfortable and relaxing rate that works for them with this skill.

Offer to practice again while the patient visualizes a relaxing image or word/phrase.

- A relaxing word/phrase or image can be used to enhance the effects of the exercise.
- In these cases, the patient visualizes a relaxing image or word to help relax.

TRELIGIOUS/SPIRITUAL INTEGRATION

If the patient has opted-in to including R/S beliefs, ask if they would like to visualize something consistent with their beliefs. If yes, find suggestions below.

"I remember you mentioning [divine figure] when we talked about your beliefs. How could you visualize [divine figure] in a way that would be relaxing?"

"Are there images associated with your R/S that bring you peace (i.e., Jesus, Virgin Mary, Buddha, a beach, forest)?"

"Do you have a particular word or phrase from your beliefs that you find comforting? What would it be (e.g., Allah, Holy Father, God, Higher Power, Jehovah, Lord, mother nature, sacred, Amen)?"

Help the patient think of an image or phrase to imagine while breathing.

- Ask what images, situations, or words that gives them peace and comfort.
- Suggest they think of something that they would tell a friend in a worrisome situation.

Practice again, asking the patient to visualize the image or quietly/silently repeat the
word they chose.

Ask the patient for feedback about how the exercise went; provide an opportunity for questions before wrapping up the section and reviewing the practice forms for this chapter.

core skill



D. Chapter Wrap Up and Practice Plan (10 mins)



• The goal for awareness practice is to notice the signs of worry and stress (physical, thoughts, feelings, behaviors) and situations that may cause worry and stress so you can then use your skills to reduce worry and stress.

Encourage patient to use the deep breathing skill in a worry or stress situation in the time between meetings, and record the skill's usefulness in the Skills Practice Form.

– Patient Workbook pg. 52 –

] Look at 1 practice form together, and answer any questions that may arise.

WORKBOOK VIEW

Awareness and Deep Breathing Skills Practice Form				
DATE:AM/PM				
What caused worry/stress today? Where were you? Who was with you?				
What <u>physical signs</u> of worry/stress did you have?				
What <u>worry/stress thoughts</u> did you have?				
Did you <u>avoid</u> anything because of worry/stress? If so, what did you avoid?				
Did you <u>do anything too much</u> to try to reduce worry/stress? If so, what did you do?				
Write N if "NO" and Y if "YES" in the boxes below. Did you practice deep breathing today? If so, did you include religious/spiritual images or words? Write them here if yes: Did you use deep breathing in a real –life situation today? If so, did you include religious/spiritual images or words? Write them here if yes: Did you use deep breathing in a real –life situation today? If so, did you include religious/spiritual images or words? Write them here if				
Did deep breathing help you relax today? Did thinking of religious/spiritual words/images help you relax?				
pg. 52 core skill				

		Back to Patient Workbook pg. 51	
Assi:		h developing an awareness and deep breathing practice goal. p the patient fill in the practice goal statements:	
		My goal is to practice awareness times and deep breathing times in the next week(s).	
		ourage the patient to try using this skill in a worry/stress situation, xed situation.	as well as in a
	Ens	ure the patient has enough copies of the worksheet (5 are included rkbook, pg. 52-56).	d in the Patient
	Ren Hel	nind them that a deep breathing guide can be found in Patient Wor p the patient identify and troubleshoot possible barriers to practicinareness and/or deep breathing exercise.	
Prev	riew r	next session, which will cover the second calming skill (Calming Tho	ughts).
•		Help patient develop a plan to connect with any community resou that were identified but not contacted previously.	rces/social
Set t	the n	ext appointment.	

Chapter 3

Using Calming Thoughts to Manage Worry and Stress

Make sure the patient has workbook pages for Chapter 3

CHAPTER GOALS

- A. Reflection (5-10 mins)
- B. Calming Thoughts (15 mins)
- C. Calming Thoughts Practice (5-10 mins)
- D. Deciding What Skills Come Next (5 mins)
- E. Chapter Wrap Up and Practice Plan (10 mins)

A. Reflection

	Section Summary	
	□ Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity,	
	changes, etc.)	
	Discuss and manage suicidal ideation if present.	
	□ Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.)	
	Assess patient progress in managing anxiety, stress, and worry	
	Assess patient progress in following the program	
	□ Assess patient progress in practicing awareness and deep breathing (Ch. 2 homework)	
1	——————————————————————————————————————	-
Γ	Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in the	
	Provider Manual Appendix A, Pg. X.1.	
	Communicate results from both the PHQ-9/GAD-7 to the patient.	
_		
L	If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate	
	procedures for your clinic.	
	• Discuss thoughts of death or "just not waking up one day" as being common among	
	people experiencing psychological distress. Encourage the patient to reach out to the	
	mental health provider or a national helpline if they are ever having these thoughts.	
	They can find the numbers below on the second page of every chapter.	
	<u>National Suicide Prevention Lifeline</u> : 1-800-273-8255 Crisis Text Line: Text LIONE to 741741	
	 <u>Crisis Text Line</u>: Text HOME to 741741 Veterans Crisis Line: 988, press 1 at the manual 	
	 <u>Veterans Crisis Line</u>: 988, press 1 at the menu 	
Г	Assess patient progress in managing anxiety, stress, and worry	
	 Has managing worry gotten easier? 	
	 Are you spending more time doing things you enjoy? 	
	 Overall, how are you feeling now since you began the Calmer Life program? 	
_	_	
	Assess patient progress in following the program	
	 Are you reviewing the material in the workbook between our sessions? 	
	 Are you practicing the skills you learned last chapter? 	
	 Are you logging your practice using the Skills Practice forms? 	
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- Patient Workbook pg. 59

Assess patient progress in practicing awareness (Chapter 2 Homework)

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?
- Was deep breathing helpful in managing your anxiety? What went well? What challenges came up?



If the patient did not complete the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.

B. Calming Thoughts (15 mins)

Section Summary

- Provide psychoeducation on calming thoughts (e.g., how calming statements can make a difference in the way we feel and act when we are worried or stressed).
- □ Help the patient develop 2-3 calming thoughts.
- □ Optional: help the patient develop a calming thought incorporating gratitude and/or R/S.

- Patient Workbook pg. 60

Explain that calming thoughts are a second tool to help manage worry/stress.

Discuss calming thoughts.

- Calming statements can help manage fears and worry/stress in daily life.
- What we tell ourselves can make a huge difference in the way we feel and act when we are worried/stressed.
- Calming thoughts are designed to help remind you that you can manage stressful situations.
 - You are more in control of your worry/stress than you think, especially in the moment while feeling overwhelmed.
- You can also think of it as a strategy for providing "instructions" to yourself that are comforting and can help calm you down.

EXAMPLE

"Often when we are worried, we feel overwhelmed and may wish to change a situation or the way other people behave. It's important to remember that there are some things we cannot change."

"The way we handle or think about situations can make a huge difference in the way we feel. By using or practicing this skill often, you may begin to realize you have much more control over worry/stress than you feel you do."

Provide examples of some calming thoughts.

"If I take it 1 step at a time, I can meet this challenge."
"Even if I make mistakes, it will be okay."
"It's not the worst thing in the world."
"This is an opportunity to cope with my worry/stress."
"My worry/stress won't hurt me."

core skill

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	Patient Workbook pg. 60
📋 RE	GIOUS/SPIRITUAL INTEGRATION
	sk if the patient would like to incorporate R/S elements into their calming thoughts (ill.
	sk about calming thoughts the patient might be using that come from their R/S eliefs
	"Some people use R/S with their calming thoughts to help them through worrisome situations. The idea that you are not alone and can depend on
	something greater than yourself can help to reduce worry/stress." Examples of such statements include:
	 "I can do what I need to do, with's help."
	 " will never give me more than I can handle." "Everything happens for a reason."
	Gratitude can also be used in this skill and can be even more helpful. For example, you might say or think:
	 "I am thankful for this opportunity to grow."
	 "I know I am not alone, and for that, I am grateful."
	Patient Workbook pg. 61
	sk about statements the patient might already be using. If the patient cannot think of any, discuss ideas for calming thoughts the patient might find meaningful.
	elp the patient develop 2-3 calming thoughts. The patient can write these down in Patient Workbook, pg. 61.
	uggest that the patient keep some of the most helpful statements on index cards or ome other convenient place for them to refer to when noticing increased worry or ress.
	The purpose of the index cards is to help them practice and remember to use this skill in worrisome situations.
0	AMPLE
	Geraldo keeps a post it on his bathroom mirror with his calming thought. He can conveniently refer to his calming thought in times of worry.
	ote that calming thoughts may be more effective if the patient actually says them, ther aloud or silently, as opposed to simply reading the statements. Recording the alming thought and playing it back may also help.
	g. 47 core skill

C. Calming Thoughts Practice (5-10 mins)

Section Summary

- □ Have the patient select a calming thought.
- Lead the patient through an imaginal exercise (example script in Provider Manual pg. 49) in which they use the calming thought in a worry/stress situation.
- □ Reflect on the exercise with the patient.

– Patient Workbook pg. 62 –

Ask the patient to select a calming statement.

- Provide support as needed.
- Can refer back to Patient Workbook pg. 61.

Ask the patient to identify a stressful situation that caused anxiety.

Engage patient in an imaginal exercise.

□ An *EXAMPLE SCRIPT* begins on Provider Manual pg. 49.

🗞 TIPS

Deepen the patient's imaginal experience by encouraging the patient to close their eyes, speak in first person, feel as if they were reliving it, etc.

Guide the patient through their description:

Where are you? What are you doing? Who are you with? What are you feeling? What are you anxious about? What thoughts are running through your mind? Do you have any physical symptoms?

To begin concluding the exercise, ask the patient to say the chosen statement out loud.

- \Box A) Really think about the statement.
- \Box B) Take a deep breath.
- \Box C) Repeat the statement again.
- □ Repeat this process two more times.

Conclude and reflect upon the exercise with the patient.

□ Work to identify what worked from the exercise and what did not work.

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"To practice this skill, we will complete a short exercise that will help you learn to use calming statements. I want you to think about the last time you felt worried or stressed – maybe some time this morning, yesterday, the day before, or last week – do you have something in mind?

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- "Now think of a statement you would like to use in this situation that caused you to worry... Do you have a statement in mind that you can use for this exercise now? It may be helpful to select a calming statement that fits with the situation.
- "I would like you to keep your eyes closed throughout this exercise, until I signal to you to open them again. This will help you concentrate and keep you focused on the exercise. Let's begin.
- "Close your eyes. Now I want you to describe to me the situation that caused you to worry as if we traveled back in time and you are there again. Try to picture yourself back in that situation. I'll ask you some questions about the situation so that you can feel as if you are back in it. The purpose of this is to help you start to feel a little anxiety so that you can then use the skill and see whether it helps to decrease your anxiety.
- "Can you tell me about where you are, who you are with, and what are you doing? What is stressful? What is causing you to worry? What are you feeling? What are you thinking?
- "Now, say out loud the calming statement we just discussed.
- "Really think about what you just said for a moment, take a deep breath, and repeat it. Take a deep breath and repeat. Take another deep breath and repeat.
- "Do you feel more confident in handling the situation? Do you think you will be able to use this skill the next time you are worried?
- "You can incorporate or combine different skills into this exercise as you continue to learn new skills. For example, we used deep breathing in combination with calming statements. As you learn more skills, you can combine them as it works best for you. Practicing the skills in combination or alone is a good way to figure out what skills work best for managing your worry."

D. Deciding What Skills Come Next (5 mins)

Section Summary

- Discuss the Calmer Life chapters being designed to flexibly suit the patient's needs.
- Patient Workbook, pg. 64 has chapter suggestions based on different symptoms. Explain that you may also provide recommendations based on the patient's goals.
- Assist the patient in filling out the Calmer Life Plan in Patient Workbook, pg. 65.

– Patient Workbook pg. 63 -

Discuss how the Calmer Life chapters are meant to work flexibly for the patient, and that you will offer your feedback about what skills you think will benefit the patient.

- Remind patient that you may offer chapter suggestions; but that, ultimately, their Calmer Life Treatment Plan is up to them. The goal is to work together to figure out what will work best.
- The number of sessions the patient would like to complete and the time frame for therapy will impact the number of skills that can be taught.
- Patient Workbook, pg. 64 provides some chapter suggestions, based on patient needs.
 Patient Workbook pg. 64

This skill chapter	Could help if you are
Chapter A: Changing Your Behavior to Manage Depression	Experiencing feelings of sadness or depression and have stopped doing activities you find enjoyable
Chapter B: Changing Your Behavior to Manage Worry and Stress	Experiencing physical symptoms as part of your response to worry and stress (e.g., avoidance behaviors, doing something too much)
Chapter C: Problem Solving & Chapter D : How To Relax II (PMR)	Noticing your worry and stress impacting your thoughts
Chapter G: Review Progress and Maintain a Calmer Life	Feeling better and are ready to stop working through new chapters

E WORKBOOK VIEW

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- Patient Workbook pg. 65 ·

Use the patient's stated goals and values (can be found in Patient Workbook Ch. 1, pg. 16), examples from the practice exercises, and/or prior in-session discussions to <u>suggest</u> <u>particular modules</u> and explain how they might help.

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- □ Ask the patient to identify the elective skills they think will be most beneficial.
- In situations where you and the patient do not select the same modules, go with the patient's preferences.
- □ Fill in Patient Workbook, pg. 65 with marks for the chosen elective modules.

CHAPTER/SKILL	OVERVIEW	MY SKILLS
1. Becoming Aware of Worry/Stress	Learn about worry/stress. Become aware of your own physical signs, thoughts, and actions.	✓ (CORE)
2. How to Relax I: Deep Breathing	Reduce worry/stress with slow, deep breathing.	✓ (CORE)
3. Using Calming Thoughts to Manage Worry/Stress	Manage your worry/stress by using calming statements.	✓(CORE)
A. Changing Your Behavior to Manage Depression	Get involved in activities you may avoid because of sad mood.	
B. Changing Your Behavior to Manage Worry/Stress	Stop engaging in repetitive behaviors. Get involved in activities you may avoid because of worry/ stress.	
C. Problem Solving	Solve problems through effective steps. This is useful for times when worry/stress gets in the way of finding solutions.	
D. How To Relax II: Progressive Muscle Relaxation	Pinpoint and release muscle tension. Learn progressive muscle relaxation.	
E. Thought Stopping	Stop dwelling on worry/stress thoughts.	
F. Changing Your Thoughts to Manage Worry/Stress	Identify negative and unrealistic thoughts and replace them with more realistic thoughts.	
G. Maintaining a Calmer Life	Review your progress, and develop a plan to continue living more calmly.	(FINAL SESSION)

E WORKBOOK VIEW

E. Chapter Wrap Up and Practice Plan (10 mins)

Section Summary

- Help the patient develop an action plan for practicing the awareness and deep breathing skills, and beginning the calming thoughts practice with this prompt:
 "My goal is to practice awareness _____ times, deep breathing _____times and using calming thoughts times in the next weeks(s)"
- □ Mention that the next chapter will be teaching their first elective skill.
- □ Set the next appointment.

– Patient Workbook pg. 66 ·

See if the patient has any questions about what was covered this chapter.

🔟 WORKBOOK VIEW

Chapter 3 Summary

- Reflect on symptoms and past skill practice.
- A calming thought is a phrase you can say to yourself in a worry/stress situation to help you realize the situation may not be as bad as you think.

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- Ex: "I can do what I need to do." "Even if I make mistakes, it will be okay."
- Practice using a calming thought when remembering a worry or stressinducing situation.
- Writing down some calming thoughts and placing them in convenient places will give you a place to refer to when you notice increased worry/stress.

Remind patient to continue skill training by completing this chapter's homework, which includes awareness, deep breathing, and calming thoughts practice sections.

- The goal for awareness practice is to notice the signs of worry and stress (physical, thoughts, feelings, behaviors) and situations that may cause worry or stress so you can then use your skills.
- Deep breathing and calming thoughts can be used during worry or stress situations. Try using both separately over the next weeks.

Encourage patient to use the calming thoughts skill in a worry/stress situation in the time between meetings and record the skill's usefulness on the Skills Practice Form.

core skill

– Patient Workbook pg. 67 –––––

Look at 1 practice form together, and answer any questions that may arise.

DE WORKBOOK VIEW

Awareness, Deep Breathing, and Calming Thoughts Skills Practice Form	
DATE:AM/I	PM
What caused worry or stress today? Where were you? Who was with you?	
What <u>physical signs</u> of worry/stress did you have?	
What <u>worry or stress thoughts did you have?</u>	
Did you <u>avoid</u> anything because of worry or stress? If so, what did you avoid?	
Did you <u>do anything too much because</u> of worry or stress? If so, what did you	do?
Write N if "NO" and Y if "YES" in the boxes below.	
Did you practice deep breathing skills today?	
If so, was it helpful? Did you use calming thoughts in a real-life situation today?	
If so, was the calming thought helpful?	
Write your calming thought here:	
What went well? What challenges came up?	



- **Back** to Patient Workbook pg. 66 -

- Assist with developing an Awareness, Deep Breathing , and Calming Thoughts Practice Goal.
 - □ Help the patient fill in the practice goal statement:

My goal is to practice awareness times,
deep breathing times
and calming thoughts times
in the next week (s).

- □ Encourage the patient to try using this skill in a worry or stress-inducing situation, as well as in a relaxed situation.
- □ Ensure the patient has enough copies of the worksheet (5 are included in the Patient Workbook, pg. 67-71).
- □ Help the patient identify and troubleshoot possible barriers to practicing their skills.

Preview next session. The following will be covered:

• The patient's first elective skill:

Optional: Help patient develop a plan to connect with any community resources/ social supports that were identified, but not contacted previously.

Set the next appointment.

Patient Workbook pg. A.1

Chapter A

Changing Your Behavior to Manage Depression

Part I

Make sure the patient has workbook pages for Chapter A



- A. Reflection (5-10 mins)
- B. Connecting Mood and Behavior (10 mins)
- C. Tracking Mood and Behavior in Your Own Life (25 mins)
- D. Chapter Wrap Up and Practice Plan (10 mins)

A. Reflection (5-10 mins)

	Section Summary	
	□ Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity,	
	changes, etc.)	
	Discuss and manage suicidal ideation if present.	
	□ Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.)	
	Assess patient progress in managing anxiety, stress, and worry	
	Assess patient progress in following the program	
	Assess patient progress in last chapter's homework.	
	Patient Workbook pg. A.2	—
	Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in Provider Manual Appendix A, pg. X.1.	
	Communicate results from both the PHQ-9/GAD-7 to the patient.	
	If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic.	
	 Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to the mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter. <u>National Suicide Prevention Lifeline</u>: 1-800-273-8255 	
	<u>Crisis Text Line</u> : Text HOME to 741741	
	 <u>Veterans Crisis Line</u>: 988, press 1 at the menu 	
Γ	Assess patient progress in managing anxiety, stress, and worry	
	 Has managing worry gotten easier? 	
	 Are you spending more time doing things you enjoy? 	
	• Overall, how are you feeling now since you began the Calmer Life program?	
Г		
L	Assess patient progress in following the program	
	 Are you reviewing the material in the workbook between our sessions? Are you practicing the skills you learned last chapter? 	
	 Are you practicing the skills you learned last chapter? Are you logging your practice using the Skills Practice forms? 	
	 Are you logging your practice using the Skills Practice forms? 	

A B C D

Assess patient progress in practicing last chapter's skill.

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?

B C

D

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• When you were practicing your skill, what went well? What challenges came up?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.

B. Connecting Mood and Behavior (10 mins)

Section Summary

- Provide psychoeducation on the relationship between mood and behavior and how they function as a cycle:
 - Lowered mood and decreased activity vs increased activity and improved mood.
 - Patient Workbook, pg. A.4 has an example of Beth not going to her book club because she is not in the mood after a sad event.
 - Beth soon stops attending all book club meetings due to her sad mood but only feels worse because of it.

- Patient Workbook pg. A.4 -

Explain the relationship between mood and behavior, using the figure on Patient Workbook, pg. A.4.

- When experiencing low mood, it is common to stop doing enjoyable activities, which may increase depressive symptoms.
- Increasing pleasurable activities that match life goals and values can help improve thoughts and overall mood, lessening depressive symptoms.



B C D

Discuss Beth's example and identify how her situation fits the mood and behavior cycle.

- Beth felt down on Thursday. She realized she could not play with her grandkids when they visited due to her knee pain.
- That afternoon, she skipped her book club meeting because she was not in the mood, although she usually enjoys catching up with friends and discussing what they had read.
- Beth stopped going to the book club meetings because she was never in the mood. She also found herself feeling upset every Thursday at the time of the meetings. She missed going to them, but it kept getting harder and harder to return to the meetings. This also made her feel down.

🛞 TIPS

You can reference this example throughout the chapter if the patient has trouble grasping or applying some concepts related to behavioral activation.

elective skill

C. Tracking Mood and Behavior (25 mins)

B C D

Section Summary

- □ Introduce behavioral activation as requiring 2 steps, each a different part of Chapter A.
- □ The first step is to become aware of current activities and feelings.
- □ The second is to identify meaningful activities and plan to do more of them.
- □ Use the example form on Patient Workbook, pg. A.6 to illustrate the type of activities they can think about during this exercise.
- □ With patient, fill out the blank form on Patient Workbook, pg. A.7 based on a typical day.

Patient Workbook pg. A.5

Introduce Chapter A as consisting of 2 parts to help the patient change their behavior.

- Part 1 is focused on:
 - becoming aware of current activities and mood
- Part 2 is focused on:
 - identifying activities to lift mood
 - planning using SMART guidelines to incorporate these activities more into daily life

Explain the first step to changing behavior as becoming aware of what our current behavior is.

- As discussed in the previous chapters, awareness is important for change to take place.
- You need to become aware of the relationship between mood and behavior in your own life; this next exercise will help with that.
- The homework in this part of the chapter is very similar to this exercise. Please take time to ensure they understand how to fill out the form.

Patient Workbook pg. A.6

Walk through the instructions for the form, using the example as a guide.

- Think of a day during this week, like yesterday or today.
- Identify 6 activities you did during the day (2 morning, 2 afternoon, 2 evening).
- Rate how you felt during each activity, using the scale from 1 to 5.
- Write a possible reason as to why you felt that way during each activity.

$\ensuremath{ \ensuremath{ \$	Very bad 1	Bad 2	80-80 3	Good 4	Very Good 5	\odot
Activities			Mood	Reasons I Felt The Way I Did		
Morning Activities						
1. Eat breakfast			5	Breakfast is my favorite meal		
2. Walk the dog			3	It was nice to be outside		
Afternoon Activities						
3. Take a nap			2	I felt guilty for sleeping so much		
4. Watch TV			2	I felt lonely		
Evening Activities						
5. Fold laundry			4	I felt productive		
6. Call my sister			4	I enjoy talking to others		

CORKBOOK VIEW

Patient Workbook pg. A.7

Guide the patient through tracking one day this week.

- Description of the second seco
- □ Ask them to think of 2 activities that make up a typical morning (make sure that they are recording events, not thoughts).
- □ Help them identify how they felt throughout the activities using the five-point scale.
- $\hfill\square$ Help them find a possible reason as to why they felt that way.
- □ Repeat process for afternoon and evening activities (6 total activities).
- \Box Ask if any of the activities were R/S in nature.



- Focusing on a single day instead of a broader time can make the exercise easier.
- The day should not be one that was abnormally distressing for the patient, as it will not be a good indicator of their mood/activities on a typical day.

elective skill

B C D

D. Chapter Wrap-Up and Practice Plan (10 mins)

B C D

Section Summary

- □ Help the patient develop an action plan to track their mood and activities in Patient Workbook, pg. A.8. "My goal is to monitor my activities for _____ days using the Skills Practice Form over the next _____ week(s)." They can also set a goal for practicing other skills from previous chapters.
- □ Set the next appointment.

Patient Workbook pg. A.8

See if the patient has any questions about what was covered this chapter.

📧 WORKBOOK VIEW

Chapter A Part I Summary • Sometimes our worry or stress or other events can lead to us feeling down. We stop doing activities we enjoy as a result. Starting satisfying activities can help lift our mood. • The first step in making helpful changes is becoming aware of what activities we are doing now and how they make us feel.

Remind patient about the importance of practicing new skills. The practice forms for this week contain spaces for the patient to fill in different activities they do throughout the day and how they feel towards them. There is also a space for them to identify activities that they found meaningful or satisfying.

Ask for feedback about how this strategy might be useful in their daily life.


Patient Workbook pg. A.9 –

- Review the Practice Form example on Patient Workbook, pg. A.9. to ensure patient understands the content covered this chapter *or work through a blank version together on Patient Workbook, pg. A.10.*
- The homework in this chapter will help the patient monitor their behavior. This will help during the behavioral activation in the next part of the chapter.

CORKBOOK VIEW

Changing Your Behavior to Manage Depression Form BETH'S EXAMPLE



B C D

Instructions for Practice: Throughout the day: fill in what activities you did, rate your mood during them, and list a reason why you might have felt the way you did. Then think about any activities you may not have listed that you found meaningful or satisfying.

Remember: This part of the chapter is all about becoming aware of what you are currently doing. We are not focused on changing any behaviors. Try to continue as normal and just fill in the form honestly.

$\overline{\mbox{\scriptsize ($)}}$	Very bad 1	Bad 2	So-So 3	Good 4	Very Good 5	\odot
	Activities		Mood	Reasons I Felt the Way I Did		Did
1. Eat b	preakfast		4	Breakfast is my favorite meal		
2. Eat a snack			3	I felt like I might be eating too much		
3. Take	a nap		1	I felt guilty for sleeping so much		
4. Visited my grandkids			5	I enjoyed seeing them		
5. Heard my favorite song			4	I liked hearing it again		
6. Watch TV			2	I felt lonely		
Are there any activities you did today that were meaningful to you or made you feel satisfied?					or	
I did the dishes. I d feel good to				like to but it out of the w		



B C D

Assist with developing a goal to track behavior and mood and practice other skills.

• <u>PATIENT ACTION</u>: Help the patient fill in the following statements:

Goals for this chapter:				
My goal is to monitor my activities for	days using the Skills			
Practice Form over the next	week (s).			

Goals for other Calmer Life skills learned so far: Ex: My goal is to review Calming Thoughts (Chapter 3) over the next 2 weeks.



- □ Ensure the patient has enough copies of the worksheet (5 are included in the Patient Workbook, pg. A.10-A.14).
- Help the patient identify and troubleshoot possible barriers to practicing their skills.

Optional: Help patient develop a plan to connect with any community resources/social supports that were identified, but not contacted previously.

Optional: Consider whether patient would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the patient to practice awareness and complete the "Becoming Aware of worry and Stress Skills Practice Form" (Patient Workbook, Chapter 1, pg. 40-44) at least 3-4 times over the next week.

Remind the patient to continue using breathing, calming statements, and other skills learned in everyday situations.

Set the next appointment.

Patient Workbook pg. A.15

Chapter A

Changing Your Behavior to Manage Depression

Part II

Make sure the patient has workbook pages for Chapter A



- A. Reflection (5-10 mins)
- B. Identifying Pleasant And Meaningful Activities (15 mins)
- C. Optional: Gratitude Skills (5 mins)
- D. Activity Planning Using SMART Goals (10 mins)
- E. Chapter Wrap Up and Practice Plan (10 mins)

A. Reflection (5-10 mins)

 Section Summary Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity, changes, etc.) Discuss and manage suicidal ideation if present. Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.) Assess patient progress in managing anxiety, stress, and worry Assess patient progress in following the program Assess patient progress in last chapter's homework. 	
Patient Workbook pg. A.16	
Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in Provider Manual Appendix A, pg. X.1.	-
Communicate results from both the PHQ-9/GAD-7 to the patient.	
 If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic. Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to their mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter. <u>National Suicide Prevention Lifeline</u>: 1-800-273-8255 <u>Crisis Text Line</u>: Text HOME to 741741 <u>Veterans Crisis Line</u>: 988, press 1 at the menu 	ir
 Assess patient progress in managing anxiety, stress, and worry Has managing worry gotten easier? Are you spending more time doing things you enjoy? Overall, how are you feeling now since you began the Calmer Life program? 	
 Assess patient progress in following the program Are you reviewing the material in the workbook between our sessions? Are you practicing the skills you learned last chapter? Are you logging your practice using the Skills Practice forms? 	
elective skill pg. A.11	

– Patient Workbook pg. A.17 –

Assess patient progress in practicing last chapter's (Chapter A, Part I) skill.

- Where you able to track your activities and moods?
- Was there a specific activity that you always rated a 4 or 5? Any that you always rated a 1 or 2?
- Were any of your moods related to the time of day?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.

B. Identifying Pleasant and Meaningful Activities (15 mins)

Section Summary

- □ Review part 1 of Ch. A monitoring mood and behavior.
- □ Discuss the difficulties and rewards of behavioral activation.
- □ Guide the patient through identifying any current activities they find satisfying and any activities they would find enjoyable or meaningful.
 - □ Write them down on Patient Workbook, pg. A.18-19.
- □ Look at the table on pg. A.20 for more potential activities, if needed.

- Patient Workbook pg. A.18

Activities identified in this section will help inform a behavioral activation plan for the patient at the end of the chapter.

Ask the patient if they noticed the mood and behavior cycle in their life.

• The focus of part 1 was the first step in changing behavior: to become aware of current behaviors and their impact on mood.



TIPS

If a patient is having trouble use any of the following:

- Were there any activities that you rated a 1, 2, or 3?
- Was there a specific time during the day in which your mood constantly felt from 1-3?
- Did you notice if there were any specific activities that led to the same type of mood?

Discuss the rationale for behavioral activation.

- After a long time without participating in activities, it can be hard to feel ready or be in the mood to start them again.
- Remember that finding new ways and resources to place meaningful activities back into your life is an important way of using your own behavior to improve your mood.
- □ PATIENT ACTION: Write down the identified activities in the pink boxes provided on Workbook, pg. A.18.

Identify any current activities the patient might already find satisfying.

- Look back at the activities you listed on the exercise and practice forms on Patient Workbook, pg. A.7 and A.10-14. See if you rated any of them as making you feel 4 (Good) or 5 (Very Good).
- Are there any other hobbies that you enjoy or that give you pleasure?

elective skill

- Patient Workbook pg. A.19 -

Brainstorm activities that the patient might enjoy doing.

- Have there been any hobbies you have wanted to start?
- Are there things you have been interested in but don't do?
- Any activities you haven't been in the mood for lately?
- □ <u>PATIENT ACTION</u>: Write down the identified activities in the pink boxes provided after each section.



If a patient brings up activities they think they would enjoy but might not be able to carry out, do not point it out or discourage them in the moment. The main goal is to get them to brainstorm what they might enjoy. You will go over achievable goals in the next section.

Remind the patient that doing things that align with our values and what is important to us can also fill us with a sense of satisfaction.

- Are there 2 or 3 things that you find meaningful?
- Are there any goal-directed activities that give you satisfaction (e.g., chores, exercising, etc.)?
- Look back at what you answered for the bottom question of your practice forms on Patient Workbook, pg. A.10-14.
 - Patient Workbook Question: Are there any activities that you did today that were meaningful to you or made you feel satisfied?

TRELIGIOUS/SPIRITUAL INTEGRATION

Are there any R/S activities that you have stopped doing or do less (for example, going to church, reading religious literature, praying, going for a walk in nature, or meditating)?

– Patient Workbook pg. A.20 –

If the patient is having a hard time thinking of activities, read each example below and help the patient decide whether they are interested in the activity or are already doing it.

WORKBOOK VIEW

Types of Ac	tivities	Interested?	Currently doing?
Social Activities	Get together with family/friends Visit a neighbor Go to a local community center		
Outings	Go to park/library/bookstore Go to the movies/shopping Go out to dinner		
Physical Activity	Walk for exercise or pleasure Light housekeeping Work in garden		
Health and Wellness	Eat healthier Meditate or do yoga Put on makeup or perfume/ cologne		
Leisure Activities	Knit, sew or do needlework Do crafts/ Keep a diary Listen to radio/ Watch TV/Read the newspaper		
Kind Acts	Do favors for others/Volunteer Help someone in need		
Spiritual and Religious	Go to a place of worship Attend a R/S discussion group Meditate/pray		

C. Optional: Gratitude Skills (5 mins)

Section Summary

- □ Keeping a gratitude list can be a pleasurable activity that requires little time and resources and is easy to incorporate in daily life.
- □ Help the patient write 2-3 things they are grateful for in the space provided.
- □ A Gratitude Saying can be a tool that, when said during the day, can give a moment of meaning or satisfaction that aligns with values.
- Help the patient write a phrase or couple of sentences that constitute a gratitude saying they can use.

- Patient Workbook pg. A.21 -

Introduce gratitude as another meaningful activity that to incorporate into daily life.

- A gratitude list is a way to keep track of all the things for which you are thankful.
- Adding to your list can become part of a daily routine or something spontaneous that you do as you think of things throughout your day.

Give examples of things to be grateful for.

- The weather
- Birds singing
- Their favorite meal
- A loving family member
- □ <u>PATIENT ACTION:</u> Write down 2-3 things you are grateful for in the space provided on your Workbook as a start to your list.

A gratitude saying can also become a small part of your day that gives you a sense of meaning or satisfaction.

- You can write a thought or a sentence or 2 that you can say during your day to remind you of the things for which you are grateful.
- □ <u>PATIENT ACTION</u>: Write down your gratitude saying in the space provided.

RELIGIOUS/SPIRITUAL INTEGRATION

Are there any R/S prayers that help you say thanks? Is there someone you could be thanking in your gratitude saying?

pg. A.16

elective skill

D. Activity Planning Using SMART Goals (10 mins)

Section Summary

- □ Discuss the purpose of using goals when planning to do an activity.
- Explain SMART as a guideline to creating goals: Specific, Measurable, Achievable, Relevant, Timed.
- □ Use the table on Patient Workbook, pg. A.23 and Provider Manual, pg. A.18 to go over bad and good examples of what constitutes a SMART goal.
- □ Reference Appendix F (Appendix D in the Patient Workbook).
- □ Help patient understand this content by reviewing the example Skills Form on Patient Workbook, pg. A.23. There is a copy in your Provider Manual pg. A.18.

- Patient Workbook pg. A.22 -

Introduce goal setting as an important part of planning an activity.

- It can be hard to start doing an activity you haven't done in a while.
- Creating small goals or steps that lead you towards your main objective can be helpful.

Explain SMART as a guideline for goal-setting that can help get started.

- SMART stands for: Specific, Measurable, Achievable, Relevant, and Timed.
- All of these characteristics are useful in ensuring your success when working towards a goal.
- See Patient Workbook, Appendix D if you need a refresher on SMART goals (Appendix F in Provider Manual).

Review Beth's example from part 1.

- Beth stopped going to her book club meetings because she was not in the mood for them. She missed talking with her friends on Thursday nights and often felt down.
- Beth decided that going to the meetings as meaningful to her and is using SMART steps to plan how to start.

– Patient Workbook pg. A.23 –

Go over the table, making sure the patient understands the difference between the "Not SMART" and Beth's example.

	Not SMART	Beth's SMART Planning	Tips
Activity	Eating well	Attend book club	
Specific	I want to better myself.	I will go to the host's house Thursday night for book club.	"Bettering oneself" is a good start but too broad. Abstract goals are harder to achieve.
Measurable	I want to eat healthy.	I will know I realized my goal if I attend 2 meetings this month.	If you cannot measure progress on a goal, you won't know if you have achieved it. Try to find a way to measure your progress toward a goal.
Achievable	I will never eat junk food again.	I don't have a car, but I will ask my friend if we can carpool.	Your goal should be feasible. Plan for obstacles. Remember that we can't guarantee that we will "never" or "always" do something.
Relevant	I want to eat better because my doctor told me to.	I like talking to my friends and want to keep them in my life.	Even tasks that are challenging or annoying may be in service of something you value. It's helpful to think about how your goal is relevant and/or meaningful to you.
Timed	I will eat better by next year.	I will attend 2 meetings by the end of month.	Establishing a time frame gives you a point to review if you have achieved your goal or need to make changes.

WORKBOOK VIEW



Review the Practice Form example on Patient Workbook, pg. A.24 to ensure patient understands the content covered this chapter *or work through a blank version together on Patient Workbook, pg. A.27.*

CORKBOOK VIEW

Changing Your Behavior to Manage Depression Form B BETH'S EXAMPLE



Instructions for Practice: This week, complete 1 or 2 of the enjoyable or meaningful activities you identified on pages A.18-20. Take time to choose activities and steps that fit with the SMART guidelines. Think about any support you will need along the way to be successful.

Remember: It can be difficult to start doing activities if you feel like you are not in the mood or if there are new challenges (like knee pain or transportation issues). It is important to commit to doing an activity you value. It can help improve your thoughts and feelings. And if the activity doesn't help, that's okay, too. You can then move on and try another activity!

	Activity 1	Activity 2 (Optional)
Activity:	Replant flowers in a bigger pot.	Go to a movie with a friend.
Step 1	Ask daughter to take me shopping.	Figure out which friend to ask.
Step 2	Buy a new pot and soil.	Look up the movie Times.
Step 3	Replant the flowers.	Buy a ticket.
Expected Completion by:	Next Tuesday	This weekend
Activity Completed:	[X] YES [] NO [] SOMEWHAT	[X] YES [] NO [] SOMEWHAT
Did it improve your mood?	[] YES [] NO [X] SOMEWHAT	[X] YES [] NO [] SOMEWHAT

- Patient Workbook pg. A.27 –

Assist the patient in filling out *a blank version with you on Patient Workbook, pg. A.27.* Have the patient identify 1-2 activities that they want to start.

- □ Ask them to look back to Patient Workbook, pg. 18-20 for previous ideas.
- □ Use the SMART guideline to set up 3 steps and a date to help the patient complete the activity.

C WORKBOOK VIEW

Changing Your Behavior to Manage Depression Form B						
DATE:	TIME:	: AM/PM				
meaningful to you. Ta	Instructions for Practice: Complete one or two activities that are enjoyable or meaningful to you. Take time to choose activities and steps that fit with the SMART guidelines. Think about any support you will need along the way to be successful.					
	Activity 1	Activity 2 (Optional)				
Activity:						
Step 1						
Step 2						
Step 3						
Expected Completion by:						
Activity Completed:	[] YES [] NO [] SOMEWHAT	[] YES [] NO [] SOMEWHAT				
Did it improve your mood?	[] YES [] NO [] SOMEWHAT	[] YES [] NO [] SOMEWHAT				
Notes:						

F. Chapter Wrap Up and Practice Plan (10 mins)

Section Summary

□ Help the patient develop an action plan for practicing the skill they learned this chapter, along with skills they learned in previous chapters. For example:

"My goal is to ____[meaningful activity]____ in the next ____ week(s).

My goal is to practice ___(other skill)___ for ___(times, time of day)."

□ Set the next appointment.

– Patient Workbook pg. A.25 -

See if the patient has any questions about what was covered in this chapter.

E WORKBOOK VIEW

Chapter A Part II Summary Sometimes our worry or stress or other events can lead to us feeling down. We stop doing activities we enjoy as a result. Starting satisfying activities can help lift our mood. The first step is to become aware of our own behavior and mood cycle. The second step is to identify pleasant activities in our life and plan to increase them or add new ones. The S M A B T guideling is helpful in planning activities and setting up store to be a stor

 The S.M.A.R.T. guideline is helpful in planning activities and setting up steps to be successful.

Remind patient about the importance of practicing new skills. The practice forms for this week contain space for the patient to identify 2 activities they want to do and plan 3 steps to help accomplish it.

Ask for feedback about how this strategy might be useful in daily life.

	Patient Workbook pg. A.26
As •	sist the patient in developing a practice goal. <u>PATIENT ACTION:</u> Help the patient fill in the following statements:
	<i>Goals for this chapter:</i> Ex: My goal is to go to a movie with a friend 2 times in the next 3 weeks.
	My goal is to
	Activity you choose to try or do more of in the next week (s).
	Use this activity goal for your first Skills Practice Form on the next page.
	Goals for other Calmer Life skills learned so far: Ex: My goal is to review Awareness (Chapter 1) over the next 2 weeks.
	Encourage the patient to do 1 new activity that is satisfying or meaningful every week.
	Ensure the patient has enough copies of the worksheet (2 are included in the Patient Workbook, pg. A.27-28). Help the patient identify and troubleshoot possible barriers to practicing skills.
Pre	view next session. The following will be covered: The patient's next elective skill: (or the final session)
	<i>tional:</i> Help patient develop a plan to connect with any community resources/social ports that were identified, but not contacted previously.
disc awa	<i>tional:</i> Consider whether patient would benefit from further awareness practice and cuss whether further awareness practice is desired. Ask the patient to practice areness and complete the "Becoming Aware of Worry and Stress Skills Practice m" (Patient Workbook, Chapter 1, pg. 39-43) at least 3-4 times over the next week.
	nind the patient to continue using breathing, calming statements, and other skills med in everyday situations.
🗌 Set	the next appointment.

pg. A.22

Patient Workbook pg. B.1

Chapter B

Changing Your Behavior to Manage Worry and Stress

Make sure the patient has workbook pages for Chapter B



- A. Reflection (5-10 mins)
- B. Understanding Worry and Stress Behaviors (15 mins)
- C. Strategies for Managing Worry and Stress (20 mins)
- D. Chapter Wrap Up and Practice Plan (10 mins)

A. Reflection (5-10 mins)

A B C D

	Section Summary					
	□ Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity,					
	changes, etc.)					
	Discuss and manage suicidal ideation if present.					
	□ Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.)					
	Assess patient progress in managing anxiety, stress, and worry					
	Assess patient progress in following the program					
	Assess patient progress in last chapter's homework.					
	Patient Workbook pg. B.2					
C	Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in Provider Manual Appendix A, pg. X.1.					
	Communicate results from both the PHQ-9/GAD-7 to the patient.					
	 If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic. Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to their mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter. <u>National Suicide Prevention Lifeline</u>: 1-800-273-8255 <u>Crisis Text Line</u>: Text HOME to 741741 <u>Veterans Crisis Line</u>: 988, press 1 at the menu 					
	Assess patient progress in managing anxiety, stress, and worry					
	Has managing worry gotten easier?					
	Are you spending more time doing things you enjoy?					
	 Overall, how are you feeling now since you began the Calmer Life program? 					
Γ	Assess patient progress in following the program					
	Are you reviewing the material in the workbook between our sessions?					
	 Are you practicing the skills you learned last chapter? 					
	 Are you logging your practice using the Skills Practice forms? 					
	elective skill pg. B.2					

Assess patient progress in practicing last chapter's skill.

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?

B C D

Α

• When you were practicing your skill, what went well? What challenges came up?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.

B. Understanding Worry and Stress Behaviors (15 mins)

Section Summary

- □ Provide psychoeducation on the relationship between anxiety and unhealthy behaviors.
- □ Introduce the concept of avoidance, which can occur by avoiding situations or engaging with repetitive behaviors.

– Patient Workbook pg. B.4 –

Provide psychoeducation on the relationship between anxiety and unhealthy behaviors.

- Remind patient that worry and stress can lead to unhealthy behaviors.
- Geraldo: worried about his finances, so he avoided opening his mail.
- Beth: feeling stressed about her family, so she smoked and overate junk food.
- Discuss short-term relief vs. long-term effects of unhealthy behaviors.
- Unhealthy behaviors can relieve worry and stress in the short term—which is why you hang onto these behaviors.
- Unhealthy behaviors do not help you work on the cause of your worry and stress feelings. In the long run, worry and stress feelings will return and may worsen.

Explain that this chapter will teach about different kinds of common unhealthy behaviors and an effective way of managing your worry and stress.

Patient Workbook pg. B.5 -

Describe avoidance behaviors and provide examples.

- You may avoid putting yourself in situations that cause you to worry these would be a type of avoidance behavior.
 - Ex: If you argued with a friend at the café, you may avoid going there as often or even talking to that friend in general.
 - Ex: You need help with picking up gardening tools and supplies from the hardware store, but avoid calling your children for help because you worry you are a bother.
 - You decide to avoid the idea of fixing up your yard altogether.
- Avoidance behaviors can also look like procrastination.
 - Ex: Geraldo did this by putting off opening his mail. The more he avoids opening his mail, the higher the stack of envelopes rises, and the more worry he feels.

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- Patient Workbook pg. B.5 –

- Ask the patient to think of any places, people, or activities they are currently avoiding or putting off.
 - <u>PATIENT ACTION</u>: Have the patient write their answer in the space provided on Workbook, pg. B.5.

— Patient Workbook pg. B.6 —

Describe "doing too much" behaviors and provide examples.

- Behaviors that you do repeatedly even though the repetition is unnecessary or offers no solution may be a sign of worry.
- "Doing too much" behaviors become problematic when they...
 - Are unhealthy.
 - Keep you from doing other things you need to do.
 - Distract you from facing your problems.
 - Keep you from enjoying life.
 - Ex: smoking, snacking too much, consuming too much media, either on TV or online, or picking at your skin.
- Behaviors like smoking or snacking too much can have negative consequences for your health down the road.
- Checking on things repeatedly can also be a sign of worry.
 - Ex: Checking the oven several times to make sure it is turned off, or using your key to unlock and lock the door multiple times before leaving the house
- Repeated behaviors like checking the lock several times can affect you negatively, too.
 - You might not be able to complete a task unless the repetitive behavior occurs, which means that the repetitive behavior gets in the way of what you need to do.

Ask the patient to think of any repetitive or checking behaviors they do when feeling worry or stress.

• <u>PATIENT ACTION</u>: Have the patient write their answer in the space provided on Patient Workbook, pg. B.6.

C. Strategies to Manage Your Worry and Stress (20 mins)

Section Summary Introduce concept of exposure, or "facing worry," which involves confronting situations, places, or people that cause anxiety. Explain that with practice, fear or anxiety will decrease over time, or the patient will learn to cope with anxiety.

- Explain that "facing worry" can be done 1 step at a time, by creating a hierarchy of behaviors from least to most distressing and tackling 1 behavior at a time. Alternatively, patients can break up a behavior into more manageable steps.
- □ Elicit an example of avoidance from the patient's life that they would like to address; and help the patient design a hierarchy, using the Skills Practice Form.
- □ (Optional) Use Geraldo's example on Patient Workbook, pg. 13 and Provider Manual, pg. B.10 to teach the patient how to use the Skills Practice Form.

Patient Workbook pg. B.7 –

Introduce the idea of facing worry as a healthy alternative to avoidance or repetitive behaviors.

- Wanting to avoid a problem, fear, or worry is completely understandable.
- Taking into account that avoidance may worsen worry in the long run, however, means that facing your worry may be a better alternative.
- Facing worry does not have to happen all at once. It can be broken up into manageable steps.
- Over time, you may find that you can handle this anxiety better than you expected.
- Ex: Fear of speaking to others in public.
 - Step 1. Introduce yourself in a group conversation.
 - Step 2. Say 1 comment during a group conversation.
 - Step 3. Say 3 comments during a group conversation.
 - Step 4. Tell a joke during a group conversation.
 - Step 5. Share a personal story during a group conversation.
 - Step 6. Start a group conversation.
 - Achievement: more comfortable speaking in public, less worry about social interactions
- Patient Workbook, Appendix C can be used to come up with SMART (specific, measurable, achievable, relevant, and time-based) steps to achieve goals.

Address a possible spike in anxiety when starting to face worry.

- You may feel more worry or stress when you first start doing things. This is expected and normal. Over time, your worry and stress will lower.
- As you are working to face your worry, repeat your steps as needed and use other Calmer Life skills to help manage any worry or stress that occurs.
 - Ex: You can use deep breathing or calming thoughts instead of re-checking that you turned off the stove multiple times.

B C D

- Ask the patient to think of some worry or stress behaviors they are currently using that they would like to change.
 - <u>PATIENT ACTION</u>: Have the patient write their answer in the space provided on Workbook, pg. B.8.

Patient Workbook pg. B.9

Begin to practice goal setting in session by asking the patient to identify 1-2 avoidance, checking, or repetitive behaviors they would like to change.

- Ex: Geraldo would like to work on his avoidance of behavior towards opening the mail.
- <u>PATIENT ACTION</u>: Have the patient write their answer in the second space provided on Workbook, pg. B.9.

Ask what specific worry these behaviors are related to.

- Ex: Geraldo's avoidance behavior is related to his worry about finances and receiving an unexpected bill.
- <u>PATIENT ACTION</u>: Have the patient write their answer in the second space provided on Workbook, pg. B.9.

Asist the patient in writing out 3 steps to begin addressing their unhelpful behavior. The steps can take place on different days, or they can all occur on the same day.

Ensure the patient selects a reasonable timeframe for this plan to maintain motivation (i.e., if the steps can be reasonable completed in 1 week, encourage this as a goal versus allowing the patient to spread out the steps over several weeks).

Ensure the patient selects a reasonable timeframe for this plan in order to maintain motivation (i.e., if the steps can be reasonable completed in 1 week, encourage this as a goal versus allowing the patient to spread out the steps over several weeks).

– Patient Workbook pg. B.10 –

- Ex: *Multiple days*: At 10AM on Saturday, Geraldo will spend 30 minutes opening his mail that has piled up. On Sunday, he will make a list of bills to be paid. On Monday, he will pay the electricity, gas, and water bills.
- Ex: *Same day*: At 10 AM on Saturday, Geraldo will open up all his mail in 30minute increments. He will take 5-minute breaks as needed. At 1 PM he will make a list of all bills that need to be paid. Before dinner, Geraldo will have paid his electricity, gas, and water bills.
- <u>PATIENT ACTION</u>: Have the patient write their answer in the first space provided on Workbook, pg. B.10.

Assist the patient in setting a completion date for the steps.

- Ex: *Multiple days*: Geraldo will complete his steps by Monday.
- Ex: Same day: Geraldo will complete his steps by Saturday evening.
- <u>PATIENT ACTION</u>: Have the patient write their answer in the second space provided on Workbook, pg. B.10.

— Patient Workbook pg. B.11 -

Assist the patient in thinking of any calming skills or other support they can use to help in the process of facing their worry.

- Ex: Geraldo will use deep breathing for 5 minutes both before and after he opens his bills. He will also focus on the good feeling of knowing he is facing his worry.
- <u>PATIENT ACTION</u>: Have the patient write their answer in the first space provided on Workbook, pg. B.11.

🛞 TIPS

If the patient has trouble thinking of a calming skill, suggest deep breathing, calming thoughts, or any of the elective skills you have worked on together. They can also call a loved one for support before, during, or after they complete their skills.

TRELIGIOUS/SPIRITUAL INTEGRATION

- R/S: Ask the patient if there are any religious or spiritual tools that may be helpful.
 - Ex: Geraldo will imagine a cross while he practices deep breathing.
 - <u>PATIENT ACTION</u>: Have the patient write their answer in the first space provided on Workbook, pg. B.11.

B C

D

Α

- Patient Workbook pg. B.11 —

Point the patient towards section number 6 on Workbook pg. B.11. For homework, they will mark whether they were able to complete the scheduled activity once they try the steps out this week.

C WORKBOOK VIEW

Note whether you were able to complete the scheduled activity.		
Your Answer Geraldo's Answer		
[] YES [] SOMEWHAT [] NO	[] YES [X] SOMEWHAT [] NO	

- Patient Workbook pg. B.12 -

Point the patient towards section number 7 on Workbook, pg. B.12. For homework, they will write about how their practice went once they attempted the steps.

WORKBOOK VIEW

7. Write a sentence or two about how your practice went.		
Your Answer Geraldo's Answer		
	I opened quite a bit of mail. I made the list and only paid one of my bills. I want to try again next weekend.	

• Note that, if their practice does not go well, they can consider revising their steps, using different Calmer Life skills, or enlisting help from a loved one.

Explain that they may need to complete their steps several times before they notice a decrease in worry or anxiety. It is normal to feel a spike in anxiety during their practice of the steps, but this is only temporary. Their worry will reduce over time as they continue practicing facing their worry.

- Patient Workbook pg. B.13 —

Review the format of the Skills Practice Form for this chapter. All Geraldo's responses thus far have been imputed under the "Worry 1" column.

• Optional: Review "Worry 2" example covering a type of health anxiety, with repetitive searching of bodily symptoms online for an extended period of time.

	Worry 1: Finances	Worry 2: Health
Unhelpful Behavior:	Avoiding opening mail	Searching online for possible illnesses I have
Step 1:	At 10 am on Saturday this week, I will spend 30 minutes to open the mail that has piled up on my kitchen table.	For the next week, I will limit searching online to 20 minutes maximum per day.
Step 2:	I will make a list of bills to be paid.	The following week, I will only allow myself to search 2 times.
Step 3:	On Monday, I will pay electricity, gas and water bills.	The following week, I will cease checking for illnesses. If I am concerned, I will make and attend an appointment with my doctor.
Completion Date:	Monday	3 weeks from today
Calming skills that I can use:	I will use deep breathing for five minutes both before and after I open the bill.	I will use my calming statement, "This, too, shall pass," when I begin to feels anxious about my health.
Is there an R/S tool that I can use?	I will imagine a cross while practicing deep breathing.	
Activity Completed:	[] YES [X] SOMEWHAT [] NO	[] YES [] SOMEWHAT [X] NO
If completed, how did it go?	I made the list and only paid one of my bills. I want try again next weekend.	I've been able to reach Step 2 and am working on Step 3.

E WORKBOOK VIEW



B C D



Remind patient about the importance of practicing new skills. The practice forms for this week contain space for the patient to identify and address up to 4 other worries and unhelpful behaviors.

Ask for feedback about how this strategy might be useful in daily life.

	——————————————————————————————————————	
Ass •	ist the patient in developing a practice goal. <u>PATIENT ACTION:</u> Help the patient fill in the following statements:	
	Goals for this chapter:	
	My goal is to address unhelpful behavior (s) using the Skills	
	Practice Form over the next week (s).	
	<i>Goals for other Calmer Life skills learned so far:</i> Ex: My goal is to review problem solving (Chapter C) over the next 2 weeks.	
	Encourage the patient to revise their steps when necessary. Ensure the patient has enough copies of the worksheet (2 are included in the	
	Patient Workbook, pg. B.15-16). Help the patient identify and troubleshoot possible barriers to practicing skills.	
Prev •	view next session. The following will be covered: The patient's next elective skill: (or the final session)	
•	<i>ional:</i> Help patient develop a plan to connect with any community resources/sociation of the sources of the socies of the socie	J
<i>Optional:</i> Consider whether patient would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the patient to practice awareness and complete the "Becoming Aware of Worry/Stress Skills Practice Form" (Patient Workbook, Chapter 1, pg. 39-43) at least 3-4 times over the next week.		
	nind the patient to continue using breathing, calming statements, and other skills ned in everyday situations.	
Set t	the next appointment.	

Patient Workbook pg. C.1

Chapter C Problem Solving

Make sure the patient has workbook pages for Chapter C



- A. Reflection (5-10 mins)
- B. How Worry and Stress Interfere with Problem Solving (5 mins)
- C. Strategies for Effective Problem Solving (25-30 mins)
- D. Chapter Wrap Up and Practice Plan (10 mins)



	Section Summary	
	□ Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity,	
	changes, etc.)	
	Discuss and manage suicidal ideation if present.	
	□ Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.)	
	Assess patient progress in managing anxiety, stress, and worry	
	Assess patient progress in following the program	
	Assess patient progress in last chapter's homework.	
	Patient Workbook pg. C.2	_
	Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in Provider Manual Appendix A, pg. X.1.	
	Communicate results from both the PHQ-9/GAD-7 to the patient.	
	 If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic. Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to the mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter. <u>National Suicide Prevention Lifeline</u>: 1-800-273-8255 <u>Crisis Text Line</u>: Text HOME to 741741 <u>Veterans Crisis Line</u>: 988, press 1 at the menu 	ir
	 Assess patient progress in managing anxiety, stress, and worry Has managing worry gotten easier? Are you spending more time doing things you enjoy? Overall, how are you feeling now since you began the Calmer Life program? 	
Ľ	 Assess patient progress in following the program Are you reviewing the material in the workbook between our sessions? Are you practicing the skills you learned last chapter? Are you logging your practice using the Skills Practice forms? 	
	elective skill pg. C.2	

Α В

C D

– Patient Workbook pg. C.3 –

Assess patient progress in practicing last chapter's skill.

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?
- When you were practicing your skill, what went well? What challenges came up?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.

В C D

B. How Worry and Stress Interfere with Problem Solving (5 mins)

Section Summary

- □ Explain how worry can interfere with problem-solving.
 - Worry can feel productive but may actually get in the way of taking action toward solving a problem.
- □ Ask the patient to identify times worry has gotten in the way of solving a problem.

– Patient Workbook pg. C.4 –

Explain how worry and stress interfere with problem solving the following ways: Review the maladaptive function of worrying.

- Some believe it helps us control what happens or plan for the worst.
- Some believe it helps identify or solve problems.
- However, thinking about possible problems is not the same as identifying solutions.
- □ Worrying can...
 - Be unproductive, particularly if we get stuck in a rut thinking about the same things over and over again.
 - Cloud our ability to identify solutions not yet considered.
- □ At times, we might identify a solution but never take the real steps to make it happen because we worry about making the "wrong decision."
- \Box Ask the patient whether he/she can relate to these experiences.
 - For example, has worry or stress ever gotten in the way of solving a problem? How?

TRELIGIOUS/SPIRITUAL INTEGRATION

Discuss the ways in which the patient's R/S beliefs affect how they solve problems. Some example questions include:

"What is your perception of _____'s role in solving or helping to solve your problems?

Do you and _____ work together to solve your problems?

Do you come up with solutions to problems without _____'s help? Do you allow _____to solve your problems?"

• "As we review skills for solving problems, we'll use these ideas if they are useful for you."

C. Strategies for Effective Problem Solving (25-30 mins)

Section Summary

- □ Introduce the chapter skill: problem solving, which involves 6 steps:
 - 1) Select a problem; 2) Open your mind; 3) List pros and cons;
 - 4) Verify the best solution; 5) Enact the plan; 6) Decide if the plan worked
- □ Assist the patient in working through the SOLVED technique for a problem.
- Help the patient understand this content by reviewing Beth's Example Skills Practice
 - Form on Patient Workbook, pg. C.10, or by filling out a blank form on pg. C.12.

Patient Workbook pg. C.5

Explain that the patient will be using a 6-step technique called "SOLVED," which helps identify and solve problems in their life.

- 1. Select a problem.
- 2. Open your mind to all possible solutions.
- 3. List pros and cons for all possible solutions.
- 4. Verify the best solution.
- 5. Enact the plan.
- 6. Decide if the plan worked.

Assist the patient in selecting a problem to solve using the SOLVED technique.

- The patient can select a very general area of concern, for now-you'll work with them to choose a more specific problem after a description of the steps.
 - You will cover each step in detail with the patient. Have the patient practice the steps in real time.
- The Patient Workbook includes examples of **Beth** using the SOLVED steps. Her back pain is bothering her, and she has been meaning to get to the doctor. Her specific goal is to find a ride to the appointment. She ends up asking a friend for a ride to a doctor's appointment, and this solution works. Her example is summarized in the Skills Practice Form (Patient Workbook, pg. C.10) and will be covered at the end of this chapter.



🛞 TIPS

• Having your own copy of a blank patient's Skills Practice Form will help you follow along with the patient and allow them privacy and space while writing. At the end, you can use your filled out worksheet as a completed Skills Practice Form example.


Patient Workbook pg. C.5

Introduce Step 1: Select a problem.

□ Review the difficulty of selecting a problem that is specific enough.

- Many tend to focus on big, complicated situations that lead to feeling overwhelmed.
- It is best to focus on breaking down problems into smaller tasks and focus on 1 task at a time instead of tackling multiple tasks
- □ <u>PATIENT ACTION</u>: Have the patient select a specific problem and write it down in the space provided on Patient Workbook, pg. C.5.

□ If helpful, use an example from the patient's previous monitoring and

🛞 TIPS

discussions; and identify a relevant problem to solve.

If the problem is too vague, ask the patient the following questions to narrow it down: How does the problem affect your life?

What do you think caused the problem or keeps it being a problem for you?

What would be a good outcome?

What would be a good first step towards that goal?*

*This answer will be the specific problem to be addressed in session.

- Patient Workbook pg. C.6

Introduce Step 2: Open your mind to all possible solutions.

□ Review the concept of brainstorming to find possible solutions, even if they are silly.

- Ignore the potential consequences of these for now; we are not evaluating or judging your ideas in this step.
- It can be helpful to...
 - Think about what advice you would give someone else with this problem.
 - Think of ways you and others have handled similar situations.
 - Talk with a close friend or relative who you think might be able to offer potential solutions.

TRELIGIOUS/SPIRITUAL INTEGRATION

- □ Discuss how possible solutions can also be found through R/S means.
- □ Ask the patient if they can think of any R/S solutions to their problem.
 - Could you talk with your R/S leader?
 - Do you think there may be solutions in your R/S literature?
 - Do you feel you can find solutions to problems through prayer?



- Patient Workbook pg. C.6 –

- □ Give examples of possible solutions for the patient's problem and ask for their input.
 - Use a range of suggestions, choosing some that are clearly not optimal or ideal (e.g., winning the lottery to fix financial problems), as well as options that could be useful.

TRELIGIOUS/SPIRITUAL INTEGRATION

Include R/S topics or problem-solving styles as possible solutions to the identified problem (e.g., pray about problems, ask for assistance).

Patient Workbook pg. C.7

□ <u>PATIENT ACTION</u>: Have the patient write down a few of these options in the space on Patient Workbook, pg. C.7.

Introduce Step 3: List the pros/cons of each potential solution.

- □ <u>PATIENT ACTION</u>: Help the patient identify potential pros/cons of their solutions. There is a space for them to write on Patient Workbook, pg. C.7.
 - In some cases, identification of pros/cons may require information from other people (e.g., lawyers, financial advisors, etc.). You can help the patient identify whom to contact for such information.
- □ Explain the benefit to putting a pros and cons list on paper.
 - Writing down pros and cons can be a useful way to reduce time spent on any given problem.
 - People often waste time and energy going over pros and cons in their head unproductively.

– Patient Workbook pg. C.8 -

Introduce Step 4: <u>V</u>erify the best solution.

- □ After weighing pros and cons of each solution, help the patient rank solution options from least practical/desirable to most practical/desirable.
- <u>PATIENT ACTION</u>: Have the patient make a checkmark next to the best solution, listed on Patient Workbook, pg. C.7

Patient Workbook pg. C.8 -

Introduce **Step 5: <u>E</u>nact the plan**.

- □ <u>PATIENT ACTION</u>: Help the patient identify the steps needed to carry out the best solution. There is a space to write the steps on Patient Workbook, pg. C.8.
 - Help the patient make each step small and specific to make the goal measurable and achievable.
 - Remind the patient that, if problem or steps are too broad, they can feel overwhelmed.

TRELIGIOUS/SPIRITUAL INTEGRATION

Include some R/S activities that the patient can use to carry out the plan (e.g. praying, reading religious literature, speaking with a religious leader, etc.)

- Patient Workbook pg. C.9 —

Introduce Step 6: Decide if the plan worked.

• Explain that this step will be the final step in the SOLVED technique, only to be completed after going through the entire plan created in Step E.

□ Explain that the patient will evaluate how well the chosen solution actually worked. The patient can assess the outcome in terms of expected pros/cons.

- If the solution was **effective**, that's great!
- □ If the solution was **not effective**, instruct the patient to...
 - Go back to the S step (Select a Specific Problem) and specify a new problem OR
 - Move to O step (Open your Mind to all Possible Solutions) **OR**
 - Move to L step (List the pros/cons of Each Potential Solution) to identify other goals or potential solutions for the same problem.
- □ Stress the importance of Step 6 (Decide if the plan worked), which is often overlooked.

Remind the patient to do their best to complete steps E and D before next meeting so that you can review them together.



– Patient Workbook pg. C.10 –

Review Beth's Example Skills Practice Form on Patient Workbook, pg. C. 10 to familiarize the patient with the worksheet.

CORKBOOK VIEW

Problem Solving Skills Practice Form BETH'S EXAMPLE SELECT A SPECIFIC PROBLEM: I don't have a ride to my		
doctor's appointment next week.		
OPEN your MIND to ALL possible SOLUTIONS (are any R/S solutions?)	List the PROS	List the CONS
√ 1. Ask someone at church to drive me.	Free	They might be annoyed and say no.
2. Win the lottery, hire a permanent chauffeur.	I'll never worry about having a ride again.	Very low chance I will win, especially before my appointment.
3. Ask God to help me.	I feel supported when I pray. My God is good.	Sometimes God takes time to answer my prayers.
4. Reschedule my appointment.	My daughter can take me the following week.	I would rather go sooner.
5. Call a cab.	I won't have to rely on someone else to help me.	Expensive
V ERIFY THE BEST SOLUTION: check off the solution you think will work best.		
2. If not, ask Mike fro	rch if she can give me a ride. m church if he can take me.	
TIME FRAME FOR COMPLETION: by Wednesday DECIDE IF YOUR SOLUTION WORKED: [X]YES []NO		

elective skill





- Patient Workbook pg. C.11 —

See if the patient has any questions about what was covered this chapter.

C WORKBOOK VIEW

Chapter C Summary

 Worrying may feel productive in the short term. When worrying, we might think of everything that could have gone better and or how to prevent something bad from

-	
130	
	E.

B C D

happening. However, worry often gets in the way of true problem solving.

One way to address problems and help with worry is to use the SOLVED

strategy: Select a problem, Open your mind, List pros and cons, Verify the best solution, Enact the plan, & Decide if the plan worked.

Remind the patient about the importance of practicing new skills.

- The Skills Practice Forms for this chapter demonstrate the SOLVED techniques.
- It is important to practice the SOLVED technique because it will lead to actionable steps to solve problems, instead of engaging in constant worry.

Remind the patient to continue using breathing, calming statements, and other skills learned in everyday situations.

Ask for feedback about how this strategy might be useful in their daily life.

В С D

– Patient Workbook pg. C.11 —

Assist with developing a goal for practicing Problem-Solving and other skills.

- Remind patient to finish steps E and D from the problem you worked through together during this meeting.
- *PATIENT ACTION:* Help the patient fill in the following statements:

Goals for this chapter:

My goal is to practice **using the SOLVED technique** with _____ problems before I learn the next Calmer Life skill.

Goals for other Calmer Life skills learned so far: Ex: My goal is to practice deep breathing at breakfast and before bed every day.

- Encourage the patient to try using this skill when in a worried state and in a relaxed state.
- □ Ensure the patient has enough copies of the worksheet (5 are included in the Patient Workbook, pg. C.12-16).
- □ Help the patient identify and troubleshoot possible barriers to practicing their skills.

Preview the next session. The following will be covered:

• The patient's next elective skill: ______ OR the final session, Chapter G: Maintaining a Calmer Life.

Optional: Help patient develop a plan to connect with any community resources/social supports that were identified, but not contacted previously.

Optional: Consider whether patient would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the patient to practice awareness and complete the "Becoming Aware of Worry/Stress Skills Practice Form" (Patient Workbook Chapter 1, pg. 40-44) at least 3-4 times over the next week.

Set the next appointment.

Patient Workbook pg. D.1

Chapter D

How To Relax II: Progressive Muscle Relaxation (PMR)

Make sure the patient has workbook pages for Chapter D



- A. Reflection (5-10 mins)
- B. Introduction to Progressive Muscle Relaxation (PMR) (20 mins)
- C. PMR Tips and Practice (15 mins)
- D. Chapter Wrap Up and Practice Plan (10 mins)

A. Reflection (5-10 mins)

	Section Summary	
	□ Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity,	
	changes, etc.)	
	 Discuss and manage suicidal ideation if present. 	
	Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.)	
	 Assess patient progress in managing anxiety, stress, and worry 	
	Assess patient progress in following the program	
	Assess patient progress in last chapter's homework.	
	Patient Workbook pg. D.2	_
	Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in Provider Manual Appendix A, pg. X.1.	
	Communicate results from both the PHQ-9/GAD-7 to the patient.	
Γ	 If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic. Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to the 	
	 mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter. <u>National Suicide Prevention Lifeline</u>: 1-800-273-8255 	
	 <u>National Sucide Prevention Liteline</u>: 1-800-273-8255 Crisis Text Line: Text HOME to 741741 	
	 <u>Veterans Crisis Line</u>: 988, press 1 at the menu 	
_		
	Assess patient progress in managing anxiety, stress, and worry	
	Has managing worry gotten easier?	
	 Are you spending more time doing things you enjoy? Overall, how are you feeling new since you he can the Column Life new grants? 	
	• Overall, how are you feeling now since you began the Calmer Life program?	
	Assess patient progress in following the program	
	 Are you reviewing the material in the workbook between our sessions? 	
	Are you practicing the skills you learned last chapter?	
	 Are you logging your practice using the Skills Practice forms? 	

A B C D

- Patient Workbook pg. D.3 -

Assess patient progress in practicing last chapter's skill.

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?

B C D

• When you were practicing your skill, what went well? What challenges came up?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.

B. Introduction to Progressive Muscle Relaxation (PMR) (20 mins)

- □ Progressive muscle relaxation (PMR), like deep breathing, is a skill to help manage physical symptoms of anxiety.
- The patient will learn how to tense and relax muscle groups; this helps with understanding how tension feels different from relaxation and improves the ability to recognize tension in earlier stages.
- □ Walk the patient through the PMR process and demonstrate how to tense various muscle groups (see chart on pg. D.5-6) before starting the PMR exercise on pg. D.6.

- Patient Workbook pg. D.4 -

- Review the concept of deep breathing to reduce and manage physical symptoms of anxiety, learned in core chapter 3.
 - Deep breathing is helpful for coping with physical symptoms associated with worry/stress.

Introduce and explain the concept of PMR.

- The skill taught in this chapter is Progressive Muscle Relaxation, or PMR, another skill designed to help with physical symptoms.
- PMR consists of learning how to tense and then relax various groups of muscles all through the body in a sequential fashion, while paying very close attention to the feelings associated with both tension and relaxation.
- Patient will not only learn how to relax but learn to recognize and pinpoint tension and relaxation in your body during everyday situations.
- $\hfill\square$ Discuss: Why do we tense first if we want to relax?
 - Tensing gives a contrast with relaxation so that you can tell the difference between how it feels to be tense and how it feels to be relaxed.
 - Tension can build gradually without noticing.
 - This exercise will help you detect initial signs of tension so that you can use a relaxation skill sooner rather than later, when worry and stress are higher!
- □ Tension is not meant to produce pain; if you have chronic pain in a certain part, avoid tensing that area, and just relax it when you get to that muscle group.

B C D

Patient Workbook pg. D.5 and D.6 -

Model each tension procedure, holding each for 5-10 seconds. See chart below.

- $\hfill\square$ Have the patient practice these and provide feedback about how it feels.
- $\hfill\square$ Ensure the patient can identify tension in each group before moving onto the next.
- □ Remind the patient that this information can be found in their Patient Workbook, pg. D.5-6.

Muscle Group	Tensing Instructions
Right Arm	 Make a fist, and tense your biceps, OR Pull your right wrist upward while pushing your elbow down against the arm of a chair or bed.
Left Arm	 Make a fist, and tense your biceps, OR Pull your left wrist upward while pushing your elbow down against the arm of a chair or bed.
Forehead	• Lift your eyebrows as high as possible, bite your teeth together, and pull the corners of your mouth back tightly.
Neck and Throat	 Pull your chin down toward your chest, but prevent it from actually touching your chest, <i>OR</i> Squeeze the muscles in the front part of your neck against those in the back part of your neck. <i>Imagine a string pulling your head back!</i>
Shoulders, Chest, Upper Abdomen	 Take a deep breath and hold it while pulling your shoulder blades back and together, trying to make them touch, <i>OR</i> Keep your arms relaxed while you make your stomach hard by pressing it out, as if someone were going to hit you there.
Right Leg	• Lift your right foot off the floor while pushing down on the chair with your right thigh.
Left Leg	• Lift your left foot off the floor while pushing down on the chair with your left thigh.

A B C D



- Patient Workbook pg. D.6 –

Check that the patient understands the rationale for the tension-relaxation cycle.

Ask the patient to list areas of chronic pain.

- These areas may interfere with the tension-relaxation procedure.
- □ Avoid instructing the patient to tense these parts of their body.

RELIGIOUS/SPIRITUAL INTEGRATION

(Optional): Ask the patient if they would like to incorporate R/S into PMR practice.

Review the PMR process before practicing with the patient.

- This full exercise will start with deep breathing and move into PMR.
- □ First, review deep breathing instructions (Provider Manual Chapter 3, pg. 37-38) and repeat the skill with the patient as necessary.
- □ Have the patient practice taking several long, even, deep, and slow breaths, breathing in to the count of 5 and out to the count of 5 at their own pace.



If the patient is having difficulty breathing from the diaphragm:

- Ask the patient to place a hand on their abdomen with the little finger about 1 inch from the navel and practice breathing.
- The patient should feel the hand moving out with the inhalation and moving in with the exhalation.
- One should not hesitate between inhalation and exhalation —this can lead to hyperventilation.
- □ If the patient used a relaxing word or image during the Deep Breathing chapter, have them visualize it during exhalation. This word or image may be written down in their Patient Workbook, pg. 50.

TRELIGIOUS/SPIRITUAL INTEGRATION

If the patient used an R/S word or image during the Deep Breathing session (Chapter 3), be sure to have them include the word or image. It may be written down in their Patient Manual pg. 50.

- \Box Have the patient visualize the R/S word or image during exhalation.
- □ Explain that, as the patient moves into the tensing exercise, they can inhale as they tense muscles and exhale as they relax them.

C. PMR Tips and Practice (15 mins)

B C D

- □ Provide the patient with PMR tips to help ensure they are relaxed and focusing on the sensations of tension and relaxation in their body during the exercise.
- □ Use the example script in Appendix F to lead the patient through a PMR practice exercise.
- □ Ask the patient for feedback after the exercise.
- Remind the patient that PMR can be useful when feeling worried or stressed, or prior to a worry-inducing situation.

– Patient Workbook pg. D.7 —

Provide more specific details on the PMR procedure:

□ The procedure will move in a sequence, asking you to tense and release different muscle groups. It will move from the arms, to the face, neck, chest/shoulders, torso, and legs.



Give the patient the following tips for PMR practice:

- For each group, try to tense only that group.
- Try to concentrate on the sensations that the exercise produces.
- Thoughts might wander into your mind: direct your attention to physical sensations to learn to cope with thoughts and develop a mental representation of feeling relaxed.
- A good goal is to practice 20 minutes of PMR once a day. Schedule a regular practice time.
- When practicing on your own, follow along with audio instruction.
- It is helpful to use a high-backed chair to support your neck.
- Try to stay focused on noticing the difference between feeling tense and feeling relaxed.
- Over time, you may be able to relax without first having to tense muscle groups.
- Minimize distractions.
- Loosen tight clothing and keep your legs and arms uncrossed.

Remind the patient that focusing on bodily sensations can help to...

- \Box Calm negative thoughts.
- □ Develop a mental picture of how deep relaxation feels.
- □ Decrease muscle tension. When using the full PMR exercise is not practical, imagine your mental picture.

pg. D.7

elective skill

Patient Workbook pg. D.8

Practice PMR using breathing instructions

- □ Ask the patient to remove their glasses, use the restroom if necessary, and loosen any restrictive clothing (i.e. jackets, shoes, etc.)
- □ Dim lights (if possible) and ask patient to close eyes throughout the whole exercise until you indicate to open their eyes again.
- You may have to remind the patient to continue to breathe, to keep eyes closed, and only tense/relax the muscle group being worked on throughout the exercise.
- □ Use the PMR example script in Appendix F and conduct the procedure.
 - Hold each tension for 5-10 seconds, and relax for 20 seconds
 - The patient has a copy of the example script in their Patient Workbook, pg. D.8-D.11.

Get the patient's reaction to the exercise:

- Did the patient become more relaxed?
- Did the patient notice any signs of residual tension?
- Were there any noticeable sensations the patient wants to discuss?

Remind patient that PMR can be useful before or after engaging in a stressful situation.



Remind the patient of appropriate expectations. Intervention effects may not be seen immediately.

B C D

D. Chapter Wrap-Up and Practice Plan (10 mins) □ Help the patient create a practice plan to help maintain a calmer life, with the following statement: "I plan to practice PMR for minutes day(s) a week. I plan to practice (other skill) for □ Encourage patient to refer back to the Patient Workbook to help manage their worry stress, or to reach out to a provider if they desire more treatment options. – Patient Workbook pg. D.12 – See if the patient has any questions about the material covered this chapter. EE WORKBOOK VIEW Chapter D Summary Like deep breathing, progressive muscle relaxation (PMR) is a skill for managing the physical symptoms of anxiety, worry, and stress. PMR involves systematically tensing and releasing different muscle groups. PMR help people reduce physical symptoms of anxiety and learn to better recognize physical tension earlier. With practice, people may find they are able to relax muscle groups more easily or quickly. Remind the patient about the importance of practicing new skills.

B C D

- The PMR script for this chapter demonstrates the PMR sequence and is found in their Patient Workbook, pg. D.8-11.
- It is important to practice PMR because it will help you notice and manage signs of physical tension associated with worry and stress.

Remind the patient to continue using breathing, calming statements, and other skills learned in everyday situations.

Ask for feedback about how this strategy might be useful in their daily life.

A B C D

- Patient Workbook pg. D.13 —

Review the Skills Practice Form on Patient Workbook pg. D.13-14

• pg. D.14 has the same form, but for days 5-8.

PMR Daily Log (Days 1-4) Skills Practice Form Did you use Optional: Describe Did you Day of Was this PMR in a If so, was any ways that you practice he week skill worry/stress it PMR included R/S in your and Date helpful? situation helpful? practice of the skills: today? today? Day 1 YES YES YES YES Date: NO NO NO NO Day 2 YES YES YES YES Date: NO NO NO NO Day 3 YES YES YES YES Date: NO NO NO NO Day 4 YES YES YES YES Date: NO NO NO NO

CORKBOOK VIEW

A B C D



Patient Workbook pg. E.1

Chapter E Thought Stopping

Make sure the patient has workbook pages for Chapter E



- A. Reflection (5-10 mins)
- B. Recognizing Repetitive and Worrying Thoughts (5 mins)
- C. Steps for Effective Thought Stopping (15 mins)
- D. Thought Stopping Practice (15 mins)
- E. Chapter Wrap Up and Practice Plan (10 mins)



A. Reflection (5-10 mins)

 Section Summary Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity, changes, etc.) Discuss and manage suicidal ideation if present. Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.) Assess patient progress in managing anxiety, stress, and worry Assess patient progress in following the program 	
□ Assess patient progress in last chapter's homework.	
 Patient Workbook pg. E.2 Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in Provider Manual Appendix A, pg. X.1. 	
Communicate results from both the PHQ-9/GAD-7 to the patient.	
 If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic. Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to the mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter. <u>National Suicide Prevention Lifeline</u>: 1-800-273-8255 <u>Crisis Text Line</u>: Text HOME to 741741 <u>Veterans Crisis Line</u>: 988, press 1 at the menu 	eir
 Assess patient progress in managing anxiety, stress, and worry Has managing worry gotten easier? Are you spending more time doing things you enjoy? Overall, how are you feeling now since you began the Calmer Life program? 	
 Assess patient progress in following the program Are you reviewing the material in the workbook between our sessions? Are you practicing the skills you learned last chapter? Are you logging your practice using the Skills Practice forms? 	



- Patient Workbook pg. E.3

Assess patient progress in practicing last chapter's skill.

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?
- When you were practicing your skill, what went well? What challenges came up?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.



B. Recognizing Repetitive and Worrying Thoughts (5 mins)

 Section Summary Introduce thought stopping as a technique that helps reduce unhelpful dwelling and worrying. Thought stopping involves redirecting your attention from your worrisome thoughts to an activity or observation involving your senses.
Patient Workbook pg. E.4
 Explain how the thought stopping skill can help us disengage with worries and thoughts. Introduce thought stopping as a way to reduce dwelling on something. Review the maladaptive function of worrying: Unhelpful thoughts may be hard to control and can run through the mind over and over again, like a broken record. Worrying makes it difficult to concentrate on other things and hard to complete necessary tasks. Worrying can get in the way of things we enjoy. When realizing thoughts are becoming unhelpful, repetitive, or too focused on worries, thought stopping can help you regain control.
———— Patient Workbook pg. E.5 ————
 The purpose of thought stopping is to help: Reduce feelings of worry and stress by stopping or disengaging with the unhelpful thinking patterns that contribute to more worry and stress. Redirect your attention to activities that involve your senses. Focus on more helpful thinking patterns that redirect your attention to something more active or in-line with goals or values. Thought stopping is like repairing the broken record so you can stop listening to the repeated verse and enjoy the rest of the song.



C. Steps for Effective Thought Stopping (15 mins)

Section Summary

- Explain the 3 steps to thought stopping: 1) Being aware of thoughts or worries; 2) using cues to disengage with the thought (e.g., verbally saying "stop," thinking of a red stop sign or pink eraser, etc.; 3) redirecting attention to something else.
- □ Note that patients can approach realistic problems with a different skill at a later time.
- □ Review Geraldo's example.

– Patient Workbook pg. E.6 –

Explain the steps to thought stopping:

- □ **Step 1**: Become aware of worrying thoughts.
 - □ Unhelpful thoughts are common and can easily go unnoticed.
 - If the patient needs more practice being aware of worry and stress thoughts, refer back to Chapter 1 to focus on physical signs, thoughts, feelings, and behaviors.

□ If the patient needs more practice identifying unhelpful thoughts, refer to Chapter F ("Changing Your Thoughts to Manage Worry and Stress").

- Some good questions to ask are: Are any of your thoughts overly negative or pessimistic? Are any of your thoughts possibly driving your worry and anxiety to higher levels?
- □ Step 2: Disrupt the worrying thoughts by saying "STOP!"
 - □ Disrupt the worry and stress thoughts by either:
 - Using a verbal cue: Saying "Stop!"
 - Using a visual cue: Picturing a big, red stop sign, pink eraser, or pulling a plug.

– Patient Workbook pg. E.7 –

- □ **Step 3**: Move your attention to other things right away.
 - □ Replacing or disengaging from unhelpful thoughts requires actively choosing to focus on or engage in something else.
 - □ Heightening different senses can help redirect attention.
 - Ex: Geraldo counts the pictures that are hanging on the wall, Beth smells a scented candle or touches a soft blanket.
 - □ Whatever the patient focuses on is good—as long as it's not another worry.

pg. E.5

Patient Workbook pg. E.7

TRELIGIOUS/SPIRITUAL INTEGRATION

If the patient has opted to include R/S this chapter, give other ways of how to replace unhelpful thoughts based on your knowledge of their values and beliefs. For example, reciting a scripture or saying or prayer, meditating or praying, or holding or touching a religious object can help a patient feel more control over those unhelpful thoughts.

- □ The main goal is to disconnect from the unhelpful thought—not from any realistic problems.
 - Patients can approach problems later using the skill in Chapter C ("Problem Solving"), if needed.

- Patient Workbook pg. E.8-9 –

Review Geraldo's example with patient on Patient Workbook, pg. E.8-9.

- Geraldo walks into the kitchen and sees stacked up mail. He becomes worried that there are possibly unexpected bills in the stack of mail. He finds himself thinking: "I still haven't paid the internet bill." "What if they are all overdue?" and "I'm so embarrassed that it even got to this point." These thoughts snowball into more unrealistic thoughts like, "One of the bills is probably an eviction notice." "I might be evicted tomorrow." and "I'm sure one of those papers says I'm about to lose everything." Geraldo notices his sweaty palms and an upset stomach. He tells himself, "STOP!" out loud and also pictures a big, red stop sign in his head. He redirects his attention by grabbing a soft blanket and focusing on how it feels. He notices the smell of laundry detergent and hears his running washing machine. Finally, he decides to go into the kitchen and smell his can of coffee grounds. After spending a few moments with the coffee grounds, Geraldo starts feeling more at ease.
- Elicit from the patient: How did he realize that he was having an unhelpful thought?
 Why do you think the thought might have been unhelpful?
- □ If the patient is having difficulty imagining what Geraldo would be doing/feeling, suggest some ideas that are similar to what the patient experiences.

Elicit reactions to Geraldo's example from the patient.

- What does Geraldo do to distract himself from worry thoughts?
- Which senses does Geraldo use?
- Are there any senses that Geraldo uses that might work for you?



D. Thought Stopping Practice (15 mins)

Section Summary Lead the patient through a thought stopping practice exercise. • An example script is found on pg. E.8 if needed. Explain that thought stopping can be used ahead of time, outside a time when they had a worrisome thought, or "in the moment," when they are finding themselves worrying.
Patient Workbook pg. E.10
 Explain that the patient can use Skills Practice Forms either: In the moment, while experiencing worry or stress thoughts Ahead of time, by envisioning a worry or stress inducing situation in the future After the fact, by remembering a situation that induced worry or stress
Ask the patient to identify a stressful situation that caused them to be overwhelmed with unhelpful thoughts.
Instruct the patient to close their eyes and imagine themselves back in the situation, narrating what they see, feel, and think as the memory progresses. Make sure to STOP the patient as any unhelpful thoughts arise and immediately ask questions that direct their attention to things around them • An EXAMPLE SCRIPT begins on Provider Manual, pg. E.8.
TIPS
Guide patient through their description to deepen the experience: Where are you? Who are you with? What are you doing? What is around you? What oghts are going through your mind? What is causing you worry and stress? What are you thinking? What thoughts are keeping you from continuing the task?
Conclude and reflect upon the exercise with the patient.

- □ Work to identify what worked from the exercise and what did not work.
- □ Have the patient write down which 5 senses they found helpful in this exercise, in the space on Patient Workbook, pg. E.14.



"To practice this skill, we will complete a short exercise that will help you learn thought stopping. I want you to think about the last time you felt worried or stressed – maybe some time this morning, yesterday, the day before, or last week – do you have something in mind?

"I would like you to keep your eyes closed throughout this exercise until I signal you to open them again. This will help keep you focused on the exercise. Now that you have a situation in mind, let's begin.

"Close your eyes. I want you to describe to me the situation that caused you to worry. I want you to describe this situation as if we traveled back in time and you are there again. Try to picture yourself back in that situation. I'll ask you some questions about the situation so that you can feel as if you are back in it. The purpose of this is to help you experience unhelpful thoughts so that you can use the skill and see whether it helps to decrease your anxiety.

"Can you tell me about where you are, who you are with, and what you are doing? What is causing you to worry? What are you thinking? What thoughts are keeping you from continuing the task? List all the thoughts going through your head.

"STOP! – imagine the stop sign. Open your eyes now. Describe your surroundings. What color is the floor? How many pictures are on the walls? What do you hear? What do you smell? Does your shirt feel soft or rough? How does the seat you're sitting on feel? Can you taste anything?

"Are you still thinking about the unhelpful thought? Did this skill help stop the worrying thought? Do you think you will be able to use this skill the next time you are overwhelmed with unhelpful thoughts?"



- Patient Workbook pg. E.10 -

Refer patient to the thought stopping guide on Workbook, pg. E.10.

□ Advise the patient to practice this skill on past AND present worry/stress events.

E WORKBOOK VIEW

situation. Focus on the details. Remember: Even routine circumstance	Thought Sto	pping Practice
situation. Focus on the details. Remember: Even routine circumstance	· · · · ·	During a worry/stress situation
When we do not be for 2 and a more discussion of the second secon	situation. Focus on the details. Where were you? Who were you with?	
Call to mind some of the worry/stress send a birthday card to your friend	Call to mind some of the worry/stress thoughts that ran through your head	when you realized that you forgot to send a birthday card to your friend.

2. Tell yourself STOP! Imagine a stop sign or a pink eraser

3. Redirect your attention to what's going on around you using your five senses. For example: If you were cooking, notice how the spatula feels in your hand, smell of the aroma coming from the dish you are making, notice the heat coming from the stove, and check to see how the food tastes in your mouth.



E. Chapter Wrap Up and Practice Goals (10 mins)

Section Summary

- □ Help the patient develop an action plan for practicing the skill learned this chapter, along with skills learned in previous chapters. For example:
- "1)My goal is to practice using Thought Stopping ____ times before learning the next Calmer Life Skill; 2) my goal is to practice Problem Solving every Tuesday evening."
- □ Set the next appointment.

- Patient Workbook pg. E.11 -

See if the patient has questions about what was covered this chapter.

📴 WORKBOOK VIEW

Chapter E Summary

 Unhelpful thoughts that are hard to control keep us from doing necessary tasks and things we want to do! Use Thought Stopping to help disengage from those thoughts so that we can redirect our attention.

 Thought stopping has 3 steps: 1) Be aware of unhelpful thoughts 2) Disrupt these thoughts 3) Direct attention to things around you using your five senses (Review pg. E.7).

Remind patient about the importance of practicing new skills. The practice forms for this week contain all 3 steps to do something on a single form. These kinds of forms are called "thought records."

Ask for feedback about how this strategy might be useful in daily life.



- Patient Workbook pg. E.13 -

Review the Practice Form example on Workbook pg. E.13. to ensure the patient understands the content covered this chapter, *or work through a blank version together on Patient Workbook pg. E.14.*

WORKBOOK VIEW

Thought Stopping Skills Practice Form GERALDO'S EXAMPLE				
DATE	What was the anxiety-producing situation you experienced ?	What form of thought stopping did you use?	Was this skill helpful?	<i>(Optional)</i> Describe any ways you included R/S in your practice.
8/29	The doctor didn't call when he said he would.	Counting each person in 1 of my picture frames and touching my carpet.	<u>x</u> yes	Recited my favorite verse.
What form of thought stopping did you like most? I liked using my sight sense to count each person in the picture.				
DATE	What was the anxiety-producing situation you imagined ?	What form of thought stopping did you use?	Was this skill helpful?	<i>(Optional)</i> Describe any ways you included R/S in your practice.
8/25	Seeing the stack of envelopes on the table this past Monday.	I focused on the noise of the washing machine and the scent of coffee grounds.	<u>X</u> YES	
What form of thought stopping did you like most? Using the scent sense helped the most.				



times

- Patient Workbook pg. E.12 -

Assist with developing a goal for practicing thought stopping and other skills.

• <u>PATIENT ACTION</u>: Help the patient fill in the following statements:

Goals for this chapter:

My goal is to practice using Thought Stopping _____

before I learn the next Calmer Life skill.

Goals for other Calmer Life skills learned so far:

Ex: My goal is to practice Problem Solving every Tuesday evening.

- □ Encourage the patient to try using this skill when in a worried state and in a relaxed state.
- □ Ensure the patient has enough copies of the worksheet (6 slots are included in the Patient Workbook, pg. 14-15).
- □ Help the patient identify and troubleshoot possible barriers to practicing their skills.

Preview the next session. The following will be covered:

• The patient's next elective skill: _____ OR the final session, Chapter G: Maintaining a Calmer Life.

Optional: Help the patient develop a plan to connect with any community resources/ social supports that were identified, but not contacted, previously.

Optional: Consider whether the patient would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the patient to practice awareness and complete the "Becoming Aware of Worry/Stress Skills Practice Form" (Patient Workbook, Chapter 1, pg. 39-43) at least 3-4 times over the next week.

Set the next appointment.

Patient Workbook pg. F.1

Chapter F

Changing Your Thoughts to Manage Worry and Stress

Make sure the patient has workbook pages for Chapter F



- A. Reflection (5-10 mins)
- B. How Thoughts and Behaviors Connect (10 mins)
- C. Changing Thoughts to Manage Worry and Stress (25 mins)
- D. Chapter Wrap Up and Practice Plan (10 mins)

A. Reflection (5-10 mins)

Section Summary Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity, changes, etc.) Discuss and manage suicidal ideation if present.
 Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.) Assess patient progress in managing anxiety, stress, and worry Assess patient progress in following the program Assess patient progress in last chapter's homework.
Patient Workbook pg. F.2
Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in Provider Manual Appendix A, pg. X.1.
Communicate results from both the PHQ-9/GAD-7 to the patient.
 If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic. Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to the mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter. <u>National Suicide Prevention Lifeline</u>: 1-800-273-8255 <u>Crisis Text Line</u>: Text HOME to 741741 <u>Veterans Crisis Line</u>: 988, press 1 at the menu
 Assess patient progress in managing anxiety, stress, and worry Has managing worry gotten easier? Are you spending more time doing things you enjoy? Overall, how are you feeling now since you began the Calmer Life program?
 Assess patient progress in following the program Are you reviewing the material in the workbook between our sessions? Are you practicing the skills you learned last chapter? Are you logging your practice using the Skills Practice forms?

A B C D

Patient Workbook pg. F.3

Assess patient progress in practicing last chapter's skill.

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?

B C D

• When you were practicing your skill, what went well? What challenges came up?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.
B. How Thoughts and Behaviors Connect (10 mins)

Section Summary

- Provide psychoeducation on realistic thoughts: overly negative thoughts impact feelings and behavior.
- □ Patient Workbook, pg. F.7 has an example of Geraldo waiting for lab results.
- □ Geraldo's thoughts might associate a long waiting time with being seriously sick, causing him to feel anxious and distressed in the moment, or even to leave.
- □ Geraldo could instead associate a long waiting time with the doctor's office being busy—this thought would help relieve his suffering.
- □ Optional: Incorporate R/S in changing the thought (consult Provider Manual, pg. F.7.)

– Patient Workbook pg. F.6 -

Explain the purpose of realistic thoughts.

- Overly negative thoughts make worry and stress overwhelming, which then impacts feelings and behavior.
- Considering more realistic thoughts can help reduce worry, stress, and overwhelm.
- □ Use a concrete example of how overly negative thoughts can lead to feeling overwhelmed.

— Patient Workbook pg. F.7 –

EXAMPLE

Situation: Geraldo sitting in the doctor's office waiting for lab results and having **thoughts** such as: "Why am I waiting so long? I'll bet there is something wrong, and the doctor does not want to tell me. I must be really sick. I can't stand this anymore; I have to leave."

- Elicit from the patient: What sensations or physical feelings might the person be experiencing? How might negative thoughts change the person's feelings or behavior?
- □ If the patient is having difficulty imagining what the example person would be doing/feeling, suggest some ideas that are similar to what the patient experiences

EXAMPLE

Physical signs: Muscle tension, sweaty palms, butterflies in his stomach Behaviors: Geraldo might leave the doctor's office and later call for the results, or remain and wait for the lab results while in great distress. In the future he might be less likely to go to the doctor's office because the stress of going there was so high. Feelings: Fear, nervousness, anxiety.

elective skill

B C D

A B C D

- Patient Workbook pg. F.7 –

Use the example to show how changing thoughts to be more realistic can help.

Example 🚯

What if, instead of the previous thoughts, Geraldo thought, "The lab must be busy. The doctor probably wants to make sure the results are in before calling me back."?

- □ Elicit how the patient thinks Geraldo's physical sensations, behaviors, and feelings might change.
- □ If the patient is having difficulty imagining what the person would be doing/ feeling, suggest some ideas that are similar to what the patient experiences.

EXAMPLE

Physical signs: Muscle relaxation; Behaviors: They will likely wait patiently for the doctor; Feelings: Calmness, relaxation, confidence



If the patient chooses to incorporate spirituality into this session, give other examples of more realistic thoughts the example person might have, based on your knowledge of their values and beliefs.

For the example story given here, some examples include:

- "The doctor is probably busy. I am blessed to have such a good doctor!"
- "God may be using this opportunity to teach me about patience."
- "I am grateful to have such a good doctor."

Introduce the 3 steps in changing thoughts:

E WORKBOOK VIEW



C. Changing Thoughts to Manage Worry/Stress (xx mins)

Section Summary

- □ Explain the 3 steps to shifting our thoughts:
- □ Step 1: Identify worry/stress thoughts
- Step 2: Evaluate your thoughts: What kind of unrealistic thoughts are you having, and how realistic is the thought? This is different from positive thinking and includes "For Sure," "Should," and "Big Deal" statements.
- □ Step 3: Change your thoughts to more realistic ones.
- □ Help patient understand this content by reviewing the example Skills Form on Patient Workbook, pg. F.16. There is a copy in your Provider Manual, pg. F18.

– Patient Workbook pg. F.8

Discuss Step 1: Identify Worry and Stress Thoughts

- Awareness has been practiced since Chapter 1 and can be used to identify worry/ stress thoughts.
- □ Walk through the guiding questions, Patient Workbook, pg. F.7-8.
 - If needed, remind patient of examples from the daily awareness practice exercises (past homework).

Guiding Questions to Identify Worry and Stress Thoughts

Workbook pg. F.7: 1. Try to remember a time when you felt stress or worry during the past week. If you're having trouble thinking of one, try checking some of the worksheets you may have done from Chapter 1.

2. What was happening in the situation? [writing space provided]

Workbook pg. F.8: 3. After you have identified a stressful situation, take yourself back to what you were thinking. Why were you feeling worried or stressed? What was on your mind? [writing space provided]

- 4. Now go ahead and write down a few of your thoughts. Try to write down at least 2 or 3 if you can. *[writing space provided]*
- 5. Now take a look at your written thoughts—are any of them overly negative or pessimistic? Are any of your thoughts possibly driving your worry or anxiety to higher levels? Circle them if so.

B C D



- Patient Workbook pg. F.9 -

Discuss Step 2: Evaluate Your Thoughts

- □ Explain the difference between realistic thoughts and positive thinking.
- Realistic thoughts are different than "positive thinking."
- Sometimes life really is hard and trying to force "positivity" can backfire.
- Patient Workbook, pg. F.9 covers common examples of unrealistic thoughts that make people feel more worried/stressed (For Sure, Should, and Big Deal thoughts).
 - The next points in this Provider Manual have more information and discussion items for each type of unrealistic thought.

Discuss For Sure Statements:

- These thoughts often jump to conclusions.
- They assume a negative event is definitely going to occur without questioning the likelihood
- These thoughts focus on the extremes of a situation, allowing no room for "middle ground."
- □ Ask the patient if they have any examples of thoughts that fit in this category or draw from an example the patient gave earlier in therapy.
 - *(Optional)* Ask guiding questions to identify a "For Sure" prediction that the participant is expressing.
 - If the patient cannot think of any examples and has not expressed any in previous discussions, link this back to the example story. -> "The doctor definitely has bad news; that's why he is late.'
 - Discuss how there are usually many other explanations for what happens.

E WORKBOOK VIEW



For Sure thoughts: When we believe that something bad is going to happen "for sure", our worry and stress increases. This type of thinking focuses on the extremes. It allows no room for the "middle ground." If you are thinking something bad will absolutely happen, you may be overestimating how likely it is. This could lead you to feel more worried or stressed than you would otherwise.

EXAMPLE

"If I disagree with someone, he/she will never want to speak to me again." "I made a mistake at work - I will definitely get fired!" "The doctor definitely has bad news; that's why he's late."

pg. F.7

elective skill



- Still on Patient Workbook pg. F.9 -

Discuss Should Statements:

- Should statements tell ourselves that we, or others, "should" act a certain way or think that things "should" turn out a specific way.
- They create expectations or "rules" about our behavior or the behavior of others.
- It's important to stop and think whether the "rule" or expectation makes sense in every case. Sometimes it will, but sometimes it won't.

EXAMPLE

"I should always be able to stop what I am doing to help a friend," or "People should always return phone calls immediately."

Although it might be ideal to stop what you are doing to help a friend or return phone calls immediately, sometimes it's just not possible.

- Should statements often involve taking on too much responsibility or imposing our rules or beliefs about how things should be on others
 - □ Discuss an example of the patient's thoughts that fit in this error category.
 - □ Ask probing questions to identify a statement about what the patient "should" do to find an unrealistic thought example.
 - \Box Refer back to the example story if needed.

EXAMPLE

"I should not have to wait so long; this is rude!"

This type of thinking likely leads to frustration/anger but may not be realistic – for example, maybe the doctor cannot help that they are running late, or maybe there was an emergency.

C WORKBOOK VIEW



Should thoughts: We sometimes set strict rules about how we or other people should behave. Unrealistic rules can create a lot of stress or lead you to feel responsible for events out of your control. Or you might believe that things should turn out a certain way. If you have unrealistically high expectations, you will probably be disappointed often.

EXAMPLE

"I should always be able to stop what I am doing to help a friend." "People should always return phone calls immediately." "I should not have to wait so long; this is rude!



Patient Workbook pg. F.10

Discuss Big Deal Statements:

Big Deal statements are thoughts that lead people to get very nervous about situations that, even if they did occur, would not be a very big deal.



- Address that some things are "big deals" (e.g., health problems or the loss of a loved one) and worry/stress makes more sense. These are situations where it's not out of proportion.
 - Discuss an example of the patient's thoughts that fit in this error category. As you discuss the example, ask deepening questions to identify a "Big Deal" thought.
 - $\hfill\square$ Refer back to the example story if needed.



"I absolutely cannot handle waiting, I am going to go crazy!"

This type of thought would likely lead to anxiety but is not realistic – it may be stressful to wait, but the person can likely handle it."

000000000 VIEW



Big Deal thoughts: Sometimes people worry/stress about things that, even if they did occur, would not be a big deal. Do you often "make a mountain out of a molehill?" If so, you may be creating unnecessary worry/stress for yourself.

EXAMPLE

"It would be absolutely horrible if I arrived late for this appointment!" "I couldn't stand it if I did something embarrassing in front of others!" "I absolutely cannot handle waiting, I am going to go crazy!"

A B C D

- Patient Workbook pg. F.10 —

Ask the patient if they've noticed having any of the unrealistic thoughts types.

- Have the patient identify an unrealistic thought they've had and write it down on Workbook pg. F.10. (*They can use the same one from Step 1, Patient Workbook pg. F.8.*)
- If the patient needs assistance, use the guiding questions found in this Provider Manual, pg. F.8.

- Patient Workbook pg. F.11

Teach the patient key questions for evaluating their thoughts.

- "Am I assuming that something negative will happen?"
- "Are there other possible ways this situation could turn out?"
- "Are my expectations reasonable in this situation?"
- "Is my thought about a rule someone else 'should' follow?"
- "If this happened, would it really be the worst thing in the world?"
- □ Ask the patient which of these questions helps evaluate their unrealistic thought the most.
 - There is a space to write the answer to 1 of these questions (*or the R/S questions below*) at the bottom of Patient Workbook pg. F.11.

TRELIGIOUS/SPIRITUAL INTEGRATION

- Explain that many people also examine whether their thoughts fit with their R/S beliefs. Example questions include...
- **NOTE:** You may fill in the blanks below with the patient's preferred words, such as God, the Bible, the Quran, my religion, my spirituality, etc..
 - "Does _____say that I can know 100% what will happen?"
 - "Have I been protected or spared in difficult situations like this one?"
 - "According to _____, am I responsible for controlling what others do?"
 - "Would _____ want me to get so upset about this?"
 - "Is it possible that there is a bigger purpose for this situation?"



Patient Workbook pg. F.12 —

Help the patient to question 1 thought for each of the 3 categories discussed during the session (For Sure, Should, Big Deal).

Discuss Step 3:Finding Realistic Thoughts

- $\hfill\square$ More realistic thinking will lead to less stress.
- □ Teach the image on Patient Workbook, pg. F.11.



RELIGIOUS/SPIRITUAL INTEGRATION

Remind the patient that in times of worry or stress, religion and spirituality may help them think realistically.

- Use the example about waiting for the doctor to give the patient results: "God has blessed me with good health, and I take good care of myself; it is unlikely that I would suddenly have a fatal disease. I can turn to God for help if I get bad news."
- □ Ask: Have you noticed any ways that your R/S helps you think more realistically when you are worried or stressed?
- □ Choose at least 1 category of unrealistic thoughts that was easy for the patient to understand or that comes up frequently for them to work with for this meeting. The following pages have instructions for each category.
- NOTE: You do not need to go through each type of unrealistic thought category with the patient. It's more important they understand the general concept.
- If need be, address the remaining categories in a second session of Chapter F.

pg. F.11

elective skill

- Patient Workbook pg. F.13

Option 1: Question a personal For Sure statement:

- Think realistically about the likelihood the negative event will occur.
- You can also think about other ways the situation might turn out.
- If making an extreme prediction, try to seek some middle ground.
- Phrases to help make For Sure thoughts more realistic are "It's more likely that..." and "The chance of _____ really happening is..."
- Give an example of a **For Sure** thought and a more realistic alternative thought.

EXAMPLE

Let's look at the thought: "I am going to be fired because I made a mistake." A more realistic way of thinking about this situation might be: "The chance of getting fired for making this mistake is low. It is more likely that I will just get in a little trouble and have to fix the mistake."

RELIGIOUS/SPIRITUAL INTEGRATION

B. " _____ has gotten me through things like this before."

NOTE: all R/S examples for alternative thoughts are listed on Workbook pg. F.14.

- □ Ask the patient how the alternative thought is more realistic than the original thought. Make sure the patient understands.
- □ Now ask the patient to come up with an alternative thought for a For Sure example identified previously.

📴 WORKBOOK VIEW



For Sure Thoughts: With For Sure Thoughts, try to think realistically about how likely it is the negative event will occur. You can also think about other ways the situation might turn out. If you are making an extreme prediction about what will happen, look for a middle ground. Phrases to help make For Sure thoughts more realistic are, "It's more likely that..." and "The chance of _____ really happening is"

"I don't know that I will get fired for sure. It's more likely that I will just get in a little trouble and have to fix the mistake." B C D



В С D

Option 2: Question a personal **Should** statement:

- It is important to think about the exceptions to the rule.
- Decide whether your rule is actually just a personal preference; people have their own ways of doing things that work for them.
- Give an example of a Should thought and an alternative thought that is more realistic.

EXAMPLE

Phrases to help make Should thoughts more realistic are...

- "It would be nice if...but..." and "Unfortunately ... but thankfully..."
- "For example, let's look at the thought: 'I should always be able to stop what I am doing to help a friend.' A more realistic way of thinking might be: 'It would be nice if I could always stop what I am doing to help my friends, but sometimes I have to take care of myself."
- "Let's also look at the thought: 'My son/daughter should be a better parent.' It might be more realistic to think: 'It would be nice if my son/daughter were a better parent, but I can't control what my son/daughter does."
 - □ Ask the patient how the alternative thought is more realistic than the original thought. Make sure the patient understands.
 - □ Ask the patient to come up with an alternative thought for a Should example identified previously.

RELIGIOUS/SPIRITUAL INTEGRATION

Examples to make **Should** thoughts more realistic are...

- "Unfortunately, there is nothing I can do this very moment; but, thankfully, with
 - 's strength I can overcome this situation eventually."
 - does not expect me to take on too much responsibility."
- "It would have been nice if I hadn't reacted the way I did, but I know I am capable of
 - forgiving myself and that forgives me as well."

EE WORKBOOK VIEW

Should Thoughts: With Should Thoughts, think about any exceptions to the rule and decide whether your rule is actually just a personal preference. People have their own ways of doing things that work for them. Phrases to help make Should Thoughts more realistic are "It would be nice ifbut" and "Unfortunately but thankfully"		
"It would be nice if I could always stop what I am doing to help my friends, but sometimes I have to take care of myself." "It would be nice if my son/daughter were a better parent, but I can't control what my son/daughter does."		
	elective skill	

pg. F.13

Still on Patient Workbook pg. F.13 –

Option 3: Question a personal Big Deal statement:

- Many times even the worst thing that could happen is something you could cope with.
- Try to avoid making a mountain out of a molehill.
- □ Give an example of a Big Deal thought and an alternative thought.



Phrases to help make **Big Deal** thoughts more realistic are...

- "It won't be the end of the world if..." and "Even if the worst case happens, I can handle it."
 - Let's look at the thought: "It would be absolutely horrible if I arrived late for this appointment!" A more realistic thought might be: "It is not the end of the world if I am late for this appointment."
 - □ Ask the patient how the alternative thought is more realistic than the original thought. Make sure the patient understands.
 - □ Ask the patient to come up with an alternative thought for a Big Deal example identified previously.

RELIGIOUS/SPIRITUAL INTEGRATION

Examples to make Big Deal thoughts more realistic are...

- "This may seem overwhelming right now, but I know this, too, shall pass."
 - " _____ will never give me more than I can handle."
 - "This is an opportunity to grow in my faith."

Prayer and/or meditation can be helpful tools in cases in which "big deals" overrule the individual's thoughts or perceptions of the situation.

📧 WORKBOOK VIEW



Big Deal Thoughts: Remember that even the worst thing that could happen is something you could cope with. Try to avoid making a "mountain out of a molehill." Phrases to make Big Deal thoughts more realistic are ,"It won't be the end of the world if..." and "Even if the worst case happens, I can handle it."

Example 🚯

"It is not the end of the world if I am late for this appointment." "Even if the worst case happens, I can handle it." B C D



Patient Workbook pg. F.16 -

Review the Practice Form example on Workbook pg. F. 16. to ensure the patient understands the content covered this chapter *or work through a blank version together on Patient Workbook, pg. F.18.*



Changing Your Thoughts to Manage Worry/Stress Skills Practice Form <u>GERALDO'S EXAMPLE</u>

Instructions for Practice: Change your unrealistic thoughts by first identifying them. Then evaluate how realistic they are. Watch out for unrealistic thoughts: For Sures, Shoulds, and Big Deals. Think carefully about the questions below. Check "yes" or "no" to indicate whether your thoughts are realistic. Then identify a more realistic thought, and record it on your form. Complete the Skills Practice as often as possible over the next week.

Step 1: Identify Your Worry/Stress Thought.

My daughter-in-law didn't answer my call, she has to be angry with me.

Step 2: Evaluate Your Thought. Take a moment to think about each question individually before you answer it.

Am I thinking that something negative will happen?	⊗ ES	NO
Are there other possible ways this situation could turn out? 😿	⊗ es	NO
Are my expectations reasonable in this situation?	YES	Q IO
Is my thought about a rule someone else "should" follow?	YES	Q IO
If this happened, would it really be the worst thing in the world?	YES	ଷ୍ <mark>ୟ</mark> o
Does this thought fit with my Religious/Spiritual beliefs or faith?	YES	No

Step 3: Replace Worry and Stress-Producing Thoughts with Realistic Thoughts. Provide a more realistic thought or thoughts. Include Religious/Spiritual thoughts, if applicable.

It is possible that my daughter-in-law is angry with me and that is why she didn't answer the phone. However, it could also have nothing to do with me – she could be busy or not at home.

Patient Workbook pg. F.17 -

Assist the patient in filling out a **blank** version together on Patient Workbook, pg. F.17.

- □ Have the patient identify a worry/stress-producing situation aloud and clarify what the worry/stress thoughts are. (The patient can use a previous example discussed in the session.)
- □ Have the patient evaluate their worry/stress thoughts for distorted thinking. Then have the patient generate some alternative thoughts.
- □ Ask that the patient consider using spirituality to assess whether or not their thought may be considered distorted or taken out of proportion.

EE WORKBOOK VIEW Changing Your Thoughts to Manage Worry and Stress Skills Practice Form DATE: TIME: AM/PM Instructions for Practice: Change your unrealistic thoughts by first identifying them. Then evaluate how realistic they are. Watch out for unrealistic thoughts: For Sures, Shoulds, and Big Deals. Think carefully about the questions below. Check "yes" or "no" to indicate whether your thoughts are realistic. Then identify a more realistic thought, and record it on your form. Complete the Skills Practice as often as possible over the next week. Step 1: Identify Your Worry/Stress Thought. Step 2: Evaluate Your Thought. Take a moment to think about each question individually before you answer it. Am I thinking that something negative will happen? YES NO Are there other possible ways this situation could turn out? YES NO Are my expectations reasonable in this situation? YES NO Is my thought about a rule someone else "should" follow? YES NO If this happened, would it really be the worst thing in the world? YES NO Does this thought fit with my Religious/Spiritual beliefs or faith? YES NO Step 3: Replace Worry and Stress-Producing Thoughts with Realistic Thoughts. Provide a more realistic thought.

B C D

A B C D

D. Chapter Wrap Up and Practice Goals (10 mins)



this week contain all three steps to do something on a single form. These kinds of forms are called "thought records."

Ask for feedback about how this strategy might be useful in their daily life.



		Patient Workbook pg. F.17	
	Assis Goal	st with developing an Awareness, Deep Breathing , and Calming Thoughts Practice	
		Help the patient fill in the practice goal statements: Goals for this chapter:	
		My goal is to practice changing my thoughts times before I learn the next Calmer Life skill.	
		<i>Goals for other Calmer Life skills learned so far:</i> Ex: My goal is to practice Deep Breathing every Monday morning to start my week.	
		Encourage the patient to try using this skill in a worry/stress situation, as well as in a relaxed situation.	
		Ensure the patient has enough copies of the worksheet (5 are included in the Patient Workbook, pg. F.18-F.22). Help the patient identify and troubleshoot possible barriers to practicing their skills.	
		iew next session. The following will be covered: The patient's next elective skill: (or the final session)	
		<i>onal:</i> Help patient develop a plan to connect with any community resources/social ports that were identified, but not contacted previously.	
	Optional: Consider whether the patient would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the patient to practice awareness and complete the "Becoming Aware of Worry/Stress Skills Practice Form" (Patient Workbook Chapter 1, Pgs. 39-43) at least 3-4 times over the next week.		
		ind the patient to continue using breathing, calming statements and other skills ned in everyday situations.	
\square	Set t	he next appointment.	

Patient Workbook pg. G.1

Chapter G

Maintaining A Calmer Life

Make sure the patient has workbook pages for Chapter G



- A. Reflection (5-10 mins)
- B. Maintaining A Calmer Life (15 mins)
- C. Practicing Your Calmer Life Skills (15 mins)
- D. Chapter Wrap Up and Practice Plan (10 mins)

A B C D

A. Reflection (5-10 mins)

 Section Summary Measure symptoms using PHQ-9 and GAD-7. Provide feedback (e.g., note severity, changes, etc.) Discuss and manage suicidal ideation if present. Score PHQ-9 and GAD-7 and provide feedback (e.g., note severity, changes, etc.) Assess patient progress in managing anxiety, stress, and worry Assess patient progress in following the program Assess patient progress in last chapter's homework.
 Patient Workbook pg. G.2
Administer PHQ-9 and GAD-7 to patient. Copies of these measures are found in Provider Manual Appendix A, pg. X.1.
Communicate results from both the PHQ-9/GAD-7 to the patient.
 If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic. Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress. Encourage the patient to reach out to the mental health provider or a national helpline if they are ever having these thoughts. They can find the numbers below on the second page of every chapter. <u>National Suicide Prevention Lifeline</u>: 1-800-273-8255 <u>Crisis Text Line</u>: Text HOME to 741741 <u>Veterans Crisis Line</u>: 988, press 1 at the menu
 Assess patient progress in managing anxiety, stress, and worry Has managing worry gotten easier? Are you spending more time doing things you enjoy? Overall, how are you feeling now since you began the Calmer Life program?
 Assess patient progress in following the program Are you reviewing the material in the workbook between our sessions?

- Are you practicing the skills you learned last chapter?
- Are you logging your practice using the Skills Practice forms?

- Patient Workbook pg. G.3 ·

Assess patient progress in practicing last chapter's skill.

- When you noticed worry or stress, what situations were happening?
- What did you notice about your stress? Did any physical signs, thoughts, or feelings stand out to you?
- When you were practicing your skill, what went well? What challenges came up?



If the patient *did not complete* the homework:

- Problem solve by: defining what went wrong, generating strategies that may help the patient complete the practice, and asking the patient to try a new strategy over the next week
- Follow Motivational Interviewing tips in Appendix C for extra support.

B. Maintaining a Calmer Life (15 mins)

Section Summary

- □ Acknowledge and praise patient's efforts and progress
- □ Review changes in patient symptoms across entire program
- □ Ask patient if they have found the program helpful.
 - □ If they have not found program helpful, engage patient in a plan for identifying another treatment option (e.g., medication).
- □ Review 2 steps for managing worry, stress, and anxiety: awareness & use of skills
- Have the patient write down all chapters/skills they have learned in Patient Workbook pg.
 G.5.
- □ If applicable, ask which R/S components have been helpful.

- Patient Workbook pg. G.4 -

Introduce this as the final chapter you will review with the patient.

- "The purpose of this chapter is to reflect your work, effort, and progress throughout the Calmer Life program."
- □ If the patient is still experiencing significant problems with worry, stress, and anxiety or depression, explore possible options for treatment.

Acknowledge and praise the patient's work on the program thus far.

Review changes in the patient's symptoms across the entire program.

- Incorporate a review of recent symptoms if appropriate (e.g., if the patient recently had a sharp increase in symptoms, acknowledge this and help the patient make a plan for other treatment options).
- □ Look at their PHQ-9 and GAD-7 scores from the very first meeting together.
- □ Assess the patient's ability to engage in more valued activities, such as spending time with loved ones or engaging in hobbies.
- □ <u>PATIENT ACTION</u>: Have the patient write down their changes in symptoms and hobbies in the workbook.

Ask the patient if they have found the program helpful.

• If yes, explain that this chapter will help create a plan to address any setbacks.

B C D



- If no, consider alternate referrals and remind patient that other good treatment options exist. Also explain that this chapter will help create a plan to check in regularly with symptoms of worry and stress.
 - \Box Ask the patient if there was at least 1 skill that worked for them.
- □ <u>PATIENT ACTION</u>: Have the patient write down their answer in the workbook.

Patient Workbook pg. G.5

<u>PATIENT ACTION</u>: Have the patient write down all the Calmer Life chapters and skills they have learned in the space provided in Patient Workbook page G.5.

- Refer to Table of Contents, if needed.
- Core chapters are already listed (Ch 1—"Awareness of Worry and Stress"; Ch 2—"Deep Breathing"; Ch 3—"Calming Thoughts").
- □ Get feedback about effects of skills so far: "Do you have favorites? Which skills worked best for you? Did you notice which skills work best in particular situations?"
- \Box Have the patient put a star next to their favorite skill(s).

RELIGIOUS/SPIRUTUAL INTEGRATION

PATIENT ACTION: Have the patient write down any R/S skills that have been helpful.

Patient Workbook pg. G.6-7 -

Review the 2 steps to reduce worry and stress.

- Step 1: Become more aware of symptoms of anxiety; become more aware of situations that lead to anxiety
- Step 2: Use skills to reduce and/or manage worry and stress

Remind the patient that they now have a "toolbox" of skills to use for managing their worry or stress.

- Some skills may be more apt for certain situations.
- The patient may also have "favorites" that work best for them.
- Geraldo: "Self-monitoring my anxious thoughts helps me when I can't quite figure out when or how I have been worrying."
- Beth: "Deep breathing works best when I'm feeling overwhelmed or overloaded with anxiety."
- □ Strongly encourage the patient to continue using their Calmer Life toolbox, incorporating them into daily life.



С

D

A B

Calmer Life toolbox

pg. G.5

core skill

C. Practicing Your Calmer Life Skills (15 mins)

Section Summary Explain the importance of checking in with themselves regarding their worry and stress symptoms. Explain that, should symptoms become unmanageable, the patient should consider reaching out to a mental health provider. Review the example Skills Practice Form in Patient Workbook, pg. G.8-9 and assist patient in filling in and building their own example.

- □ Encourage the patient to set up a time for monthly worry and stress check-ins.
- Review importance of understanding setbacks and struggles, addressing them as early as possible, and of having a plan to deal with a return of symptoms.

- Patient Workbook pg. G.8 -

Explain that the Skills Practice Form for this chapter will help identify common worry and stress-causing situations and pair them with coping skills.

Review Geraldo's Maintaining a Calmer Life Skills Practice Form example beginning in Patient Workbook, pg. G.8.

- Identifying common worry and stress-inducing situations helps plan for dealing with worry and stress in the future.
- <u>PATIENT ACTION</u>: Assist the patient in filling out the empty row with their own example.

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7	1-	-	2)	
				F

📧 WORKBOOK VIEW

How do you know if you are getting worried/stressed?

Situations	Thoughts, Feelings, Physical Symptoms, Behaviors	Calming Skills	
Conflict with friends	"This will never end." • Chest tightness • Avoiding family members	 Calming Thoughts Deep Breathing Changing Behavior 	
Unpaid bills	"I can't handle this." • Butterflies in stomach • Avoiding opening bills	Make a SMART plan to face my fear and tackle the unpaid bills	

B C D

А

- Patient Workbook pg. G.9 —

Continue reviewing the Maintaining a Calmer Life Skills Practice Form example on Patient Workbook page G.9.

- Sometimes we don't realize we are worried/stressed until we notice unhelpful thoughts, feelings, physical symptoms, and behaviors first as signs or signals.
- □ <u>PATIENT ACTION</u>: In the blank space, have the patient identify some signs of theirs are that can indicate the need for additional help.



E WORKBOOK VIEW

I have noticed that
 I start avoiding necessary tasks, like paying bills or making a doctor's appointment, and my Calmer Life skills are not helping.
2. I start feeling short of breath, have tight muscles, or feel very tired. It feels like I can't even use my skills if I wanted to.
 I start getting into arguments with my friend Dave frequently and find it hard to leave my house for anything.

- It's good to have some resources written down that can offer additional help.
- □ <u>PATIENT ACTION</u>: In the blank space, have the patient identify a possible resource to contact.

000000000 VIEW

Name of Resource	Contact Information		
Healthcare Provider (Dr. Osbourne)	(123) 000-0000		
My friends from the service (Dave, Kendrick)	Dave—(123) 111-1111 Kendrick—(123) 222-2222		

- Patient Workbook pg. G.10 -

Encourage the patient to set up a time (monthly or bimonthly) to review their progress in managing worry and stress and/or review the Patient Workbook.



Remind the patient that it is important to understand challenges and to address them as early as possible.

- Worry and stress may come and go throughout your life. It is important to identify any sort of "challenges" or gradual return of symptoms so that you can address them.
- Ways to address challenges or a gradual return of symptoms include:
 - Revisiting awareness practice.
 - Going back to the helpful skills in the Patient Workbook and reworking the chapter.
 - Use the Practice Skills Forms from this chapter to help identify signals that show you are struggling, skills that may help and resources to use.
 - Chapter 1 ("Awareness") and Chapter C ("Problem Solving") may help.
- Struggles, challenges, or a return of symptoms should not be confused with a complete return to baseline the patient has made a lot of progress to address their symptoms by going through this program.
- Challenges signal a need to return to a more intentional review of the workbook and practice of skills.

Explain the importance of having a plan for addressing challenges or a gradual return of symptoms.

• This chapter's Skills Practice Form (Patient Workbook pg. G.14-G.18) will serve as a plan for symptom return that the patient can review regularly or as needed if they feel their worry or stress building up again.

Remind patient to seek out a provider if they are struggling to manage any return or worsening of symptoms or are having significant amounts of anxiety or worry.

• It's important to communicate that patients always have the option to return to work with a provider.

Patient Workbook pg. G.11

This manual is available to the patient even if they are not struggling. It also serves as a testament to all the time and effort put into managing worry and stress.

• The patient's journey towards a Calmer Life is worth celebrating!

Patient Workbook pg. G.12

PATIENT ACTION: Have the patient fill out the certificate of completion.

WORKBOOK VIEW



core skill





worry and stress. Answer any remaining questions they have and wish them well.

core skill

BC

D

Appendices

Appendix A: Measurement Based Care—PHQ-9 and GAD-7

PHQ-9 Questionnaire—Depression Symptoms

Over the last 2 weeks, on how many days have you been bothered by	DATE:
any of the following problems?	

1. Little interest or pleasure in doing things				
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	
2. Feeling dow	n, depressed, or hop	peless		
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	
3. Trouble fallir	ng or staying asleep	, or sleeping too much		
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	
4. Feeling tired	or having little ene	rgy		
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	
5. Poor appetit	e or over eating			
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	
6. Feeling bad	6. Feeling bad about yourself – or that you are a failure or have let yourself or your			
family down				
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	
7. Trouble concentrating on things, such as reading the newspaper or watching				
television				
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	
8. Moving or speaking so slowly that other people could have noticed, or the opposite				
 being so fidgety or restless that you have been moving around a lot more than usual 				
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	
9. Thoughts the	9. Thoughts that you would be better off dead or of hurting yourself in some way			
0 - Not at all	1 - Several Days	2 - More than half the days	3 - Nearly every day	

Appendix A: Measurement Based Care—PHQ-9 and GAD-7

GAD-7 Questionnaire—Anxiety Symptoms

Over the last 2 weeks, on how many days have you been bothered by DATE:					
any of the follo	any of the following problems?				
1. Feeling nerv	ous, anxious or on	edge			
0	1	2	3		
Not at all	Several Days	More than half the days	Nearly every day		
2. Not being a	ble to stop or contr	ol worrying			
0	1	2	3		
Not at all	Several Days	More than half the days	Nearly every day		
3. Worrying to	o much about diffe	rent things			
0	1	2	3		
Not at all	Several Days	More than half the days	Nearly every day		
4. Trouble rela	xing				
0	1	2	3		
Not at all	Several Days	More than half the days	Nearly every day		
5. Being so res	tless it is hard to si	t still			
0	1	2	3		
Not at all	Several Days	More than half the days	Nearly every day		
6. Becoming e	6. Becoming easily annoyed or irritable				
0	1	2	3		
Not at all	Several Days	More than half the days	Nearly every day		
7. Feeling afra	id as if something o	awful might happen			
0	1	2	3		
Not at all	Several Days	More than half the days	Nearly every day		

Appendix A: Measurement Based Care—PHQ-9 and GAD-7

PHQ-9 Scoring	GAD-7 Scoring
0-4 = Minimal depression	0-5 = Minimal anxiety
5-9 = Mild depression	6-10 = Mild anxiety
10-14 = Moderate depression	11-15 = Moderate anxiety
15-19 = Moderately severe depression	16-21 = Severe anxiety
20+ = Severe depression	
Note: Follow-up on item-9 scores > 0	

] Discuss thoughts of death or "just not waking up one day" as being common among people experiencing psychological distress.

] If the patient expresses potential suicidal ideations on the PHQ-9, follow the appropriate procedures for your clinic.

Encourage the patient to reach out to their mental health provider if they are ever having these thoughts. The numbers below are also available to them and can be found on the third page of every chapter.



National Suicide Prevention Lifeline	1-800-273-8255
Crisis Text Line	Text HOME to 741741
Veterans Crisis Line	988,press 1 at the menu

Before you get started with a patient, we have provided brief psychoeducation on what worry is its consequences, and current treatment options should this information be useful for providers who are less familiar with anxiety, worry, and stress.

What is Worry?

- Worry is a type of anxiety involving fret or concern about a real or imagined issue.
- Worry is different from other types of anxiety in that it tends to be more verbally focused (i.e., consisting of repetitive thoughts, more so than physical symptoms of anxiety).
- Individuals with worry as a type of anxiety tend to worry or fret or be concerned about a lot of different things in their lives. For example, they may frequently have concerns that something bad might happen to themselves or others; and/or they may worry about many different topics, including finances, employment, children, etc.
- When worrying becomes severe enough to be diagnosed as a mental health disorder, individuals are diagnosed with generalized anxiety disorder (GAD). Even clinically significant levels of worry (i.e., persistent, excessive worry about a number of different topics) that have not yet reached the severity for a GAD diagnosis can have a negative impact on an individual's health and well-being.

TIPS

Older patients may not like the term worry, and it can be helpful to use the patients' own language to describe worrying.

Connection between Worry and Stress

Worry and stress often go together. People tend to experience stress in response to a threat – for example, if someone experiences a stressful event, like, coming face-to-face with a wild animal, his/her body will get into a "fight or flight" mode so that they can fight off the animal or flee from the situation, both of which might help him or her survive. Similarly, when faced with other stressful experiences, such as not being able to pay the mortgage and facing the threat of losing one's home, people may experience the same stress response reaction.

Individuals can also experience stress when they have worrisome thoughts. For example, just the thought of not being able to pay the mortgage can cause stress. Therefore, people experiencing a lot of stressful events in their life can experience increased worry. Due to this overlap, we use the words worry and stress together throughout this workbook.

Consequences of Worry/Stress

Worry/stress is associated with a number of negative health consequences, including, sleep problems, co- occurring depression, reduced quality of life, difficulties with thinking and memory, increased pain, and poorer perceived physical health. Symptoms of anxiety/worry have also been associated with increased disability, use of medical services, and even higher rates of mortality

Treatment Options for Worry/Stress

Worry/stress (as well as co-occurring depression) are often treated with medication such as selective-serotonin reuptake inhibitors. Though this program does not include specifics about medication treatment for worry/stress, it does include facilitating links to healthcare providers to encourage communication about worry symptoms and ongoing treatment, as well as to address any urgent care needs that arise.

TIPS

Some patients may want to decrease or cease use of certain psychiatric medications (e.g. benzodiazepines), at which point it is helpful to consult with their prescriber.

Cognitive-behavioral therapy (CBT) is another way to manage worry/stress that involves teaching individuals how to better understand and recognize worry/stress, as well as how to use skills for reducing symptoms. CBT is an effective treatment for reducing worry and depression, and improving quality of life, in older adults. Research on Calmer Life showed improvements in symptoms like worry and anxiety in a population of older adults living in rural areas (Stanley et al., 2018). Research has also shown that treatment can be effectively delivered by lay providers using the intervention materials (Freshour et al., 2016).

Motivational Interviewing (MI) is a technique for increasing motivation. This approach can be used in session one to enhance motivation to complete the program and in later sessions to target reductions in motivation, either to complete practice exercises or to participate in the program. In general, MI involves understanding the patient's perspective and the pros/cons of engaging in certain behaviors. Importantly, use MI techniques with the understanding that, ultimately, the patient has autonomy over engaging with therapy. While part the therapist role involves nudging them toward healthier behaviors, this must be done carefully and from a stance of respecting their voice and preferences.

Some MI tips are outlined below. Note that while the first session is the one that most explicitly includes motivational enhancement, these skills are likely to be generally useful throughout therapy:

- **1. Gauge how important it is to the patient to reduce worry/stress.** Some may think it's important but may not feel confident in their ability to do it. Others may feel confident in their abilities but may not view it as an important goal. Examples of these questions could include:
 - "On a scale of 1 to 10, how important is it for you to decrease your worry/stress?"
 - "On a scale of 1 to 10, how confident are you in your ability to make changes?"

2. Use scaling questions to aid in identifying the most important areas of focus.

- "Why is it a 5 and not a 3?" (Note: Even if the patient reports a score of 1, ask "why is it a 1 and not a 0?". Always ask why it is not a lower number.)
- "What might help keep you at this level?"
- "What would help you get to an 8?" (Note: ask about a specific higher number.)
- "How would your life be better if worry/stress were reduced?"
- "How high does it have to be before you make an attempt to change?"
- "What can I do to help?"
Appendix C: Motivational Interviewing

- **3. Summarize the situation:** Include a summary of the patient's perception of the problem, including what remains positive or negative about the problem behavior and any indications that the patient has stated about wanting, intending, or planning to change. Acknowledge that changing behavior can be very difficult and that confronting change and working on worry/stress are very courageous.
- **4.** Ask if there is anything you can do to help make it easier. Ask about any barriers that may keep them from completing homework, and brainstorm possible solutions. Ask the patient what has worked in the past to remember tasks. Review resources that might be available for help (e.g., social support, reminders, etc.).
- 5. Assess the extent to which the module connects to the patient's goals.
 - "How do you see the connection between your worry/stress and accomplishing these goals?"

Appendix D: How to Talk to Your Doctor

If the patient is not already communicating symptoms of worry/stress with their doctor or healthcare provider, take some time to walk through the How to Talk to Your Doctor worksheet.

Discuss the benefits of the patient talking about their anxiety with their health care provider.

- The doctor can help pinpoint causes of worry/stress that the patient has not considered (i.e. medication interactions, chronic pain, vitamin deficiencies, diet/ exercise).
- The doctor can provide additional recommendations to improve the patient's worry/stress.
- The patient will practice awareness of and communicating worry/stress symptoms.

Introduce the How to Talk to Your Doctor worksheet (Patient Workbook Appendix A).

- Let the patient know they can use this worksheet as a guide for talking to their healthcare provider.
- It would be best to complete this worksheet before their next doctor's appointment.

EXAMPLE

"It is important for your doctor to be aware of your experience with worry/ stress because he/she may have additional recommendations to help you manage your symptoms. Your symptoms also may help the health care provider decide on other medical tests or treatments you might need. You can prepare for your next visit with your doctor by writing things down that you want him/ her to know. Let's work together to complete this form, so your doctor understands how you are feeling and knows the steps you are already taking to help improve your worry/stress."

Appendix D: How to Talk to Your Doctor

Walk the patient through the worksheet.

Let them know a good way to start the conversation with their doctor is to talk about Calmer Life.

Encourage patient to fill out the form with their caregiver, family, and/or friends where appropriate.

Help the patient list their symptoms and feelings and their duration.

If needed, refer patient to their Awareness Skills Practice Worksheets in Chapter 1 (Patient Workbook Pg. 41-45)

Patient Workbook Pg. X.1

E WORKBOOK VIEW

You can start by telling your doctor about the Calmer Life program you are using to help reduce worry or stress.

 Ex. "I wanted to mention that I am following a program called Calmer Life, which is meant to help reduce worry and stress. Part of my program has to do with communicating with my doctor about my symptoms and medication(s)."

Introduce your symptoms/feelings form.

 Ex. "I filled out a form that helps me talk about my symptoms, feelings, and how long I've had them."

Symptoms/Feelings	How Long These Symptoms Have Lasted

Ask the patient to make a list of all the medicine they take, their dosage, and the times taken.

□ Remind them to check in with anyone who might help monitor their medication.

Patient Workbook Pg. X.2

E WORKBOOK VIEW

 Show the doctor your prepared list of medications. Ex. "Because I know worry and stress can be caused by medication, I have prepared a list of medicines I take, including medicines I buy with a prescription, medicine I buy without a prescription, vitamins, and herbal remedies." 			
Name of Medicine, Over-the-Counter Drug, Vitamin, or Remedy	Dose	Times Taken Per Day	

Practice with the patient how to ask their doctor for recommendations and what to do with the feedback.

E WORKBOOK VIEW

Ask the doctor for any feedback or recommendations.		
 Ex. "Do you have any additional recommendations to help me manage my worry or stress?" 		
Doctor's Recommendations DATE:		

If the patient:

- **Agrees** with the feedback: they should follow the recommendations as guided by doctor.
- **Does not agree** with feedback: patient should voice their concerns, thank their doctor, and know it is normal to not agree with all the recommendations given, but to keep an open mind.
- Got no feedback: that's okay! The doctor is now aware of their symptoms and can help them further down the road if needed.

Address any other concerns or worries the patient may still have about talking to their doctor

pg. X.10

appendices

Appendix E: Tips for Better Sleep

If the patient has expressed trouble sleeping due to their worry/stress, go through the sleep handout in the Patient Workbook Appendix B.

Let the patient know that it is common to experience sleeping problems when having worry/stress, but there are things they can try that might help.

Discuss with the patient the importance of practice

- □ Remind them that they will not see drastic changes within the first few days that they begin practicing the tip(s).
- □ Encourage them to try the tip(s) for a couple of weeks before reflecting whether or not they helped.
- The Patient Workbook contains tables in which the patient can:
 - Choose what tip(s) they want to follow.
 - Track when they began and ended practicing them.
 - Track whether or not they helped.

EXAMPLE

"It is common for people experiencing worry/stress to have difficulty going to or staying asleep. The skills that you will continue to learn and practice through Calmer Life may help better your sleep through the decrease of worry/stress throughout your day, but I would like to go over a couple of other tips that can help you feel more rested, some of these you can do during the day and some you can do at night. Now, it is important to remember that you might not notice any changes in the first few nights you try out a tip, so give yourself a couple of weeks of consistent practice

Appendix E: Tips for Better Sleep

Walk the patient through the Nighttime Tips

Patient Workbook Pg. X.4

C WORKBOOK VIEW

Nighttime Tips

- Develop a routine or habit when it is time to get ready for bed.
- Go sleep and wake up at the same time every day.



- Stretch or soak legs in a hot bath just before bed.
 Relax before bedtime or when you wake up at night.
- Limit the use of the bed for sleep or intimacy with your partner.
- Get out of bed if you are not asleep in 15 to 20 minutes.
- Make your bed and bedroom as conducive to sleep as possible.

Walk the patient through the Daytime Tips

E WORKBOOK VIEW

Daytime Tips

- Do not get into bed at all during the day.
- Try not to nap, or limit naps to 1 hour and no later than 3 pm.
- · Do not drink caffeinated drinks in the afternoon or evening.
- Exercise at least 3 or 4 days per week (at least 4 hours before bedtime).
- Drink more fluids in the morning and less in the evening.
- Try spending a few minutes each morning in natural sunlight.

Appendix E: Tips for Better Sleep—Nighttime and Daytime Logs

Show the patient the Nighttime Tips and Daytime Tips logs.

• They can log their attempts and how helpful each tip was for better sleep.

Patient Workbook Pg. X.5		Patient Workbook Pg. X.6
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E WORKBOOK VIEW

Nighttime Tips	I tried this on these dates:	Did it help?	Daytime Tips	I tried this:	Did it help?
Go to sleep and wake up at the same time every day.	/to//		Do not get into bed at all during the day.	/ to//	
I will go to sleep by: AM/PM and wake up by: AM/PM.		Try not to nap,	Try not to nap, or limit naps to 1 hour and no		
Develop a routine or habit when it is time to get ready for bed.			later than 3 PM.	/ to/	
My routine will be:	/to/		Do not drink caffeinated drinks in the afternoon or evening.	/ to/	
Stretch or soak legs in a hot bath just before bed	/to//		Exercise at least 3 or 4 days per week (at least 4	/ to//	
Relax before bedtime or when I wake up at night	/to//		hours before bedtime).		
Limit the use of the bed for sleep or intimacy with my partner	/to//		Drink more fluids in the morning and less in the evening.	/ to/	
Get out of bed if I am not asleep in 15 to 20 minutes	/to//		Try spending a few		
Make my bed and bedroom as conducive to sleep as possible	/to//		minutes each morning in natural sunlight.	/ to//	

1— First, get into a comfortable position, either lying down or sitting in a comfortable chair. The quieter the place the better. Close your eyes. Erase all thoughts from your mind, as if erasing a blackboard, making the mind empty. Take several long, even, deep, and slow breaths. Breathe in to the count of 5 and breathe out to the count of 5. Do not hesitate between inhalation and exhalation so as not to hyperventilate. As you continue through the relaxation process, inhale as you tense muscles and exhale as you relax them. Now you will go through the 7-muscle groups. Listen as the tensing process is described, waiting until you hear "NOW" before you tense those muscles. Be sure to release your tensed muscles immediately when you hear "AND RELAX." As you go through the tensing and relaxing process, concentrate on the sensations produced by the different exercises and notice the difference between tension and relaxation.

2—Focus all your attention on your <u>right arm</u>. Notice the way it feels. You're going to make a fist and tense your biceps by pulling your wrist upward while pushing your elbow down. Tense those muscles... NOW – feel the tension, the muscles pull. AND RELAX those muscles... just let your arm go limp...and notice the difference in the way it feels...notice the difference between tension and relaxation...feel the warm, heavy sensations of relaxation. Continue to focus on your right arm. Again by making a fist, tensing your biceps, pulling your wrist up while pushing your elbow down, tense your arm NOW – feel the tightness. AND RELAX ...let it go...just relax...feel the difference between tension and relaxation...

3—Turn your attention to your <u>left arm</u>. You're going to make a fist and tense your biceps, pull your wrist upward while pushing your elbow down. Tense those muscles **NOW** – feel the tension – the muscles pull. **AND RELAX** those muscles...just let your arm go limp...let it go...and feel the difference...feel the warm, heavy sensation of relaxation...notice the relaxation flowing into your arm.

Continue to focus on your left arm. Again by making a fist, tensing your biceps, pulling up at your wrist while pushing down with your elbow, tense your arm **NOW** – feel the tightness. **AND RELAX** let it go...just relax...feel the difference between tension and relaxation...enjoy the pleasant feeling of relaxation as you allow those muscles to become more and more relaxed...deeper and deeper into relaxation.

Appendix F: PMR Example Script

4—Now focus your attention on your <u>face</u>. Notice the way it feels. You're going to clench your teeth together while pulling the corners of your mouth back tightly, and lift your eyebrows as high as possible. Tense those muscles NOW — feel the tension. AND RELAX... let it go...feel the tension drifting away...just allow these muscles to become more deeply relaxed...deeper and deeper...as you enjoy the pleasant feeling of relaxation.
Continue to focus on your face, and again, clench your teeth together while pulling the corners of your mouth back tightly and lift your eyebrows as high as possible. Tense those muscles NOW – feel the muscles as they relax completely...feel the difference between tension and relaxation...as you relax more and more...moving deeper and deeper into a peaceful state of relaxation.

5—Now turn your attention to your neck and throat. Notice the tightness and the tension there. You're going to pull your chin down toward your chest, while at the same time, trying to prevent it from actually toughing your chest. You'll counterpose the muscles in the front part of your neck against those in the back part. Tense those muscles NOW – feel the tension. And relax... let it go...let it go... feel the difference between tension and relaxation... just allow those muscles to become more and more relaxed...feel the warm, heavy sensations of relaxation.

Continue to focus on your neck and throat. Again pull your chin down toward your chest, while at the same time, trying to prevent it from actually touching your chest. Tense those muscles **NOW** – feel the tension. *AND RELAX*... feel the tension drifting away...focus on these muscles as they relax completely...more and more...deeper and deeper...into a peaceful state of relaxation.

6—Now I want you to focus on your <u>chest</u>, <u>shoulders</u>, <u>upper back</u>, and <u>stomach</u>. Notice how these muscles feel. You're going to take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. Tense those muscles **NOW** – feel the tightness. *AND RELAX*... let it go...allow those muscles to relax... just feel the difference... feel the relaxation flowing into the muscles... making them feel warm and more and more relaxed... deeper and deeper... as you enjoy the pleasant feeling of relaxation.

Appendix F: PMR Example Script

6 (cont.)—Continue to focus your attention on your chest, shoulders, upper back, and stomach. Again, take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. Tense those muscles **NOW.** Feel the tension. *AND RELAX*... just let it go... notice the difference between tension and relaxation... allow these muscles to become more deeply relaxed...relaxing more and more... deeper and deeper into a peaceful state of relaxation.

7—Now focus your attention on your <u>right leg</u>. Notice the way it feels. You are going to lift your foot off of the floor and push down on the chair with your thigh. Tense those muscles **NOW** – feel the tension. **AND RELAX**...feel the heaviness and warmth flowing into your leg as it goes limp...notice the difference between tension and relaxation...just allow those muscles to become more and more relaxed...relaxing more and more...deeper and deeper into a peaceful state of relaxation.

Continue to focus on your right leg. Again, lift your foot off of the floor and push down on the chair with your thigh. Tense those muscles **NOW** – feel the tightness. **AND RELAX**... let it go...just let it go...feel the tension drifting away...feel the relaxation flowing into the muscles...making them feel warm...and more and more relaxed.

8—Now focus your attention on your <u>left leg</u>. Notice the way it feels. You are going to lift your foot off of the floor and push down on the chair with your thigh. Tense those muscles **NOW** – feel the tension. **AND RELAX**... let it go...just let go and focus on the feeling of relaxation...feel the warm, heavy sensation...as you go deeper and deeper into a state of relaxation.

Continue to focus on your <u>left leg</u>. Again, lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tightness**. *And relax...* let it go... just let it go...feel the tension drifting away...feel the relaxation flowing into the muscles... making them feel warm...and more and more relaxed.

9—Now I want you to relax <u>all the muscles of your body</u> more deeply...just let them become more and more relaxed. I am going to help you to achieve a deeper state of relaxation by counting from one to five.

As I count, you will feel yourself becoming more and more deeply relaxed...farther and farther down into a deep restful state of complete relaxation.

Appendix F: PMR Example Script

9 (cont.)—*One*...you are going to become more deeply relaxed...*Two*...deeper and deeper into a very relaxed state...*Three*...deeper and deeper...*Four*...more and more relaxed...*Five*... completely relaxed.

Now, as you remain in a very relaxed state...I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in *(pair with inhalation)* ... and the warm moist air as you exhale *(pair with exhalation)* ... just continue to attend to your breathing...inhale, exhale...inhale, exhale...notice the feelings of relaxation.

10—Now I am going to help you to return to your normal state of alertness. Shortly, I will begin counting backwards from five to one. When I do, you will gradually become more alert. When I reach two, I want you to open your eyes. When I get to one, you will be entirely roused to your normal state of alertness. Ready?

Five...move your feet a little...*four*...move your legs some...*three*...move your arms...*two*... now your eyes are opened and you begin to feel very alert. Returning completely to your normal state...*one (pause for 10 seconds).*

Appendix G: Activity Planning Using SMART Goals

Setting goals is a skill that can motivate the patient to accomplish important objectives. A guideline for setting goals is SMART. SMART goals are useful if worry, stress, or depression make it hard to make decisions and plan activities.

SMART goals should be... Specific, Measurable, Achievable, Relevant, Timed.

Use the questions on the next page to assist the patient in forming their SMART goal. Review the example of Beth's SMART goal on page X.21.



SMART goal graphic with icons

appendices

Appendix G: Activity Planning Using SMART Goals



What is the target for the goal? What do you want to accomplish? Who is involved? Where will it take place?



How will you measure your success? How can you tell you met the goal?



Is this a goal you feel confident you can achieve?

How likely is it that you can meet your goal?



How important is the goal to you?

Is it getting you closer to a value or priority? Is it going to make a difference in your life?



When is the goal to be completed? A week? A month? When will you start?

appendices

TIPS

For example, tracking the number of cigarettes you smoke is a measurable aspect if your goal is to quit smoking.



Breaking a goal into smaller steps can make it easier to do. For example: Set your goal to eating ice cream only 2 nights a week instead of never again.

SMART goal icons

The following examples will help you see how SMART goals are helpful when planning an activity.

Beth stopped going to her book club meetings because she was not in the mood for them. She missed talking with her friends on Thursday nights. She often felt down.

Beth decided that going to the meetings were meaningful to her. She is using SMART steps to plan how to start going to them again.

	Not SMART	Beth's SMART	Tips
Activity	Eating well	Attend book club	
Specific	l want to better myself.	I will go to the host's house Thursday night for book club.	"Bettering oneself" is a good start but too broad. Abstract goals are harder to achieve.
Measurable	l want to eat healthy.	I will know I realized my goal if I attend 2 meetings this month.	If you cannot measure progress on a goal, you won't know if you have achieved it. Try to find a way to measure your progress toward a goal.
Achievable	I will never eat junk food again.	I don't have a car, but I will ask my friend if we can carpool.	Your goal should be feasible. Plan for obstacles. Remember that we can't guarantee that we will "never" or "always" do something.
Relevant	I want to eat better because my doctor told me to.	I like talking to my friends and want to keep them in my life.	Even tasks that are challenging or annoying may be in service of something you value. It's helpful to think about how your goal is relevant and/or meaningful to you.
Timed	I will eat better by next year.	I will attend 2 meetings by the end of month.	Establishing a time frame gives you a point to review if you have achieved your goal or need to make changes.

