HERO

(Healthy Emotions and ImpRoving Health Behavior Outcomes)

Veteran Workbook

____________________________________
(Your Name)

____________________________________
(Counselor Name)
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Introduction to HERO

The purpose of HERO is to provide participant-centered, integrated behavioral health treatment to improve psychological symptoms, health behaviors, and weight management among obese Veterans with coexisting emotional distress. We examined psychological barriers to engaging in weight-management behaviors among Veterans with coexisting depression and/or anxiety, via semistructured interviews. Five barriers/facilitators were described in the semistructured interview data, which informed the preliminary content of the integrated intervention: (a) psychological symptoms created barriers to engaging in healthy eating and physical activity, (b) perceived support for the practice of positive weight-management habits, (c) transportation difficulties prevented some participants from attending weight-management treatment sessions, (d) family responsibilities prevented some participants from attending management treatment sessions, (e) decreased and inconsistent motivation were a barrier to practicing healthy weight-management habits, and (f) lack of a tailored treatment approach was a barrier for practicing healthy weight-management habits.

The information from these interviews, evidence-based studies and treatments for obesity and coexisting psychological distress, and experts in the field of treatment intervention development for weight and mental health symptom management was used to develop the manual and intervention sessions. We initially made several key decisions about the content of the intervention. We decided to target Veterans with depression, anxiety and posttraumatic stress disorder-related symptoms to take a transdiagnostic approach to treatment. We targeted these symptoms due to their high prevalence rates with obesity, and we wanted the treatment to have a broad reach among Veterans with psychological symptoms. Symptoms of depression were addressed in a depression workbook, whereas symptoms of anxiety were addressed in the anxiety workbook.

Regarding content, we included psychoeducation regarding the link between negative emotions, unhealthy eating, dietary choices, and physical inactivity to improve participants’ understanding of ways emotions influence their weight-management choices. We included some key information provided in MOVE! to reinforce weight-management education. Based on evidence-based cognitive-behavioral therapy (CBT) literature in Veterans, we chose to target behavioral activation, problem-solving, cognitive restructuring, and thought-stopping skills in each session. We decided to structure the sessions by teaching CBT skills to participants and allowing them to practice the skills to increase their mastery. We identified and developed six core sessions that taught CBT skills addressing symptoms of anxiety and six core sessions that taught CBT skills addressing symptoms of depression. We developed elective sessions addressing comorbid health conditions that created problems for weight-management engagement, which were identified in the qualitative findings. The core and elective sessions are described in Table 1.

We decided to personalize the treatment for each participant rather than a standard approach to have greater impact and engagement. Thus, we designed much of the intervention to be collaborative and interactive rather than didactic. To make the intervention interactive and personalized, we had clinicians work with the participants to: (1) identify two elective sessions to receive in addition to the six core sessions; (2) establish personalized dietary and physical-activity goals during the first session; (3) role play each skill taught in the sessions; (4) establish a plan to use each skill to meet the Veteran’s personalized dietary and physical activity goal; (5) review barriers to practicing skills between sessions, and make a plan for minimizing barriers; and (6) develop maintenance strategies and a relapse-prevention plan to help sustain achieved goals and behavioral changes. Motivational Interviewing is used to aid participants in overcoming their barriers and maximize their engagement in achieving their goals.

Having an adequate level of perceived support is essential in successful psychological and weight-management efforts. To incorporate support into our intervention, we dedicated a session to teaching participants how to identify and ask for support from family and friends to aid in meeting their personalized goals and using their CBT skills. This module was provided in both the anxiety and depression workbooks.
We decided to be flexible with our delivery approach by allowing participants to receive the sessions in person or via phone. This choice was made to accommodate participant schedules and overcome transportation and financial barriers. In our prior research experience, providing sessions by phone addressed psychological symptom barriers, such as social isolation, that may prevent participants from receiving needed services. It also can increase access to services.

These decisions contributed to the development of the Healthy Emotions and ImpRoving Health Behavior Outcomes (HERO) program. In summary, HERO is an integrated CBT that consisted of six core and two elective sessions (selected collaboratively by the participant and clinician). It was designed be personalized and easily accessible.

The treatment was pilot tested and refined, based on Veteran feedback. The treatment was tested in a randomized controlled trial, and preliminary effectiveness was shown in improving self-efficacy for weight management, healthy eating behaviors and engagement in physical activity, despite having psychological symptoms.

PLEASE REMEMBER…

HERO is NOT a substitution for the standard MOVE!® program. This is an additional resource to support you through the program. PLEASE continue to attend all of your MOVE!® group sessions at the hospital.
### HERO Intervention Sessions Checklist

Below are the two core sessions and options for the eight elective sessions for the HERO intervention. The checked boxes (√) are the core sessions.

<table>
<thead>
<tr>
<th>Session number</th>
<th>Session title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 √</td>
<td>LIFESTYLE BEHAVIORS</td>
</tr>
<tr>
<td>2</td>
<td>ELECTIVE</td>
</tr>
<tr>
<td>3</td>
<td>ELECTIVE</td>
</tr>
<tr>
<td>4</td>
<td>ELECTIVE</td>
</tr>
<tr>
<td>5</td>
<td>ELECTIVE</td>
</tr>
<tr>
<td>6 √</td>
<td>PREVENTING SETBACKS and RELAPSES</td>
</tr>
</tbody>
</table>

1. LIFESTYLE BEHAVIORS*
2. PLEASANT ACTIVITIES
3. PROBLEM SOLVING
4. SOCIAL SUPPORT
5. DEEP BREATHING AND THOUGHT STOPPING
6. CALMING THOUGHTS AND COGNITIVE RESTRUCTURING
7. MOTIVATION TO BE ACTIVE
8. SEXUAL HEALTH
9. CHRONIC PAIN
10. PREVENTING SETBACKS And RELAPSES*

**SUPPLEMENTARY SESSION: SLEEP HYGIENE**

* = TWO CORE SESSIONS
ALL OTHER SESSIONS ARE ELECTIVE SESSIONS
HERO

Session 1: Lifestyle Behaviors
Improving Your Mood and Health

The following worksheet lists different aspects of your emotional and physical health that we might be able to target as part of our work together.

✔ Place a check mark next to the items that you want to change or you think cause the biggest problem for you at this time.

★ Place a star next to the ones that you would be most interested in addressing first (these represent your ideas of what would be most likely to have an impact on your emotional and physical health).

### Emotional Health
- □ Constantly feeling tense, worried, on edge
- □ Having irrational fears
- □ Having a fear something bad will happen if things are not done a certain way
- □ Avoiding everyday situations/activities because they increase anxiety
- □ Having a sudden, unexpected attack of heart-pounding panic

### Physical Health
- □ Eat more fruits and vegetables
- □ Eat less fatty/fast food
- □ Drink more water and fewer sugary beverages
- □ Stop eating at night (after 8pm)
- □ Stop eating when upset/anxious
- □ Increase level of physical activity
My biggest physical health and emotional health habits and symptoms I want to change:

1. ______________________________________________________________________
   ______________________________________________________________________

2. ______________________________________________________________________
   ______________________________________________________________________

3. ______________________________________________________________________
   ______________________________________________________________________

What works to help improve my emotional and physical health:

1. ______________________________________________________________________
   ______________________________________________________________________

2. ______________________________________________________________________
   ______________________________________________________________________

3. ______________________________________________________________________
   ______________________________________________________________________

What hasn’t worked to help improve my emotional and physical health:

1. ______________________________________________________________________
   ______________________________________________________________________

2. ______________________________________________________________________
   ______________________________________________________________________

3. ______________________________________________________________________
   ______________________________________________________________________
People who make healthy changes sometimes get frustrated when they don’t see changes in their weight or appearance right away. Be encouraged; you will begin to see results if you stick to your new routine. Everyone loses weight at different times and at different rates. You should celebrate even a 1/2-pound weight loss.

Writing down your weight-loss goals will keep you on track. Revise or add to your goals at any time. Start by setting a long-term weight-loss goal. Next, set a goal for how much you wish to lose each week. Losing anywhere from ½ pound to two pounds per week is safe. Weigh yourself daily (or at least weekly) to track your progress.

Let’s get started planning for weight loss:

Start with a goal of 5-10% of your current weight. Losing just 5% can improve your health.

I currently weigh ________ pounds.

My long-term goal is to lose ________% of my current weight, which is equal to ________ pounds.

Losing ½ to two pound/s per week, I want to reach my long-term goal by ________ (date).

Consider posting your goals or this handout on your refrigerator, bathroom mirror, or another prominent place.
GOAL WEIGHT: _____

Target Date for Reaching Goal Weight:

____________________
Tips for Healthy Eating

Eating a healthy diet can help you lose weight. It can be hard to lose weight, but the tips below will give you a preview or recap of the sort of things discussed in MOVE!®.

- Make one or two changes at a time, and start with something simple.
- Take your time, eat slowly, and enjoy your food.
- Tell yourself to eat until you are satisfied, not until you are stuffed.
- Keep a food diary to help you see where changes can be made.
- Try to make an appointment to see the dietician at the VHA.
- Try to enroll in the cooking class at the VHA to improve your knowledge of how to prepare healthy foods.
- Attend the MOVE! session 7 at the grocery store to understand healthy ways of shopping for food.
- Try to get involved with the MOVE! garden to learn how to grow your own healthy foods.

We know that it is sometimes difficult to make healthy choices or even prepare a healthy meal when you have negative emotions caused by your symptoms of anxiety.

Now let’s learn a little more about what exactly anxiety is…
Anxiety

Anxiety disorders cause people to feel excessively frightened, distressed, or uneasy. Anxiety and fear are basic emotions that are experienced by everyone and are necessary for survival.

These are common symptoms of anxiety:
- Having a sense of impending danger, panic, or doom
- Sweating
- Trembling
- Feeling weak or tired
- Excessive worry
- Feeling restless or on edge
- Feelings of unreality
- Feelings of choking
- Fear of dying and losing control
- Physical disorders (e.g., skin complaints, stomach upsets, aches and pains)
- Having an increased heart rate
- Breathing rapidly (hyperventilation)
- Muscle tension

Anxiety symptoms may impair your social, marital, and working life. They can also impair your physical health and the way you take care of yourself. For example, anxiety symptoms can interfere with healthy eating habits.
When I’m happy…

1. Eating fruits and vegetables
2. Drinking eight glasses of water a day
3. Decreasing fast food
4. Eating low fat foods
5. Eating every two hours
6. Cooking at home
7. Packing healthy snacks

1. Walking
2. Going to the gym
3. Aerobic exercise

Weight Loss

👍
When I’m anxious…

1. Not eating fruits and vegetables
2. Drinking sugary beverages
3. Eating fast food
4. Eating high-fat foods
5. Eating late at night
6. Eating salty food

---

1. Sleeping all day
2. Watching too much TV
3. Not exercising

---

Weight Gain
Emotional Eating

Sometimes when people feel down, they engage in emotional eating, like eating “comfort foods” that tend to not be healthy. When people eat this way, they often feel bad afterwards.

Do you think you emotionally eat? How do you feel if/when you emotionally eat?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

What other ways have your emotions impacted your weight?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

What other ways have your emotions impacted your life?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Strategies to keep eating healthy when you are having negative emotions

Let’s choose some strategies to help you maintain your healthy eating even when you are experiencing negative emotions.

Strategy 1.

______________________________________________________________________________________
______________________________________________________________________________________

Strategy 2.

______________________________________________________________________________________
______________________________________________________________________________________
Strategies to meet your behavioral health goals

Let’s choose some strategies to help you change your poor eating and/or physical-activity habits.

**Strategy 1.**

__________________________________________________________________________

__________________________________________________________________________

**Strategy 2.**

__________________________________________________________________________

__________________________________________________________________________

PLEASE REMEMBER...

Eating “comfort” or unhealthy foods will actually make you feel even more sad.
Healthy Eating Strategies
Daily Practice Log

1. Today (date) ______ I felt______________________________________________________________
   So I used this strategy to change my behavior____________________________________________
   Afterwards I felt:____________________________________________________________________

2. Today (date)_______ I felt____________________________________________________________
   So I used this strategy to change my behavior____________________________________________
   Afterwards I felt:____________________________________________________________________

3. Today (date)_______ I felt____________________________________________________________
   So I used this strategy to change my behavior____________________________________________
   Afterwards I felt:____________________________________________________________________

4. Today (date)_______ I felt____________________________________________________________
   So I used this strategy to change my behavior____________________________________________
   Afterwards I felt:____________________________________________________________________

5. Today (date)_______ I felt____________________________________________________________
   So I used this strategy to change my behavior____________________________________________
   Afterwards I felt:____________________________________________________________________

6. Today (date)_______ I felt____________________________________________________________
   So I used this strategy to change my behavior____________________________________________
   Afterwards I felt:____________________________________________________________________

7. Today (date)_______ I felt____________________________________________________________
   So I used this strategy to change my behavior____________________________________________
   Afterwards I felt:____________________________________________________________________
Physical Activity and Negative Emotions

Did you know that when you are sitting or lying down while you are awake, you are engaging in what is called sedentary behavior?

Decreasing sedentary behaviors and increasing physical activity are also a part of controlling your weight. Most people are not performing the recommended 30 minutes of exercise every day.

When was the last time you engaged in physical activity?

Becoming physically active does not mean you have to join a gym. The best thing about physical activity is that even a little can make you feel a whole lot better. In addition to feeling more fit, physical activity can improve your mood and make you feel calmer. It can also increase your energy and help you sleep better.

<table>
<thead>
<tr>
<th>Number of Days a Week</th>
<th>Length of Time</th>
<th>Exercise Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>One to two days</td>
<td>≤ 15 minutes</td>
<td>Walking (slowly)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Standing while cooking/washing dishes</td>
</tr>
<tr>
<td>Three to four days</td>
<td>30-45 minutes</td>
<td>Walking (briskly) two miles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gardening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Washing and waxing the car</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Water aerobics</td>
</tr>
<tr>
<td>Five to seven days</td>
<td>≥ 60 minutes</td>
<td>Hiking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jogging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bicycling (14-16mph)</td>
</tr>
</tbody>
</table>
What kind of physical activity are you interested in?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Has there been a time when you were stressed or upset and you engaged in physical activity? If yes, how did you feel when you finished your physical activity?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

What kinds of physical activity can you do when you feel stressed or upset?
1. ________________________________________________________________________________
2. ________________________________________________________________________________

What steps can you take to join a walking group or participate in other physical activity?
1. ________________________________________________________________________________
2. ________________________________________________________________________________

Remember: Safety First
- See your primary care provider before beginning a program of physical activity.
- Stop exercising immediately if you experience any of the following:
  - Severe pain, tightness, pressure, or discomfort in your chest
  - Severe shortness of breath
  - Severe nausea or vomiting
  - Sudden weakness or changes in sensation in your arm and/or leg on one side of your body
  - Difficulty swallowing, talking, or seeing
  - Severe headache or dizziness
Physical Activity Strategies to Improve My Mood and Health

Daily Practice Log

Physical Activity to Improve my Negative Mood

1. Today (date) ______ I felt ________________________________________________
   So I exercised for (time): ________________________________________________
   Afterwards I felt: ________________________________________________________
   _______________________________________________________________________

2. Today (date) ______ I felt ________________________________________________
   So I exercised for (time): ________________________________________________
   Afterwards I felt: ________________________________________________________
   _______________________________________________________________________

3. Today (date) ______ I felt ________________________________________________
   So I exercised for (time): ________________________________________________
   Afterwards I felt: ________________________________________________________
   _______________________________________________________________________

4. Today (date) ______ I felt ________________________________________________
   So I exercised for (time): ________________________________________________
   Afterwards I felt: ________________________________________________________
   _______________________________________________________________________

5. Today (date) ______ I felt ________________________________________________
   So I exercised for (time): ________________________________________________
   Afterwards I felt: ________________________________________________________
   _______________________________________________________________________

6. Today (date) ______ I felt ________________________________________________
   So I exercised for (time): ________________________________________________
   Afterwards I felt: ________________________________________________________
   _______________________________________________________________________

7. Today (date) ______ I felt ________________________________________________
   So I exercised for (time): ________________________________________________
   Afterwards I felt: ________________________________________________________
   _______________________________________________________________________

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Wrap up

My physical or emotional behaviors to improve are:
1. _______________________________________________________________________
2. _______________________________________________________________________

My two strategies to improve these behaviors are:
1. _______________________________________________________________________
2. _______________________________________________________________________
HERO

Elective Session: Pleasant Activities
Elective Session:
Pleasant Activities

When we feel down, we stop doing many activities that we used to enjoy. When this happens, we can actually begin to feel worse.

One way that we can help ourselves is by making sure we regularly take time to engage in activities that fit within our life goals and values and that help us to feel better. We refer to these types of activities as pleasant activities. Even if we don’t want to or don’t think we really have the energy, adding these activities back into our lives can help make us feel better and less sad or blue.

Can you think of some activities that you used to enjoy but stopped doing because you were feeling sad, anxious, or stressed out?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Mood and Behavior

Our mood and behavior are connected. Not engaging in activities that are pleasurable tends to lower mood even further, which, in turn, continues to decrease activity level.
## Activities Checklist

<table>
<thead>
<tr>
<th>OUTDOORS</th>
<th></th>
<th>SOCIAL EVENTS OR ACTIVITIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Taking a walk or hiking</td>
<td>✓</td>
<td>1. Visiting family or friends</td>
<td></td>
</tr>
<tr>
<td>2. Visiting a park or going on a picnic</td>
<td></td>
<td>2. Going to a party or gathering</td>
<td></td>
</tr>
<tr>
<td>3. Fishing or hunting</td>
<td></td>
<td>3. Inviting a friend or relative to dinner</td>
<td></td>
</tr>
<tr>
<td>4. Camping or boating</td>
<td></td>
<td>4. Talking with a fellow vet at the VHA</td>
<td></td>
</tr>
<tr>
<td>5. Gardening/yard work</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>TAKING CARE OF YOURSELF</td>
<td></td>
</tr>
<tr>
<td>6. Playing golf</td>
<td></td>
<td>1. Getting a haircut</td>
<td></td>
</tr>
<tr>
<td>7. Listening to the sounds of nature</td>
<td></td>
<td>2. Doing a hobby</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH AND WELLNESS</th>
<th></th>
<th>EDUCATION, LEARNING, OR ART</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attending a therapy/support group at the VHA <a href="http://www2.va.gov/directory/guide/vetcenter.asp">www2.va.gov/directory/guide/vetcenter.asp</a></td>
<td>✓</td>
<td>1. Learning something new (musical instrument, language, or skill)</td>
<td></td>
</tr>
<tr>
<td>2. Exercising (Ask your doctor for a referral to a local VHA gym)</td>
<td></td>
<td>4. Writing in a journal</td>
<td></td>
</tr>
<tr>
<td>3. Cooking a healthy meal</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>EDUCATION, LEARNING, OR ART</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AT HOME</th>
<th></th>
<th>HELPING OTHERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working on a home improvement project</td>
<td>✓</td>
<td>1. Volunteering at the VHA or other places <a href="http://www.volunteer.va.gov">http://www.volunteer.va.gov</a></td>
<td></td>
</tr>
<tr>
<td>2. Cooking or baking</td>
<td></td>
<td>2. Doing charity work or doing favors for others</td>
<td></td>
</tr>
<tr>
<td>3. Washing or working on the car</td>
<td></td>
<td>3. Helping or talking to someone</td>
<td></td>
</tr>
<tr>
<td>4. Rearranging old furniture or building your own furniture</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5. Collecting things</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>6. Playing with a pet</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENTERTAINMENT</th>
<th></th>
<th>SPIRITUALITY AND RELIGION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Playing cards or games (Bingo) with friends</td>
<td>✓</td>
<td>1. Going to a place of worship</td>
<td></td>
</tr>
<tr>
<td>2. Going to the movies or to a concert</td>
<td></td>
<td>2. Attending a religious ceremony or function</td>
<td></td>
</tr>
<tr>
<td>3. Going to a musical, play, or comedy show</td>
<td></td>
<td>3. Attending a Bible study group</td>
<td></td>
</tr>
<tr>
<td>4. Going to a sporting event</td>
<td></td>
<td>4. Reading religious/spiritual literature</td>
<td></td>
</tr>
<tr>
<td>5. Going dancing</td>
<td></td>
<td>5. Praying or meditating</td>
<td></td>
</tr>
<tr>
<td>6. Listening to music</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This is what happens when a sad person stops being active:

Lowered Mood

Decreased Pleasant Activities

Decreased Activity

This is what happens when a sad person starts being more active:

Pleasant Activities

Decreased Depressed Symptoms

Improved Mood
Making a Change

The first step toward positive change is identifying how you currently spend your time and how you feel performing these activities.

In the table below, list your activities for each period of the day. Rate your mood for each time, using the five-point scale. If you felt happy, use 4 (good) or 5 (very good). If you felt low or blue, mark 2 (bad) or 1 (very bad). Mark 3 (so-so) if your mood was somewhere in the middle. In the box next to it, write the reason you may have felt the way you did.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Mood</th>
<th>Reasons I Felt the Way I Did</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Afternoon Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evening Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
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</tr>
</tbody>
</table>

Each person has his or her own ideas about activities that are enjoyable or satisfying. Some activities involve social interaction with friends or family. Some activities are experiences that provide a sense of accomplishment.
Are there some things you currently do that you find pleasure in doing that give you a feeling of satisfaction? If so, please identify and list these in the table below.

<table>
<thead>
<tr>
<th>Current Pleasant Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

What other things or activities would you like to do that you are not doing now? What would be enjoyable to do right now? What would give you some satisfaction to do? This could be something you have enjoyed or valued in the past or something new you want to try. List these ideas in the table below.

<table>
<thead>
<tr>
<th>Pleasant Activities Currently Not Doing</th>
<th>What Interferes With Doing This?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
Pleasant Activities Homework Assignment

What two activities are you going to try this week that will bring you joy, happiness or satisfaction?

1. _______________________________________________________________________
2. _______________________________________________________________________

What barriers could get in the way of these activities?

1. _______________________________________________________________________
2. _______________________________________________________________________

What can we do to overcome those barriers?

1. _______________________________________________________________________
2. _______________________________________________________________________

How can these activities improve your negative emotions?

1. _______________________________________________________________________
2. _______________________________________________________________________
Daily Practice

1. Today I was (date): ________________________________________________________________
   On a scale of 1-10 my negative emotions were a ______________________________________
   So I engaged in this activity today: _________________________________________________
   Afterwards I felt: ___________________________________________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a ____________________________

2. Today I was (date): ________________________________________________________________
   On a scale of 1-10 my negative emotions were a ______________________________________
   So I engaged in this activity today: _________________________________________________
   Afterwards I felt: ___________________________________________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a ____________________________

3. Today I was (date): ________________________________________________________________
   On a scale of 1-10 my negative emotions were a ______________________________________
   So I engaged in this activity today: _________________________________________________
   Afterwards I felt: ___________________________________________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a ____________________________

4. Today I was (date): ________________________________________________________________
   On a scale of 1-10 my negative emotions were a ______________________________________
   So I engaged in this activity today: _________________________________________________
   Afterwards I felt: ___________________________________________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a ____________________________

5. Today I was (date): ________________________________________________________________
   On a scale of 1-10 my negative emotions were a ______________________________________
   So I engaged in this activity today: _________________________________________________
   Afterwards I felt: ___________________________________________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a ____________________________

6. Today I was (date): ________________________________________________________________
   On a scale of 1-10 my negative emotions were a ______________________________________
   So I engaged in this activity today: _________________________________________________
   Afterwards I felt: ___________________________________________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a ____________________________

7. Today I was (date): ________________________________________________________________
   On a scale of 1-10 my negative emotions were a ______________________________________
   So I engaged in this activity today: _________________________________________________
   Afterwards I felt: ___________________________________________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a ____________________________
PLEASE REMEMBER…

Take some time toward the end of the day to write on your *Daily Activities and Rating Your Mood Chart*. Acknowledge all the activities you accomplished for the day, and reflect on the things you would like to accomplish the next day. With these goals in mind, use your *Changing Behavior: Daily Practice Log* to help you create ways to succeed the next day.
HERO

Elective Session: Deep Breathing and Thought Stopping
Physical signs of stress can include things such as racing thoughts, fidgety feelings, rapid heartbeat, sweating, and panic. These symptoms can make you feel out of control and make it difficult to focus on healthy eating and weight-loss goals. Have you ever felt this way?

It may be hard to think about healthy eating when you have these symptoms. The good news is these symptoms can be reduced with relaxation. The purpose of relaxation is to calm your body. When you’re feeling calm, you can make better choices and make progress on your weight-loss goals.

One way to make your entire body more relaxed is deep breathing. Often when people are having symptoms of anxiety, their breathing gets quick, and they breathe in small amounts of air. This can cause them to feel dizzy and lightheaded and make their symptoms worse. Changing the way you breathe can make your entire body more “relaxed.”

Deep breathing is very easy to learn. There are only two main things to remember:

1. **Take slow, even, deep breaths.**

   Step one: Inhale through your nose to the count of four.
   Step two: Exhale through your mouth to the count of four.

   Do not pause at the top of each breath. Do this at least five times or until your breathing begins to return to normal.
2. **Breathe from your diaphragm, not your chest.**

Step one: Place one hand on your stomach, with your little finger about one inch above your navel.  
Step two: Place the other hand on your chest.  

Make sure the hand on your stomach is moving in and out as you breathe. Keep the hand on your chest still.

Find a comfortable chair where you can plant your feet firmly on the ground and spread them apart. Make sure you’re sitting up nice and tall. Then, put one hand on your abdomen, with your little finger about one inch from your navel, and place one hand on your chest. Next, begin to notice your breathing (pause for several seconds) – which hand is doing more of the moving? Your hand on your diaphragm should move out as you inhale and in as you exhale.

Begin to breathe a bit more slowly, evenly, and deeply, and then breathe out slowly. Inhale through your nose and exhale through your mouth. As you exhale, purse your lips by imagining that you are blowing on hot soup or about to give a kiss. This controlled breathing helps you exhale the most used air possible and inhale clean air.

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.
Daily Practice

1. Today I felt (date): ________________________________________________________________
   So I engaged in this activity: _______________________________________________________
   Afterwards I felt: ___________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

2. Today I felt (date): ________________________________________________________________
   So I engaged in this activity: _______________________________________________________
   Afterwards I felt: ___________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

3. Today I felt (date): ________________________________________________________________
   So I engaged in this activity: _______________________________________________________
   Afterwards I felt: ___________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

4. Today I felt (date): ________________________________________________________________
   So I engaged in this activity: _______________________________________________________
   Afterwards I felt: ___________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

5. Today I felt (date): ________________________________________________________________
   So I engaged in this activity: _______________________________________________________
   Afterwards I felt: ___________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

6. Today I felt (date): ________________________________________________________________
   So I engaged in this activity: _______________________________________________________
   Afterwards I felt: ___________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

7. Today I felt (date): ________________________________________________________________
   So I engaged in this activity: _______________________________________________________
   Afterwards I felt: ___________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________
Daily Activities List and Mood Rating – Practice

Did you record your physical activities today? [ ] YES [ ] NO
Did you practice your health strategies today? [ ] YES [ ] NO
Did you use any other skills today? [ ] YES [ ] NO
Were these skills helpful? [ ] YES [ ] NO
List any skills that you practiced:

PLEASE REMEMBER…

Practice your new breathing skill during the week as part of your daily routine. When you are practicing, just record when and where you used the breathing. If you did, please check that skill on the form; and also check whether it was helpful.

Try to fill out one of the Daily Practice pages every day before bedtime.
Thought Stopping

Although everyone experiences negative emotions some of the time, spending hours feeling anxious and thinking about an experience can get in the way of fully living life and enjoying fun activities.

One strategy to reduce negative feelings and dwelling on stressful events is to stop the thoughts when you first notice them and redirect your attention to something more active. By doing this, you can prevent negative thoughts caused by worry or stress.

Thought stopping uses negative and stressful thoughts as cues to redirect your attention to activities or your senses.

**Thought Stopping**
1. Be aware of negative and stressful thoughts.
2. Disrupt the negative or stress thoughts by telling yourself (silently or out loud), “STOP!” Try to picture a big, red stop sign or some other familiar image.
3. Direct your attention towards other things that are soothing and calming, such as meditation or prayer.

There are other ways you can turn your attention outward. For instance, you could put something in your mouth that has a strong flavor, such as a mint. You could touch something very cold, such as a piece of ice. You could even use something that has a strong smell, such as a container of coffee beans, vinegar, or a scented candle. The goal is to turn your attention away from your stressful and traumatic thoughts while you’re experiencing your negative symptoms and focus on something else.
Daily Practice

1. Today I was (date): ____________________________________________
   On a scale of 1-10 my negative emotions were a ___________________
   So I engaged in this activity today: _________________________________
   Afterwards I felt: ________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a __________

2. Today I was (date): ____________________________________________
   On a scale of 1-10 my negative emotions were a ___________________
   So I engaged in this activity today: _________________________________
   Afterwards I felt: ________________________________
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   So I engaged in this activity today: _________________________________
   Afterwards I felt: ________________________________
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   So I engaged in this activity today: _________________________________
   Afterwards I felt: ________________________________
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   Afterwards I felt: ________________________________
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   On a scale of 1-10 my negative emotions were a ___________________
   So I engaged in this activity today: _________________________________
   Afterwards I felt: ________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a __________

7. Today I was (date): ____________________________________________
   On a scale of 1-10 my negative emotions were a ___________________
   So I engaged in this activity today: _________________________________
   Afterwards I felt: ________________________________
   Afterwards, on a scale of 1-10 my negative emotions were a __________
Daily Activities List and Mood Rating – Practice

- Did you record your physical activities today? [ ] YES [ ] NO
- Did you practice your health strategies today? [ ] YES [ ] NO
- Did you use any other skills today? [ ] YES [ ] NO
- Were these skills helpful? [ ] YES [ ] NO
HERO

Elective Session: Calming Thoughts and Cognitive Restructuring
Calming Thoughts

A calming thought is a statement that you make to yourself that helps to decrease your negative or stressful thoughts about a certain situation. You can think of using calming statements as a strategy for providing “instructions” to yourself. The use of calming statements may help you perceive a negative or stressful situation in a new way. The goal of calming statements is to help you realize that you can manage and are often in more control of your anxiety symptoms than you feel you are. By using or practicing this skill often, you may begin to realize you have much more control over worry or stress than you feel you do.

Examples of negative self-statements:

- “I ate one bad meal, and now my whole diet is ruined.”
- “My spouse will think I’m weak if I ask for help.”
- “I’m not worth anything.”

Using calming statements can help you to realize that some situations you are in aren’t as bad as you think. They can also help you effectively manage your symptoms.

- “I can eat one bad meal but can get back on track.”
- “My spouse loves me and wants to help me.”
- “I am a good person who is working to get better.”

![Meditation Image]
1. **Identify Negative Statements.**
The first step is to identify thoughts associated with anxiety. This is part of increasing your awareness.

2. **Replace Negative Statements with Calming Thoughts.**
When thoughts are negative, the next step is to replace them with more calming ones. This will give you room to feel more confident in handling your worry or stress.

PLEASE REMEMBER…

Practice using calming thoughts throughout the upcoming week. Select a calming thought that could be helpful when you are having symptoms of anxiety, and write it down. Use the form below to help you practice this week.

**Tips for Use of Self-Statements**
- Don’t be afraid to say these out loud! Say calming thoughts to yourself instead of just reading them. This makes the thoughts more convincing.
- It can sometimes be helpful to record the thoughts with your cell phone. Listen to the message when necessary.
- Write your favorite one on a small note card. Carry it in your wallet, or post it some place where you can see it, such as on a mirror or refrigerator. Recite it often! You can also write it in the notes section of your phone and review it frequently.

I CAN DO THIS!!
Calming Thoughts Practice Form

Date ___________  Time___________  Day ___________

What situation caused you to feel anxious today?
_________________________________________________________________________________________

What stressful or negative statement did you have?
_________________________________________________________________________________________

What calming thought did you use?
_________________________________________________________________________________________

How did you feel after using the calming thought?
_________________________________________________________________________________________

Date ___________  Time___________  Day ___________

What situation caused you to feel anxious today?
_________________________________________________________________________________________

What stressful or negative statement did you have?
_________________________________________________________________________________________

What are calming thought did you use?
_________________________________________________________________________________________

How did you feel after using the calming thought?
_________________________________________________________________________________________

Did you practice calming thoughts today? [ ] YES [ ] NO
Was this skill helpful? [ ] YES [ ] NO
Did you use any other calming skills today? [ ] YES [ ] NO
Did you record your physical activities today? [ ] YES [ ] NO
Did you practice your health strategies today? [ ] YES [ ] NO
List any calming skills that you practiced:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Calming Thoughts Practice Form

Date ___________  Time___________  Day ___________

What situation caused you to feel anxious today?
_________________________________________________________________________________________

What stressful or negative statement did you have?
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_________________________________________________________________________________________

How did you feel after using the calming thought?
_________________________________________________________________________________________

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What calming thought did you use?
_________________________________________________________________________________________

How did you feel after using the calming thought?
_________________________________________________________________________________________

Did you practice calming thoughts today?  [ ] YES  [ ] NO
Was this skill helpful?  [ ] YES  [ ] NO
Did you use any other calming skills today?  [ ] YES  [ ] NO
Did you record your physical activities today?  [ ] YES  [ ] NO
Did you practice your health strategies today?  [ ] YES  [ ] NO
List any calming skills that you practiced:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Calming Thoughts Practice Form

Date ___________   Time___________   Day ___________

What situation caused you to feel anxious today?
_________________________________________________________________________________________

What stressful or negative statement did you have?
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What calming thought did you use?
_________________________________________________________________________________________

How did you feel after using the calming thought?
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Date ___________   Time___________   Day ___________

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How did you feel after using the calming thought?
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Did you practice calming thoughts today? [ ] YES [ ] NO
Was this skill helpful? [ ] YES [ ] NO
Did you use any other calming skills today? [ ] YES [ ] NO
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Calming Thoughts Practice Form

Date ___________  Time___________  Day ___________

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How did you feel after using the calming thought?
_________________________________________________________________________________________

Did you practice calming thoughts today? [ ] YES [ ] NO
Was this skill helpful? [ ] YES [ ] NO
Did you use any other calming skills today? [ ] YES [ ] NO
Did you record your physical activities today? [ ] YES [ ] NO
Did you practice your health strategies today? [ ] YES [ ] NO
List any calming skills that you practiced:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Unrealistic thoughts are often thoughts that are not practical, sensible, or real. These are things that are not likely to be true or to occur.

Changing your thoughts to be more realistic can affect how you respond physically and how you act in different situations, which will help to change your feelings.

1. **Identify Negative or Stressful Thoughts.**
The first step is to identify thoughts associated with your worry or stress. This is part of increasing awareness.

2. **Evaluate Your Thoughts.**
The next step is to evaluate how realistic these thoughts are. Begin to think of your thoughts as guesses or hypotheses, not facts. Then, take time to evaluate how realistic the thoughts are. Sometimes your thoughts will be realistic, and sometimes they won’t be.

3. **Replace Negative and Stressful Thoughts with Realistic Thoughts.**
When thoughts are not realistic, the next step is to replace them with more realistic ones. The idea is that more realistic thinking will lead to less stress. We tend to assume that the first thought that comes into our head is the “truth.” Try to open your mind to ALL other possibilities.
For Sure and Big Deal Statements

For Sures: When we believe that something bad is going to happen for sure, our symptoms of anxiety increase. This type of thinking focuses on the extremes. It allows no room for something not as bad to happen.

Key Words: definite, sure, absolutely, will, either this or that
Key Questions: What is the actual chance that this will happen?
Am I only looking at the extremes of this situation?

Alternative Thought: Think about the event that caused you to feel uncomfortable or stressed. Is it likely to occur? Be realistic. Try to look for what else may happen that’s not so bad.

Can you think of a for sure thought you’ve had recently? Can you think of an alternate thought for this thought?

1. ____________________________________________________________
2. ____________________________________________________________

Try to think realistically about the actual likelihood that the negative event will occur. If you are looking at the extremes of a situation, try to seek some other ways that it could occur that aren’t so bad.

PLEASE REMEMBER…

We are not necessarily in control of every little event that occurs in our life. We do not know 100% for sure what could happen in a week, a day, or even an hour.

Adjust the thought by changing the wording to make it more realistic such as:
“"It is more likely that…”
“"The actual chance of…is…”
“"This may be… but…”
“"Even if…then…”

Big Deals: 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.

Key Words: terrible, awful, horrible
Key Question: What’s the worst thing that that could happen?
Alternative Thought: Ask yourself “what if” your fear came true. Many times you’ll find even the worst case is not that big a deal and really not worth getting worried about.

You can use alternative thoughts such:
“It won’t be the end of the world …”
“It really won’t be that big a deal…”
“I’ll still be ok…”
Alternative Statements Practice Form

Date ___________  Time___________  Day ___________

What situation caused you to feel down today?
_________________________________________________________________________________________

What unrealistic thought did you have?
_________________________________________________________________________________________

What more realistic thought did you use?
_________________________________________________________________________________________

How did you feel after using the more realistic thought?
_________________________________________________________________________________________

Date ___________  Time___________  Day ___________

What situation caused you to feel down today?
_________________________________________________________________________________________

What unrealistic thought did you have?
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_________________________________________________________________________________________

How did you feel after using the more realistic thought?
_________________________________________________________________________________________

Did you practice realistic thoughts today? [ ] YES [ ] NO
Was this skill helpful? [ ] YES [ ] NO
Did you use any other skills today? [ ] YES [ ] NO
Did you record your physical activities today? [ ] YES [ ] NO
Did you practice your health strategies today? [ ] YES [ ] NO
List any skills that you practiced:
_________________________________________________________________________________________
**Alternative Statements Practice Form**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Day</th>
</tr>
</thead>
</table>

What situation caused you to feel down today?
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<table>
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Did you practice realistic thoughts today? [ ] YES [ ] NO
Was this skill helpful? [ ] YES [ ] NO
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List any skills that you practiced:
_________________________________________________________________________________________
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Alternative Statements Practice Form

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Did you practice realistic thoughts today? [ ] YES  [ ] NO
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Did you use any other skills today? [ ] YES  [ ] NO
Did you record your physical activities today? [ ] YES  [ ] NO
Did you practice your health strategies today? [ ] YES  [ ] NO
List any skills that you practiced:

_________________________________________________________________________________________

_________________________________________________________________________________________

Calming thoughts scale
[ ] YES  [ ] NO

Page | 51
Alternative Statements Practice Form

Date ___________  Time___________  Day ___________

What situation caused you to feel down today?
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What unrealistic thought did you have?
_________________________________________________________________________________________

What more realistic thought did you use?
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How did you feel after using the more realistic thought?
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_________________________________________________________________________________________

How did you feel after using the more realistic thought?
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Did you practice realistic thoughts today?       [ ] YES       [ ] NO
Was this skill helpful?                        [ ] YES       [ ] NO
Did you use any other skills today?            [ ] YES       [ ] NO
Did you record your physical activities today? [ ] YES       [ ] NO
Did you practice your health strategies today? [ ] YES       [ ] NO
List any skills that you practiced:
_________________________________________________________________________________________
HERO

Elective Session: Problem Solving
Problem Solving

Problem solving is part of daily life. Trying to solve problems when you are feeling worried or stressed can be difficult. Symptoms of worry or sadness can drain your motivation. It can decrease your energy to search for solutions to your problems. It can even magnify the severity of the problem. Sometimes people think that nothing can be done about their problem when, really, something can be done. Other times, people have good ideas about how to solve problems but are afraid of making the wrong choice, so they never actually take the steps needed to make it happen.

Have your anxiety symptoms ever gotten in the way of solving problems?

Write down a time or two when you had had difficulty solving a problem due to worry, stress or sadness.

1. _______________________________________________________________________
2. _______________________________________________________________________

The “SOLVED” Technique for Problem Solving

Six easy steps will help you identify and solve problems in your life.

Step 1: S = SELECT A PROBLEM
First, select the problem to be solved. Be very specific, and select a problem that can realistically be solved.

Example:
Write down a problem.

__________________________________________________________________________

Step 2: O = OPEN YOUR MIND TO ALL POSSIBLE SOLUTIONS
“Brainstorm” as many possible solutions as you can. Consider advice you would give to someone else. Or consider how you or others have handled similar situations in the past. What would a close family member or friend suggest?

Example:
Write down possible solutions to the problem you listed above.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________

Page | 54
Step 3: **L = LIST THE PROS AND CONS OF EACH POTENTIAL SOLUTION**

Consider the consequences of each potential solution you have listed. Then list the pros and cons of each.

Example:
List the pros and cons of each solution you have listed.

Pros for #1: ________________________________________________________________
Cons for #1: ________________________________________________________________

Step 4: **V = VERIFY THE BEST SOLUTION**

Based on your pros and cons, put a check next to the best solution.

Example:
Which did you decide was the best solution?

__________________________________________________________________________

Step 5: **E = ENACT THE PLAN**

Identify what steps are needed to carry out the solution you have chosen. Make each step small so that you are easily able to achieve your goal. Next, carry out the plan.

Example:
List the steps you can take to carry out this solution.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
Step 6: D = DECIDE IF THE PLAN WORKED
Now you can decide how well your solution worked. If your goal was achieved, congratulate yourself! If your plan was not effective, go back to step “S” and select a new problem, or move to “L” to identify other potential solutions for the same problem.

PLEASE REMEMBER…

Use your “SOLVED” Daily Practice Log to help you practice using this technique throughout the week.
SOLVED Daily Practice Log

Date ___________  Time___________  Day ___________

What situation caused you to have a problem today?
_________________________________________________________________________________________

Where were you? Who were you with?
_________________________________________________________________________________________

What possible solutions did you come up with?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

After listing the pros and cons, which solution was the best?
_________________________________________________________________________________________
_________________________________________________________________________________________

What steps did you take to enact your plan?
_________________________________________________________________________________________
_________________________________________________________________________________________

Problem Solving – Practice

Did you use problem-solving skills today?  [ ] YES  [ ] NO
Were these skills helpful?  [ ] YES  [ ] NO
Did you use any other skills today?  [ ] YES  [ ] NO
Were these skills helpful?  [ ] YES  [ ] NO
List any other skills that you practiced:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
SOLVED Daily Practice Log

Date ___________  Time___________  Day ___________

What situation caused you to have a problem today?
_________________________________________________________________________________________

Where were you? Who were you with?
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What possible solutions did you come up with?
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What steps did you take to enact your plan?
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Problem Solving – Practice
Did you use problem-solving skills today?   [ ] YES   [ ] NO
Were these skills helpful?             [ ] YES   [ ] NO
Did you use any other skills today?     [ ] YES   [ ] NO
Were these skills helpful?             [ ] YES   [ ] NO
List any other skills that you practiced:
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_________________________________________________________________________________________
_________________________________________________________________________________________
SOLVED Daily Practice Log

Date ___________  Time___________  Day ___________

What situation caused you to have a problem today?
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Where were you? Who were you with?
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What possible solutions did you come up with?
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_________________________________________________________________________________________
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After listing the pros and cons, which solution was the best?
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_________________________________________________________________________________________
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_________________________________________________________________________________________

Problem Solving – Practice
Did you use problem-solving skills today?  [ ] YES  [ ] NO
Were these skills helpful?  [ ] YES  [ ] NO
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List any other skills that you practiced:
_________________________________________________________________________________________
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SOLVED Daily Practice Log

Date ___________  Time___________  Day ___________

What situation caused you to have a problem today?
_________________________________________________________________________________________

Where were you? Who were you with?
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What possible solutions did you come up with?
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Problem Solving – Practice
Did you use problem-solving skills today? [ ] YES  [ ] NO
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_________________________________________________________________________________________
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SOLVED Daily Practice Log

Date ___________  Time___________  Day ___________

What situation caused you to have a problem today?
_________________________________________________________________________________________

Where were you? Who were you with?
_________________________________________________________________________________________

What possible solutions did you come up with?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

After listing the pros and cons, which solution was the best?
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What steps did you take to enact your plan?
_________________________________________________________________________________________
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Problem Solving – Practice
Did you use problem-solving skills today? [ ] YES [ ] NO
Were these skills helpful? [ ] YES [ ] NO
Did you use any other skills today? [ ] YES [ ] NO
Were these skills helpful? [ ] YES [ ] NO
List any other skills that you practiced:
_________________________________________________________________________________________
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SOLVED Daily Practice Log

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SOLVED Daily Practice Log

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List any other skills that you practiced:
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HERO

Elective Session: Social Support for Symptom Management
Social Support

Social support is another very important factor that is helpful for successfully maintaining healthy weight and improving negative moods. Social support means having friends and other people, including family, to turn to in times of need or crisis. Social support enhances quality of life and provides a buffer against adverse life events.

Your friends and family members are a good source of support for your weight loss. It may be helpful to attend the weight-loss support group to provide additional support to maintain your healthy eating and physical activity habits. Weight-loss support groups are made up of other Veterans or non-Veterans who are also trying to lose or maintain weight loss who understand the difficulties and benefits of trying to be healthy. Walking groups also provide support for increasing physical activity.

This type of social support has been shown to be related to long-term maintenance of physical activity and healthy eating. You may want to speak to friends and family about how you can receive additional support to help keep you on track with your healthy eating and physical activity goals.

Receiving support for managing your negative symptoms is also important. Social support has been shown to reduce the psychological consequences of stress, worry, or sadness.

Friends and family members can help you to identify, understand, and manage your negative emotional symptoms. Most friends and family members want to support your healthy management of your negative emotional symptoms but may be unsure how to help you. Your job is to teach your loved ones how to provide the type of support you need.
How To Teach My Friends/Family
How To Provide Support

First, begin by asking yourself these questions. Write down your answers here so that you can refer back to them during times when you find you are lacking the support you need.

1. Which friends or family members are most supportive of you?
________________________________________________________________________________________
________________________________________________________________________________________

2. What do they say or do to support you?
________________________________________________________________________________________
________________________________________________________________________________________

3. How could they be even more supportive of you?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

a. Would it help if they listened rather than talked when you were explaining your symptoms of worry or sadness? __________________________________________________________

b. Could they ask you more frequently about your difficulties managing your symptoms of worry or sadness? _____________________________________________________________

4. Which friends and family are less supportive?
________________________________________________________________________________________
________________________________________________________________________________________

5. What do they say or do that is not supportive?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

6. How could they be more supportive to you?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Encouraging Others to be More Supportive

Next, focus on the people that you listed in question #1 above. See if you can discuss with them ways to be even more supportive. Begin by complimenting them on their current support, and then suggest some new or additional ways to support you.

Example: “I really appreciate it when you check on me when I’m in a negative or stressful mood. It would be really helpful if you would ask me about my symptoms, even on days when it seems like I’m fine.”

Asking Others to Decrease Their Nagging

After successfully practicing and improving this skill, you may be able to approach less supportive friends and family members and ask for their help as well.

Everyone tries to support us in different ways. Sometimes our family and friends want to help but do not know how. They may nag as a way to encourage you to get help. It is important to recognize that they mean well; they think they are being helpful! But, they may actually make the situation worse without knowing it.

You can teach these friends to be more helpful. Encourage them to praise any positive steps they see and ignore anything negative.

Example: “I know you are trying to help me when you say that I need to go get some help dealing with my agitation and anger, but pointing out my irritation often upsets me more. It would be more helpful if you could continue to try and be nice to me or ignore me when you see me being irritable and upset and praise me when I am being kind.”

PLEASE REMEMBER…

Be specific in your example of how to provide you support. You may have to remind your friends and family multiple times how you want to be supported; little by little, they will learn to be more supportive.

Sharing Your Progress

It may be useful to share with them the progress you have made in trying to be less anxious or sad. Emphasizing the progress you have made and the benefits you have noticed since trying more skills to manage your symptom of worry (e.g., using deep breathing, calming thoughts) may help get your friends and family on board.

Below is a worksheet that you can give to people that you want to provide you with more support. It may help them understand better how to support you.
Ask for Social Support: Worksheet

I am trying to manage my worry and sadness symptoms. I have already made some progress. (Describe progress – what were you doing before joining HERO and what are you doing now?)

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
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With these increases in symptom-management skills, I have already noticed some important changes. (Describe the benefits you have experienced – do you go more places?)

_________________________________________________________________________________________
_________________________________________________________________________________________
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Now I am trying to take the next step. My goal is to…

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

I could use your help to achieve this goal. It would really help me if you could… (Be specific – exactly what would you like your friend or family members to do or say: When would you like this to occur? How often would you like it to occur?)

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

If you can’t do that, is there some other way you could help me use my skills to manage my anxiety symptoms?

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

I am glad you are going to help me with my anxiety symptoms. I want to be as happy as I can be so you and I can enjoy many more years together.
HERO

Elective Session: Motivation to be Active
Motivation to be Active
Get up, out, and MOVE!

“Sedentary behavior refers to any waking activity characterized by an energy expenditure $\leq 1.5$ metabolic equivalents and a sitting or reclining posture.” What this means for you is any time you are sitting or lying down while you are awake, you are engaging in sedentary behavior. Some examples of common sedentary behaviors are watching TV, playing video games, using the computer, driving or using public transportation, and reading.

Do you spend a lot of time during the day doing some of these activities or activities similar to these? What are some examples of other sedentary behaviors you participate in?

1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________

How much time do you think you spend each day participating in these types of activities?

Research shows that when you have a high level of sedentary behavior, you increase your risk for cancer, diabetes, obesity, and weight gain. When you are participating in sedentary behavior, you burn very few calories. People also like to snack on unhealthy foods while participating in sedentary behaviors. This further contributes to weight gain.

Because you DO have a choice in how often you are active, today we are going to work on reducing the amount of time you spend participating in sedentary behaviors.

It is not always an easy task to reduce these behaviors because the activities are so common in our lives. Driving and sitting while using a computer are usually things we find ourselves doing at least once each day. There are also barriers to decreasing these behaviors in our everyday lives. For example, sometimes you might not feel like getting up off the couch. This is called a lack of motivation.
Can you think of any barriers that make it difficult for you to reduce your sedentary behavior?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

So how do we get past these barriers? We make a plan!

Step one of your plan should involve getting motivated. Motivation is the force behind doing something. When you lack motivation, it is often very difficult to get moving, especially if you are used to spending a large amount of time participating in sedentary activities. Without motivation, nothing much happens. Motivation often comes and goes, but here are some tips for how to get motivated and stay motivated.

❖ GET SERIOUS.
Put your weight loss goals at the top of your “to do” list every day.

❖ BE PATIENT.
Recognize that results take time.

❖ SET REASONABLE EXPECTATIONS.
Set daily goals you can accomplish, and give those your all.

Let’s work on setting some reasonable goals as a part of our plan. An example of an unreasonable goal is, “I will lose 20 pounds by the end of the week.” You should start smaller. It is a good practice for you to set both daily and weekly goals that are achievable. Write these goals down, and place them somewhere you can see them often. “Today I will walk for at least 10 minutes.” Don’t worry about the long-term stuff right now. It will happen as you achieve your daily goals.

Here are some examples of goals you can set to decrease sedentary behavior.
❖ “I will stand up at each TV commercial.”
❖ “I will fold my laundry while watching TV.”
❖ “I will walk around the couch while I am talking on the phone.”

Can you give me some other examples?

1. _____________________________________________________________________________

2. _____________________________________________________________________________

3. _____________________________________________________________________________
Take one day at a time and devote your all to accomplishing the goals for that day. By doing what it takes to get some results, you will motivate yourself to push even further. For every goal you meet, find a way to reward yourself without using food. For example, if you like watching movies, rent a Redbox DVD every time you accomplish a goal.

When you are having a hard time motivating yourself, do not be afraid to seek support from others. It is often fun and very motivating to participate in physical activities with others. For example, find a neighbor who will walk down the block with you once or twice a week.

Be aware that you will not achieve EVERY goal you set. That is okay. Setbacks and mistakes happen to EVERYONE. Learn from your setbacks. Think about what contributed to your not achieving your goal for that day. Make a note of these things, and then FORGIVE yourself. Do LOTS of positive self-talk. “I had a setback today, but tomorrow I am going to achieve my goals.”

Now that you have a plan in place, make it a priority. Making time for physical activity and healthy eating needs to be a priority when you want to manage your weight. Here are some tips to help you:

- Write down everything you need or want to do each day. Decide which are absolute “have to do” things and schedule them (this should include physical activity and healthy eating).
- Fill in any leftover time with the things that you may want to do but that aren’t as important as the others.
- Always allow extra time! Things usually take longer than expected. Allow time for grocery shopping, meal preparation, and warm-up and cool-down when exercising.
- Focus when doing tasks. Avoid letting little interruptions get in the way.
- If you are overcommitted, begin saying “No.” Delegate some of your responsibilities to others whenever possible. You don’t have to do absolutely everything yourself.

PLEASE REMEMBER...

Changing your behavior takes practices. Work every day to DECREASE the amount of time you spend participating in sedentary behaviors and INCREASE the amount of time you participate in physical activities.
Here are some general tips on increasing your physical activity:

- Start slowly.
- Choose the type and amount of activity that is right for you.
- Increase your everyday activity. Take the stairs. Park farther away and walk. Clean your house. Get up to change the TV channel. Walk to get your mail.
- Walk to increase your physical activity. It’s free, and you can do it almost anywhere. Use the pedometer to count the number of steps you take every day.
- Choose any activity that gets you moving. You don’t have to belong to a gym.
- Add 10-minute sessions of physical activity into your day. You don’t have to do it all at one time. Adding up chunks of 10 minutes counts.
- Be physically active for at least 30 minutes most days of the week to improve your health. To lose weight, build up to 60 minutes most days. Try not to overdo it at first.
- Wear comfortable shoes and clothes that are right for the activity and weather.
- Listen to your body. You are the best judge of how hard and how long you should exercise.
- Recruit a buddy or someone who likes the same activity. You can motivate each other.
- Warm-up before you exercise, cool-down after, and stretch at the end of your session to prevent injury and reduce muscle soreness.
- Drink plenty of water before, during, and after activity.
HERO

Elective Session: Sexual Health
Sexual Health

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.

Sexual health affects your physical, emotional and mental well-being. It can change and develop over your lifetime. Sexual health has several dimensions. In addition to our physical health, our sense of self, and our sexual self-image, the quality of our relationships with others, and the values we hold all affect our sexual health. Sexual health also can be influenced by social attitudes and our upbringing and cultural experiences, as well as the ways in which sexuality and sexual expression are represented to us in our environment. And, like many other things in life, knowledge and understanding are essential ingredients in enjoying healthy sexuality throughout our lives. Each person expresses sexuality in his or her own way. It is important to look after your sexual health along with your physical and mental health.

Sexual Dysfunction

Sexual dysfunction refers to a problem occurring during any phase of the sexual-response cycle that prevents the individual or couple from experiencing satisfaction from the sexual activity. The sexual-response cycle traditionally includes excitement, plateau, orgasm and resolution. Desire and arousal are both part of the excitement phase of the sexual response.

Although research suggests that sexual dysfunction is common (43% of women and 31% of men report some degree of difficulty with sexual functioning), it is a topic that many people are hesitant to discuss. Fortunately, many cases of sexual dysfunction are treatable; so it is important to share your concerns with your partner and healthcare provider.
Types of Sexual Dysfunction

Sexual dysfunction is usually classified into four categories:

- Desire disorders — lack of sexual desire or interest in sex
- Arousal disorders — inability to become physically aroused or excited during sexual activity
- Orgasm disorders — delay or absence of orgasm (climax)
- Pain disorders — pain during intercourse

Who Is Affected by Sexual Dysfunction

Sexual dysfunction can affect anyone at any age, although it is more common in the 40 – 65-year-old range and is often related to declines in health associated with aging.

What are the symptoms of sexual dysfunction?

In men:

- Inability to achieve or maintain an erection suitable for intercourse (erectile dysfunction)
- Absent or delayed ejaculation despite adequate sexual stimulation
- Inability to control the timing of ejaculation (premature or retarded ejaculation)

In women:

- Lack of interest in or desire for sex
- Inability to achieve orgasm
- Inadequate vaginal lubrication before and during intercourse
- Inability to relax the vaginal muscles enough to allow intercourse

In men and women:

- Lack of interest in or desire for sex
- Inability to become aroused
- Pain with intercourse

Have you had problems in any of these areas?

☐ Yes  ☐ No

How has it affected you?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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Causes Sexual Dysfunction

There are many common physical and psychological factors that contribute to problems in sexual performance. In many cases, the problems result from a combination of factors.

Physical causes — Many physical and/or medical conditions can cause problems with sexual function. These conditions include diabetes, heart and vascular (blood-vessel) disease, neurological disorders, hormonal imbalances, chronic diseases such as kidney or liver failure, and alcoholism and drug abuse. In addition, the side-effects of some medications, including some antidepressant drugs, can affect sexual function.

Psychological causes — These include stress and anxiety, concern about sexual performance, marital or relationship problems, depression, feelings of guilt, and the effects of a past sexual trauma.

Do you think any physical or psychological factors are affecting your sexual health?

□ Yes □ No

How Sexual Dysfunction Is Diagnosed

In most cases an individual recognizes there is a problem interfering with his or her enjoyment (or the partner's enjoyment) of a sexual relationship. The clinician likely will begin with a complete history of symptoms and a physical. He or she may order diagnostic tests to rule out any medical problems that may be contributing to the dysfunction. An evaluation of the person’s attitudes regarding sex, as well as other possible contributing factors (fear, anxiety, past sexual trauma/abuse, relationship problems, medications, alcohol or drug abuse, etc.) will help the clinician understand the underlying cause of the problem and make recommendations for appropriate treatment.

Have you ever talked to a provider about your sexual health?

□ Yes □ No

What did the provider say?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Did the provider ever mention that your weight or chronic illness might affect your sexual health?

□ Yes □ No
Have you tried using the “SOLVED” problem solving method when you experience issues with your sexual health?

S____________________________________________________________
O____________________________________________________________
L____________________________________________________________
V____________________________________________________________
E____________________________________________________________
D____________________________________________________________

### How Sexual Dysfunction Is Treated

Most types of sexual dysfunction can be corrected by treating the underlying physical or psychological problems. Other treatment strategies include:

**Medication** — When a medication is causing the dysfunction, a change in the medication may help. Men and women with hormone deficiencies may benefit from hormone shots, pills, or creams. For men, drugs including sildenafil (Viagra) may help improve sexual function by increasing blood flow to the penis.

**Mechanical aids** — Aids such as vacuum devices and penile implants may help men with erectile dysfunction (the inability to achieve or maintain an erection). Dilators may help women who experience narrowing of the vagina.

**Sex therapy** — Sex therapists can be very helpful to couples experiencing a sexual problem that cannot be addressed by their primary clinician. Therapists are often good marital counselors as well. For the couple who wants to begin enjoying their sexual relationship, it is well worth the time and effort to work with a trained professional.

**Behavioral treatments** — These involve various techniques, including insights into harmful behaviors in the relationship or techniques such as self-stimulation for treatment of problems with arousal and/or orgasm.

**Psychotherapy** — Therapy with a trained counselor can help a person address sexual trauma from the past; feelings of anxiety, fear or guilt; and poor body image, all of which may affect current sexual function.

**Education and communication** — Education about sex, sexual behaviors, and sexual responses may help an individual overcome his or her anxieties about sexual function. Open dialogue with your partner about your needs and concerns also helps to overcome many barriers to a healthy sex life.
Outcomes for Sexual Dysfunction
The success of treatment for sexual dysfunction depends on the underlying cause of the problem. The outlook is good for dysfunction that is related to a treatable or reversible physical condition. Mild dysfunction that is related to stress, fear, or anxiety often can be successfully treated with counseling, education, and improved communication between partners.

Relationship Difficulties
Several characteristics make maintaining healthy relationships difficult. However, healthy relationships can be achieved if you are aware of these challenges and have tools to deal with them. Some challenges couples encounter when dealing with sexual dysfunction include:

- Dissatisfaction, resentment, or struggles for power or control within the relationship. Some challenges can be related to sexual dysfunction, while others may not.
- Communication of wants and needs is a critical component of achieving a healthy relationship.
- Sometimes couples have different value systems that may impact sexual relationships. It is important to discuss value systems with your partner to make sure that each of your value systems is not being compromised.
- Lack of intimacy, emotional expression, or physical affection due to issues related to sexual dysfunction may impact a relationship. It may help if you discuss these difficulties with your partner to help him/her understand what you are experiencing.

Couples may experience discrepancies in sexual preferences. It is important to discuss your sexual preferences with your partner and how they may impact your relationship.

Has your relationship been impacted by your sexual health? How?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Talking About Sexual Health
Talking about your sexual health with your treatment team is just as important as talking about other health problems. Having conversations with your providers can help you understand problems with your sexual health and your choices for treatment.

Sometimes people feel too embarrassed to talk about their sex life with health professionals, but it’s your providers’ job to listen to your problems and offer help! They are likely to
want to help. Just as a reminder, it is unlikely that you will surprise or shock your provider. When discussing your sexual health, your treatment team should:

- Treat you with respect.
- Listen to the problems you want to talk about and be sensitive to your experiences.
- Investigate possible causes.
- Work with you to find solutions to problems.

## Improving Sex

Often people think of their usual way of having sex as the only way or the best way. As men and women age, and perhaps start to have some health problems, their sexual routine or "script" sometimes no longer works for them. Many couples find they can adjust to the physical changes if they try some changes in their routine and try different ways of showing affection. Here are some suggestions that couples have found helpful.

1. Talk about sex with your partner. It is important to talk about what you like or do not like. What "turned you on" during your honeymoon days may not be the best for you now. You cannot read your partner's mind, and he or she cannot read yours. You can tell your partner what you like best without being critical.

2. Talk with your partner about how important the erection is to your sexual relationship. Many women enjoy caresses and kissing just as much as intercourse. Many men find they can still have an orgasm even if they cannot get a full erection or if they cannot keep their erection long enough for intercourse. Many couples find they can feel sexually satisfied by enjoying activities such as kissing, massage (body, back, legs, neck, face and head, feet, arms, hands), caressing the partner with their hands or mouth, or rubbing their bodies together. If you have no religious or other objections, there are many ways besides intercourse to reach sexual fulfillment.

3. Try changing the atmosphere for romantic activities. Many couples use the same sexual "script" for many years. Just as watching the same movie over and over would become boring, sex can lose its excitement, too. Many couples find that, if they change the routine a little, they enjoy sex more. For example, dim the lights or use candles, wear sexy clothes, take a relaxing bath or shower together, play music, pick out a new perfume or aftershave for your partner, try having sex in a different place, try a new way to start sex.

## Myths About Sex

Many people don't enjoy sex as much as they could (or stop trying) because they hold certain beliefs about sex that may actually not be true. Here are some very common false beliefs or "myths" about sex.
Myth #1. Performance is all that counts. The goal in sex is to have intercourse and orgasm. Facts: People who get the most pleasure out of sex have a different goal--to just relax and enjoy it. As couples get older or have health problems, intercourse and orgasm may not always be possible. Focus on performance can make sex work rather than play and can take all the pleasure out of what should be a relaxing experience.

Myth #2. Sex equals intercourse. Facts: By thinking that every sexual experience must end in intercourse, you may not find out that there are other things about sex that you enjoy. Intercourse is one way to express love, but it is not the only way to enjoy sexual feelings.

Myth #3. There is a "right" way to have sex. Facts: Most couples enjoy sex more if they do things differently now and then and if they find out what works best for them. If you have concerns about whether certain sexual activities are prohibited by your religion, you can consult a minister, priest, or rabbi.

Myth #4. The man must always be in control. Facts: It is not necessary for the man to take charge all the time. Sometimes a medical condition makes it necessary for the woman to be the most active partner. Sometimes the woman and the man enjoy letting the woman take control. This gives the man more time to notice and enjoy the pleasurable feelings.

Myth #5. Men should be "strong" and should not express certain feelings. Facts: Some feelings, such as tenderness, compassion, and sensuality, can be difficult for men to express. However, these feelings are very important in close relationships. They can help a man's sexual arousal and erections.

Myth #6. All physical closeness must lead to sex. Facts: A man or woman who believes this may think that even a hug or kiss or a special touch must lead to sex. This can cause him/her to avoid physical closeness if s/he is afraid of being able to perform or is too tired or not in the mood for sex. However, a touch, hug, or kiss can be nice all by itself and sometimes is especially nice at times when the man or woman cannot go on to have sex.

Myth #7. The man (or the woman) should always be ready for sex if the partner wants it. Facts: This myth does not allow people to recognize that sex is better for them under certain conditions. There are times when you may not be interested in sex, such as when you are worried about something or too tired or not feeling well. You may find that there are certain times when the man's erections are harder or when both partners enjoy sex more.

Myth #8. Sex requires an erection. Facts: This idea puts tremendous pressure on a man to have an erection, and that pressure can make it less likely that he will have one. Because intercourse is the only sexual activity
that needs an erection, sex can still be a warm, close, and loving experience, even if the man does not get an erection or cannot keep it for very long.

Myth # 9. The larger and harder the penis, the better sex is.
Facts: Sex can be a sharing and pleasurable experience, no matter what size the penis is. A woman's body adapts to any size penis so that it makes no difference at all how large the erection is.

Myth # 10. Women are satisfied only by vaginal orgasm (through intercourse).
Facts: Many women never or rarely have orgasms during intercourse. This is perfectly normal. Most women enjoy orgasms when their genitals are caressed by their partner. Many women (and men, too) enjoy sex without having an orgasm every time.

Myth # 11. Sex is over at 50 ... or 60.
Facts: Age does have some effects on sex, but that does not mean that people's interest in sex or ability to have sex must end. People who are willing to adjust to the changes that occur as they get older can continue to enjoy sexual activities for the remainder of their lives. Medication or special devices may be necessary to overcome some changes caused by aging and disease.
HERO

Elective Session: Chronic Pain
Chronic Pain

Chronic pain is any pain that continues for several months. Chronic pain can begin with an injury, be a result of excessive weight or increased disability, or can begin for no apparent reason at all. The pain can be in any part of the body, and it can range in severity. For instance, one person may have an ongoing, dull ache in his lower back; and another person could have daily headaches that she describes as sharp or stabbing. Pain is different for everyone. Chronic pain is complex and is often impossible to treat with medication alone.

How severe is your pain today?

0 1 2 3 4 5 6 7 8 9 10

Chronic pain can make life difficult.

Although there are physical aspects of pain, there are many ways that pain interacts with psychological factors. For instance:
1. A life-changing injury or disability can lead to depression and/or anxiety.
2. Stress, depression, and anxiety can all increase pain.
3. Other factors, such as sleep, can influence pain.

Can you think of examples from your life when pain has interfered with your emotions and feelings?
1. ______________________________________________________________
2. ______________________________________________________________

It may seem like living with pain makes it impossible to do the things you want to do, but you can learn to overcome pain and live your life.

For many people, the most important parts of their lives can be divided into a few, broad categories, such as relationships, work, recreation/fun, spirituality, and taking care of themselves (such as sleeping, eating right, and getting exercise).
On a scale of 1-10, where 1 is not important and 10 is very important, how important are each of these areas to you?

Relationships:

![Scale]

Work:

![Scale]

Recreation/Fun:

![Scale]

Spirituality:

![Scale]

Taking Care of Yourself:

![Scale]

If these dimensions of your life could be exactly how you wanted them to be, what would that mean for you?

Relationships: _____________________________________________________________

_____________________________________________________________________________________

Work: _______________________________________________________________________________  

_____________________________________________________________________________________

Recreation/Fun: __________________________________________________________

__________________________________________________________________________

Spirituality: __________________________________________________________________________

_______________________________________________________________________________________

Taking Care of Yourself: ______________________________________________________________

______________________________________________________________________________________
In the past week, how well has your behavior matched the way you would like to live your life? Rate each area from 1-10:

Relationships:

Work:

Recreation/Fun:

Spirituality:

Taking Care of Yourself:

What keeps you from living your life in line with your values and intentions? What role does pain play? ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Often individuals with chronic pain do not live the life they want to live because of pain. It may feel like you should wait until the pain is gone to do the things you want to do. However, a pain-free life may not be possible. Instead, you can make a choice to live a life consistent with your values, despite the pain.
Picture two boxes. In one box is a pain-free life, but to accomplish that you have to take so much medication and limit your activity to the point that all you do is sit at home unable to do any of the things you enjoy. In the other box is all the pain and disability you have now, but you are living the life you described above.

Which one would you choose?

You can learn to live a life consistent with your values, but it takes both willingness to let go of your attempts to control pain and effort to pursue a valued life direction in the face of pain.

Choose two or three areas where there is a big difference between your values and how you are living your life. What are goals you could make for ways to live more consistently with your values? These are things you will plan to do regardless of how much pain you are experiencing:

1. __________________________________________________________

2. __________________________________________________________________

3. __________________________________________________________________

Once you decide to live your life in spite of the pain you have, you can also learn skills that help you let go of the ways you have tried to control pain; relax; and, ultimately, reduce pain. These skills include things like deep breathing, which you may have already learned about.
HERO

Session 6: Preventing Setbacks and Relapses
Going back to poor mental health symptoms is referred to as having a “relapse.” A relapse is when troubling symptoms or behaviors come back or get worse. Certain feelings, activities, and/or life events can put us at risk for returning to poorly managed symptoms of anxiety, subsequent unhealthy eating, and sedentary behaviors.

When you feel happy and are sticking to your healthy eating and physical activity goals, the last thing you want to think about is a relapse of going back to feeling anxious and making unhealthy food choices or perhaps gaining weight. But you can do a lot to lower the risk of going back to feeling anxious or returning to unhealthy eating and physical activity habits if you plan ahead. For instance, if you make plans now to enroll in individual or group psychological services at the VHA or in the community to continue receiving mental health treatment, you are taking an important step to prevent worry or sadness in the future. You can also repeat your weight-loss group or attend a cooking or nutrition class offered at the VHA or a community center. By doing this, you have already made a plan to try and avoid returning to poor eating habits.

Do you plan to seek additional mental health services?

Do you plan to repeat your weight-loss efforts or enroll in any other weight-loss program?

While it is true that some individuals maintain healthy eating and physical activity habits over a lifetime, most people return to some unhealthy weight-management habits. A relapse is especially high for those with worry and sadness since these symptoms often recur and can increase in severity.

**Systematic Way to Avoid Relapse**

The first step to relapse prevention is to identify early warning signs or triggers of anxiety. Triggers can manifest as thoughts, events, or situations.
When you identify your triggers, you give yourself the power to challenge thoughts or perceptions of situations that cause you to make poor food choices or to be sedentary.

Each of us has his/her own unique set of triggers. Some of these triggers for mood can be linked to traumatic events from the past. The most powerful trigger seems to be loss. Relationship break-ups, divorce, the death of a parent, the death of a grandparent, and even the loss of a pet have the potential to cloud our judgment for making healthy food choices and being physically active. Some other examples of triggers of unhealthy eating and sedentary lifestyle include:

These have been my triggers for worry or sadness in the past

1._____________________________________________________________

2._____________________________________________________________

Some other examples of triggers of worry or sadness include:
- Not having plans to continue receiving individual or group mental health services from the VHA or in the community when HERO ends
- Being overly angry or lonely
- Poor sleep or not getting enough sleep
- Loss or grief
- Conflict among loved ones
- An unpleasant event such as a perceived failure, disappointment, or criticism
- Other stressful events
- Certain times (a change in the season or, if you’re a woman, your menstrual cycle)
- Increased symptoms of anxiety

To continue identifying your warning signs, you'll need to think back to other times you were worried or sad:

What did you experience?
What kind of thoughts did you have?
Did your behavior change?
Did anything happen in a particular order?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
To continue identifying your warning signs, you'll need to think back to other times you were eating unhealthy foods or being sedentary:

- What did you experience?
- What kind of thoughts did you have?
- Did your behavior change?
- Did anything happen in a particular order?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**Recognizing and Responding to Triggers**

Once you know what your triggers are, your job is to be on the lookout for the return of feeling worried or sad, unhealthy eating and sedentary living when the trigger gets activated. An excellent relapse-prevention strategy is to stay away from circumstances that can serve as triggers.

**Taking Action**

Now that you've figured out what warning signs and triggers to watch for and things to avoid, it's time to decide how you'll take action when they come up.

One way to stay in touch with yourself is to track your daily moods using a 1 to 10 rating scale, with 1 representing severe worry or sadness and 10 depicting total joy. As long as your ratings remain between 4 and 6, you are experiencing normal fluctuations in mood. If, however, they creep below 4, and remain there for more than a week, you are in mild danger of relapse. This may place you at greater increase for unhealthy eating and sedentary living. If this occurs, you can implement the following coping strategies:

**Practice, practice, practice!**

The best way to prevent a lapse is to keep practicing your skills! If you are regularly practicing, you will be in good shape to handle whatever situations you are faced with.
How do you fit in practice?

Make a schedule for yourself of what skills you are going to work on every week. You may choose two skills that are easiest for you this week and then practice two skills that are a little more difficult next week. If you plan out which skills you will practice during the week, you will increase your chances of following through with your practice schedule.

Which two skills will you practice this and next week?
1._____________________________________________________________
2._____________________________________________________________

Again, the more you practice your skills, the better you will be prepared for a potential relapse. Sometimes, you may experience a relapse despite practicing your skills. Here are a few strategies that can help you end your relapse and get back on track with your mood-management skills.

**Be Kind to Yourself**

Don’t misperceive the situation, don’t use *should*, and don’t beat yourself up for having a relapse. As you remember from our earlier thought-stopping session, these types of thoughts don’t help. It is much more helpful to realize that we all make mistakes sometimes. In fact, it can actually be helpful to have a relapse, because it gives you a chance to learn that lapses are normal and that they can be overcome if you get back to practicing your skills.

**Learn From Your Lapses**

Remember that it is normal to occasionally have a relapse. The good news is that you can learn a lot from these lapses. Try to figure out what the situation was that led to you have a lapse by asking yourself:

- Were you having anxious thoughts?
- Was your anxiety very high?
- Did you do something different?
- Did you know that the situation was going to be difficult, or did it take you by surprise?

Knowing why a situation was more difficult for you can help you to prepare for the next time. You can plan ahead to help you better cope with difficult situations in the future.

**PLEASE REMEMBER…**

Try to be patient with yourself, learn from your lapses, and move forward.
Rewarding Yourself

Make sure to always take the time to reward yourself for all the hard work you are doing. It is very motivating to give yourself a treat once in a while. A reward might be going out for a nice, healthy meal; buying yourself something new; going out with friends; or just taking some time to relax, enjoy yourself, or pamper yourself. Remember that managing weight during times of anxiety is hard work, and any progress you make is due to your own efforts. Doesn’t that deserve a reward?

How can you reward yourself for managing your moods?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Creating Your Personal Relapse Prevention Plan

Answering the questions that follow will help you to identify the thoughts and behaviors that are your personal warning signs of relapse. They will also help you to specify actions you can take once you become aware of those warning signs.

1. Using the information we just talked about, what are the warnings that indicate that you are about to feel sad?

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

2. When you notice those warning signs, what actions might you take that will help you practice better management of your emotions and behavior choices?

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

3. Who can you call or talk with to get support? With whom will you share your relapse warning signs? Please list (if you can) three or more people below.

Name                                      Phone
a. _____________________________          _____________________________
b. _____________________________          _____________________________
c. _____________________________          _____________________________

4. Is it possible to avoid such triggers altogether? How might you do so?

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

5. What are some of your old ways of thinking that you have seen produce increased sadness and subsequently unhealthy eating or sedentary living?

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

6. What are some new thoughts or beliefs that you can use to challenge those old ways of thinking and behaving?

_________________________________________________________________________________________
_________________________________________________________________________________________


7. Are there any changes you could make in your daily activities that would reduce the risk of relapse?

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________
Supplementary Session: Sleep Hygiene
Sleep Skills

One important thing to understand about sleep is that different people may need different amounts of sleep to feel rested. We also know that, as people age, they tend to need less sleep than when they were younger. For example, younger adults need about eight hours of sleep per night to feel rested, while older adults may need only about seven hours of sleep per night.

Sadness and/or worry can affect how much people sleep and how well they sleep, which can affect how rested they feel in the morning. For example, being awakened by a nightmare or a noise in the environment can disrupt sleep. Some people might find it difficult to calm themselves enough and fall back to sleep.

The “Rules” of Good Sleep Hygiene

Night Time Skills:

1. Go to sleep and wake up at the same time each day.
Going to sleep and waking up at the same time each day can help you get in the habit of getting a full seven hours of sleep.

2. Develop a bedtime routine.
A routine will help to calm you and prepare your body for sleep. Your routine might include brushing your teeth, taking medication, calling someone, and/or listening to calming music. Whichever activities you decide to do as part of your bedtime routine, be sure to do them in the same order and at the same time every night. It is best not to include energizing activities like exercising or drinking caffeine as part of your bedtime routine.

3. Stretch legs or soak them in a hot bath before bed.
Stretching your legs and/or soaking them in a hot bath just before bed can help calm your muscles and prevent them from moving at night.

4. Relax before bedtime or when waking up at night.
What do you think about while trying to get to sleep or when waking up in the middle of the night? Relaxing before you go to bed or when you wake up at night can help reduce intrusive thoughts. Relaxation could include using calming skills like deep breathing or calming thoughts, meditating, listening to soothing music, or visualizing yourself in a peaceful place. You could even post calming thoughts somewhere close by like on a nightstand or on the bedroom wall to help calm your mind while you try to fall asleep.
5. **Limit the use of your bed to sleep or intimacy with your partner.**
What do you do in bed besides sleep? Do you watch TV, read, work, or eat in bed? We would recommend not doing anything in bed except sleeping or being intimate with your partner. This would mean that activities like watching TV, reading, working, or eating would be done outside the bedroom. When you limit bedroom activities to sleep and intimacy with your partner, your bed becomes a cue for sleep instead of for other behaviors.

6. **Get out of bed if you are not asleep in 15 to 20 minutes.**
How long does it take you to fall asleep? Do you awaken during the night? If yes, how many times? For how long? What do you do while awake at night? If you don’t fall asleep within 15 to 20 minutes, or you wake up in the middle of the night and can’t get back to sleep, we would suggest you leave the bedroom and do something calming or relaxing until you feel sleepy again. You might want to use deep breathing or calming thoughts, meditate, listen to soothing music, or visualize yourself in a peaceful place.

7. **Minimize distractions.**
Are you easily awakened by noise or light? Try to minimize distractions such as light, noise, or movements that might be keeping you awake at night. You might consider rearranging your bedroom, putting curtains up, sleeping with earplugs in, or sleeping separately from your partner.

8. **Alleviate pain.**
Do you have any pain at night? If you’re experiencing pain, relax the area of the body where you’re feeling pain. Or, distract yourself from pain by doing enjoyable things right before bed and using calming thoughts once you’re in bed.

**Day Time Skills:**
1. **Stay out of bed during the day.**
This includes while watching TV, reading, working, or eating. Do these activities prior to getting into bed at night.

2. **Limit naps.**
Do you take naps during the day? When are these naps? How long do they last? Where do you take naps? All naps can be disruptive to nighttime sleep, so it’s best not to take any. If you’re unable to avoid a nap midday, limit the nap to one hour and be sure to nap before 3:00 pm. Napping somewhere other than your bedroom can shorten your nap time and help you to associate your bed with longer sleep times.
3. Avoid caffeinated drinks in the afternoon and evening.
How much coffee, soda, tea, or alcohol do you drink? When do you drink it? Do you smoke cigarettes? Caffeine can keep you awake for up to eight hours, so try not to drink caffeine within eight hours of your normal bedtime. We also know that smoking cigarettes can affect how rested people feel the next morning because of the effects of nicotine dependence, the association between smoking and snoring, and the potential risk for smokers to engage in other unhealthy behaviors (Phillips, B.A. & Danner, F. J., 1995).

4. Exercise at least three to four days per week.
Do you exercise? When do you exercise? How often do you exercise? Exercising in the morning or afternoon can help make you tired later in the day. However, exercising too close to bedtime can raise your heart rate and body temperature and cause you to have more trouble falling asleep. Talk with your physician about exercise ideas that are safe and fit your needs.

5. Drink fluids earlier in the day.
You may be able to reduce the number of times you get up to go to the bathroom at night by reducing the amount of fluid you drink in the evening. Be sure to drink more in the morning so that you are still able to get enough fluids to maintain your health.

Spending some time in natural light has been shown to improve sleep. It can also improve overall well-being.
Sleep Skills

Instructions for Practice Exercises
Choose a realistic time for going to bed each night and waking up each morning to help you get in the habit of getting a full seven hours of sleep each night.

Goal bed time: _____________
Goal wake time: ___________

Based on what you know about your current sleep hygiene and what was discussed during the session, select five skills to practice to help you feel more rested each day.

Sleep skills I am going to practice this week:

1. ________________________________________________________
2. ________________________________________________________
3. ________________________________________________________
4. ________________________________________________________
5. ________________________________________________________

Record Sleep Skills:
Each morning or early afternoon, record what time you went to bed the night before and what time you woke up that morning. List the daytime sleep skills you used the day before and the nighttime sleep skills you used the night before. Note any problems you may have experienced while you were trying to sleep and what you did in response.

Continue to practice and use previously learned calming skills.
Sleep Skills Practice Exercise (Date: __________)

Time I went to bed last night: _____________

Time I woke up today: _____________

Nighttime skills I used yesterday:  
___________________________  
___________________________  
___________________________  

Daytime skills I used yesterday:  
___________________________  
___________________________  
___________________________

If you woke up at any point last night, what may have caused you to wake up?

______________________________________________________________________

What did you do to fall back asleep?

______________________________________________________________________

SKILLS PRACTICE

Did you use deep breathing today?  [ ] YES  [ ] NO
  If yes, did it make you more relaxed?  [ ] YES  [ ] NO

Did you use calming thoughts today?  [ ] YES  [ ] NO
  If yes, were they helpful?  [ ] YES  [ ] NO

Did you use any other calming skills this week?  [ ] YES  [ ] NO
  If yes, were they helpful?  [ ] YES  [ ] NO
Sleep Skills Practice Exercise (Date: __________)

Time I went to bed last night: ______________

Time I woke up today: ______________

Nighttime skills I used yesterday: ___________________________

Daytime skills I used yesterday: ___________________________

Nighttime skills I used yesterday: ___________________________

Daytime skills I used yesterday: ___________________________

Nighttime skills I used yesterday: ___________________________

Daytime skills I used yesterday: ___________________________

If you woke up at any point last night, what may have caused you to wake up?

______________________________________________________________________

What did you do to fall back asleep?

______________________________________________________________________

SKILLS PRACTICE

Did you use deep breathing today? [ ] YES [ ] NO

If yes, did it make you more relaxed? [ ] YES [ ] NO

Did you use calming thoughts today? [ ] YES [ ] NO

If yes, were they helpful? [ ] YES [ ] NO

Did you use any other calming skills this week? [ ] YES [ ] NO

If yes, were they helpful? [ ] YES [ ] NO
Sleep Skills Practice Exercise (Date: __________)

Time I went to bed last night: ______________

Time I woke up today: ______________

Nighttime skills I used yesterday:  

Daytime skills I used yesterday:  

If you woke up at any point last night, what may have caused you to wake up?

____________________________________________________________________

What did you do to fall back asleep?

____________________________________________________________________

SKILLS PRACTICE

Did you use deep breathing today?  [ ] YES  [ ] NO

If yes, did it make you more relaxed?  [ ] YES  [ ] NO

Did you use calming thoughts today?  [ ] YES  [ ] NO

If yes, were they helpful?  [ ] YES  [ ] NO

Did you use any other calming skills this week?  [ ] YES  [ ] NO

If yes, were they helpful?  [ ] YES  [ ] NO
Sleep Skills Practice Exercise (Date: ________)

Time I went to bed last night: ______________

Time I woke up today: ______________

Nighttime skills I used yesterday: __________________________
                                     __________________________
                                     __________________________
                                     __________________________

Daytime skills I used yesterday: __________________________
                                     __________________________
                                     __________________________
                                     __________________________

If you woke up at any point last night, what may have caused you to wake up?
____________________________________________________________________

What did you do to fall back asleep?
____________________________________________________________________

SKILLS PRACTICE

Did you use deep breathing today?  [ ] YES  [ ] NO
    If yes, did it make you more relaxed?  [ ] YES  [ ] NO

Did you use calming thoughts today?  [ ] YES  [ ] NO
    If yes, were they helpful?  [ ] YES  [ ] NO

Did you use any other calming skills this week?  [ ] YES  [ ] NO
    If yes, were they helpful?  [ ] YES  [ ] NO
Sleep Skills Practice Exercise (Date: __________)

Time I went to bed last night: ________________

Time I woke up today: ______________

Nighttime skills I used yesterday:  
___________________________  
___________________________  
___________________________  
___________________________  

Daytime skills I used yesterday:  
___________________________  

If you woke up at any point last night, what may have caused you to wake up?

______________________________________________________________________

What did you do to fall back asleep?

______________________________________________________________________

SKILLS PRACTICE

Did you use deep breathing today? [ ] YES [ ] NO  
   If yes, did it make you more relaxed? [ ] YES [ ] NO  
Did you use calming thoughts today? [ ] YES [ ] NO  
   If yes, were they helpful? [ ] YES [ ] NO  
Did you use any other calming skills this week? [ ] YES [ ] NO  
   If yes, were they helpful? [ ] YES [ ] NO
Sleep Skills Practice Exercise (Date: __________)

Time I went to bed last night: ____________

Time I woke up today: ____________

Nighttime skills I used yesterday:  
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Daytime skills I used yesterday:  
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If you woke up at any point last night, what may have caused you to wake up?
____________________________________________________________________

What did you do to fall back asleep?
____________________________________________________________________

SKILLS PRACTICE

Did you use deep breathing today? [ ] YES  [ ] NO
   If yes, did it make you more relaxed? [ ] YES  [ ] NO

Did you use calming thoughts today? [ ] YES  [ ] NO
   If yes, were they helpful? [ ] YES  [ ] NO

Did you use any other calming skills this week? [ ] YES  [ ] NO
   If yes, were they helpful? [ ] YES  [ ] NO
Sleep Skills Practice Exercise (Date: _________)

Time I went to bed last night: __________

Time I woke up today: _____________

Nighttime skills I used yesterday:          Daytime skills I used yesterday:
________________________________________  ________________________________
________________________________________  ________________________________
________________________________________  ________________________________

If you woke up at any point last night, what may have caused you to wake up?
________________________________________

What did you do to fall back asleep?
________________________________________

SKILLS PRACTICE

Did you use deep breathing today? [ ] YES [ ] NO
   If yes, did it make you more relaxed? [ ] YES [ ] NO

Did you use calming thoughts today? [ ] YES [ ] NO
   If yes, were they helpful? [ ] YES [ ] NO

Did you use any other calming skills this week? [ ] YES [ ] NO
   If yes, were they helpful? [ ] YES [ ] NO
Final Thoughts:

- Learning how to manage your moods so they do not interfere with healthy living can seem hard at first, but it can be done. It requires a plan, dedication, and support.

- Think of yourself as having a healthy and happy lifestyle despite your mental health symptoms. You can live with your mental health symptoms rather than suffering from them. Attitude really does make a difference.

- Understand that your choices and decisions can have a powerful impact on how you feel both physically and emotionally.

- Learning how to manage your mental health symptoms presents opportunities for growth. You can be courageous by living your life to the best of your ability.