



My Treatment Plan and Wellness Guide

Ohio State Harding Hospital



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



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Talk to your doctor or health care team if you have any questions about your care.

For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Welcome to Harding Hospital

Thank you for trusting us with your care as we start this journey together.

This book is meant to help you to get the most from your hospitalization. Some topics may apply to you and some may not. Please complete the parts that your provider asks you to do, but you can work on anything else that you find helpful.

After leaving the hospital, consider taking this book with you to visits with your therapist to share and build on the work you have done.

For an electronic copy of this book, please go to: go.osu.edu/pted3433

Treatment Planning

Everything you do at Harding centers around your treatment plan. You will review your treatment plan with your treatment team each day.

Let's go over the parts that make up your Treatment Plan. These include:

1. Goals for being in the hospital – Our goals include finding the right diagnosis, treatment and discharge plan for you. What are your goals?
2. Types of treatment – Review the options for treatment with your team, including:
 - Group therapy from our CORE team. CORE, or Creating Optimism through Relationships and Education, is described on page 13.
 - Recreational therapy – Helps you develop and use leisure in ways that improve your health, abilities, independence and quality of life.
 - Occupational therapy – Works with you to increase your independence with everyday living and daily routine, and helps you with resources for support.
 - Medicine options.
 - Therapy from psychiatric providers.
 - Interventional psychiatry – Provides alternative treatment options, such as electrical or magnetic brain stimulation, if you have not benefited from standard treatments.
 - Interactions with our Harding staff.
3. Timeline and expectations for hospitalization.

List your goals for treatment or any questions you have:

Treatment Team

Many people work together to provide your care while you are in the hospital. Here is a list of the key people who may be part of your team.

Role	What they do
Attending Doctor	This is a psychiatrist who oversees your treatment and coordinates your care with other doctors and staff on the treatment team. This doctor also leads your discharge planning.
Resident Doctor	A resident doctor may lead interviews with you, do physical exams and help you make choices about your care. This doctor is getting special psychiatric training and is supervised by your attending doctor.
Social Worker	The social worker provides family support, discharge planning, referrals and information about community services. You will also have a CORE social worker who will provide education during your stay.
Registered Nurse (RN)	The RN plans and oversees your nursing care. Nurses carry out the doctor's orders and teach you how to care for yourself. Nurses give medicines and teach you about your diagnosis and treatment.
Nurse Practitioner (NP)	The NP is a nurse with advanced training who writes orders, assesses patients, participates in treatment team meetings, and speaks with family members and community providers about your care and treatment.
Psychiatric Care Technician (PCT)	The PCT assists the nurse in providing care, giving meals and snacks, drawing blood for lab work and taking your vital signs. PCTs also do regular safety rounds and check the unit.
Medical Student	Third year medical students from The Ohio State University College of Medicine are placed on the unit as a part of their training.
Patient Care Resource Manager (PCRM)	The PCRM works with your insurance provider to get authorization for treatment and works with the treatment team to plan your discharge and care after leaving the hospital.
Occupational Therapist (OT)	The OT works one-on-one with you to increase your independence with everyday living. Therapy may focus on self-care, good sleep habits, relaxation, managing your health and coping skills. You work with your OT to create goals for your daily routine. They can also help you with resources for support in the community, such as managing medicine, addiction support groups, job help, transportation services and discharge planning.
Recreational Therapist (RT)	The RT uses treatment, education and recreation services to help people develop and use leisure in ways that improve their health, abilities, independence and quality of life.

What is Depression?



Symptoms of Depression

Depressed mood	Loss of interest or pleasure	Weight gain or loss	Lower concentration
Trouble sleeping	Tired nearly every day	Feelings of worthlessness	Returning thoughts of death
Symptoms must cause significant distress.		Symptoms must last for at least two weeks.	



Key Facts

- Women are 2 times more likely to develop depression.
- About 1 in 10 people will have depression during their lifetime.
- Most people have their first depressive episode between ages 20 and 30.



Risks for Depression

- Family history of depression or similar disorders.
- Poverty, unemployment, social isolation and other stressful life events.
- Regular drug and alcohol use.



Psychotherapy

(Cognitive Behavioral Therapy)

- CBT works by changing self-defeating thoughts and behaviors.
- CBT has been found to be equally and sometimes more effective than medicine in many cases.
- CBT is the most researched form of psychotherapy for depression.



Medicine

(Selective Serotonin Reuptake Inhibitors)

- SSRIs increase the level of serotonin (a chemical related to depression) in the brain.
- Studies suggest that SSRIs are the most effective when used to treat severe depression.
- SSRIs don't work overnight—it might take up to 6 weeks before they reach their full effect.

A combination of both psychotherapy and medicine has been found to be the most effective treatment for depression.



Other Facts

- Over ½ of those diagnosed with depression also suffer from anxiety.
- 60% of those who die by suicide suffer from depression or a related mood disorder.
- Physical exercise has been found to have a significant antidepressant effect.
- Depressive episodes also occur during bipolar disorder, along with manic episodes.

What is Anxiety?

Anxiety is a mental and physical reaction to perceived threats. In small doses, anxiety is helpful. It protects us from danger and focuses our attention on problems. But when anxiety is too severe, or occurs too often, it can become debilitating.

Symptoms of Anxiety

Uncontrollable worry	Feeling very nervous	Sleep problems	Tense muscles
Poor concentration	Increased heart rate	Upset stomach	Avoiding fear

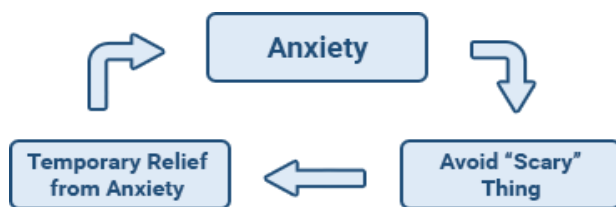
Types of Anxiety

Generalized Anxiety: An excessive amount of anxiety or worry in several areas of life, such as job responsibilities, health, finances or minor concerns (such as finishing housework).

Phobias: A very intense fear of a specific situation or object, which is out of proportion to its actual threat. For example, a fear of giving speeches, or of spiders, could be a phobia.


Panic: An extreme anxious response where a person has a panic attack. During a panic attack, the individual has many physical symptoms, and is overwhelmed by a feeling of dread.


How Does Anxiety Grow?





Anxiety drives people to avoid the things that scare them. When a “scary” thing is avoided, they feel a sense of relief right away, but the relief does not last long. The next time a similar threat comes up, it feels even scarier. This creates a harmful cycle of avoidance, and the anxiety gets worse.

Anxiety Treatments

 **Cognitive Behavioral Therapy (CBT)**
CBT is a very effective treatment for anxiety. During CBT, the unhealthy thinking patterns that create anxiety are identified and challenged. Often, CBT will include parts of exposure therapy and relaxation skills.

 **Relaxation Skills**
Various techniques — such as deep breathing, progressive muscle relaxation and mindfulness — give immediate relief the symptoms of anxiety. With practice, relaxation skills will become a powerful way to manage anxiety in the moment.

 **Exposure Therapy**
During exposure therapy, the therapist and their client create a plan to gradually face anxiety-producing situations to break the cycle of avoidance. With enough exposure, the anxiety loses its power, and symptoms get less.

 **Medicine**
Medicine can help control the uncomfortable symptoms of anxiety. However, because medicine does not fix the cause of the anxiety, it is typically used with therapy. The need for medicine varies greatly, case-by-case.

What is Bipolar Disorder?

Bipolar disorder is a mental illness defined by extreme emotional highs (mania) and lows (depression). Treatment usually includes a combination of psychotherapy and medicine.

↓ Depression (the “lows”)

Typically lasts at least 2 weeks.

Symptoms must cause impairment and include:

- Depressed mood
- Social withdrawal
- Loss of interest or pleasure
- Returning thoughts of death
- Fatigue nearly every day

↑ Mania (the “highs”)

Typically lasts at least 1 week.

Symptoms must cause impairment and include:

- Actions more focused on reaching goals
- Inflated self-esteem and euphoria
- Racing thoughts
- Seeks pleasure without regard for consequences
- Decreased need for sleep

⚠ What does mania really look like?

During mania, people lose the ability to make rational decisions. Common behaviors include emptying bank accounts for an immediate thrill, leaving a loving spouse or using dangerous drugs. Imagine your body has a motor—which you can’t turn off—that’s pushing you through bad decision after bad decision. When the motor finally shuts off, the damage has already been done.



Psychotherapy

Therapy for bipolar disorder often includes learning to recognize episodes of mania and depression before they get out of hand.

Cognitive Behavioral Therapy (CBT) is a common and well-supported treatment for BPD.



Medicine

Medicine is a normal part of treatment for bipolar disorder. It can be very effective.

A type of medication referred to as “mood stabilizers” are often used to manage emotional swings.

A combination of both psychotherapy and medicine has been found to be the most effective treatment for bipolar disorder.

❗ Common Misconceptions

“I sometimes feel really sad one minute, then happy the next. Is this bipolar disorder?”

The ups-and-downs of bipolar disorder are *usually* longer lasting than people think. Periods of depression typically last two weeks or more, while mania lasts a week or more. The symptoms of bipolar disorder are also much more extreme than regular mood swings.

“People are happy when they’re manic.”

Sometimes, but mania is usually a scary experience. Mania often comes with feelings of irritability and being unable to stop or slow down. Plus, mania almost always ends poorly.

“Someone with bipolar disorder shouldn’t use anti-depressants because they’ll become manic.”

The decision to use anti-depressants should be made on a case-by-case basis by a doctor. Often, the benefits of anti-depressants far outweigh the risks, and they are an essential part of treatment.

What is Psychosis?

Psychosis describes conditions that affect the mind when there is some loss of contact with reality. When someone becomes ill in this way, it is called a psychotic episode. During this time, the person may not know what is real and what is not real. Getting treatment early increases the chance of a recovery.

Psychotic Episode Behaviors

A person having a psychotic episode may have:

- Delusions (false beliefs)
- Hallucinations (seeing or hearing things that others do not see or hear)
- Nonsense speech
- Behavior that does not fit the situation

They may also have:

- Depression
- Anxiety
- Sleep problems
- Problems being social
- Trouble functioning in everyday life

Is psychosis the same thing as schizophrenia?

No. Schizophrenia is a mental illness that has periods of psychosis, but someone with psychosis may not be schizophrenic.

A person must have psychotic symptoms for at least six months in order to be diagnosed with schizophrenia. But a person can have psychosis and never be diagnosed with schizophrenia or any other mental illness. This is because there are many different causes of psychosis, such as being sleep deprived, some medical conditions, certain prescription medicines, and abusing alcohol or other drugs.

Early Warning Signs

A person will often show changes in their behavior before psychosis develops, such as:

- Drop in grades or job performance
- Trouble thinking clearly or concentrating
- Suspicious or paranoid ideas
- Uneasy feeling around other people
- Spending more time alone
- Intense new ideas, strange feelings or having no feelings at all
- Caring less about personal hygiene or appearance
- Hard time telling reality from fantasy
- Confused speech or trouble communicating

Any one of these warning signs by itself may not mean that there is a problem, but someone with many of these should talk to a mental health professional.

People Can Recover

It is possible for a person to recover from psychosis with early diagnosis and the right treatment. Many people who get early treatment never have another psychotic episode. For other people, recovery means the ability to live a fulfilling and productive life, even if psychotic symptoms return sometimes.

What is Borderline Personality Disorder?

Borderline personality disorder (BPD) is an illness marked by an ongoing pattern of changing moods, self-image and behavior. Someone with BPD is often impulsive and has problems in relationships. They also may have intense episodes of anger, depression and anxiety that can last from a few hours to days.

Many people with BPD often report going through traumatic life events, such as abuse, being abandoned or dealing with adversity in childhood. Others may have been exposed to unstable and hostile conflicts in their lives.

Signs of BPD

People with BPD often have mood swings and seem uncertain about how they see themselves and their role in the world. As a result, their interests and values can change quickly.

People with BPD also tend to view things in extremes, such as all good or all bad. Their opinions of other people can also change quickly. They may see someone as a friend one day and an enemy the next day. These shifting feelings can lead to intense and unstable relationships.

Key symptoms of BPD (criteria):

1. Tries to avoid being abandoned, whether real or imagined. For example, they may cut off communication with someone in anticipation of being left by them.
2. A pattern of intense and unstable relationships with family, friends and loved ones, often swinging from extreme closeness and love, to extreme dislike or anger.
3. Distorted and unstable self-image or sense of self.
4. Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving and binge eating.
5. Self-harming behavior, such as cutting.
6. Recurring thoughts of suicidal behaviors or threats.
7. Intense moods that change quickly, with each episode lasting from a few hours, to a few days.
8. Chronic feelings of emptiness.
9. Inappropriate, intense anger or problems controlling anger.
10. Hard time trusting people, which sometimes goes with fearing other people's intentions.
11. Feeling cut off from oneself, seeing oneself from outside one's body or feelings of unreality.

Not everyone with borderline personality disorder has every symptom. Some people have just a few, and others have many.

Symptoms can be triggered by what seem to be ordinary events, such as being apart while a loved one travels for work. How severe the symptoms are also depends on the person's level of illness.

Adapted from National Institutes of Health, Borderline Personality Disorder (12/2017).
www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml

Borderline Personality Disorder Review

A person must have 5 of the 11 key symptoms (criteria) to have a diagnosis of Borderline Personality Disorder (BPD). A diagnosis of BPD is usually given by an outpatient provider, ideally a therapist.

The point of reviewing BPD as part of your treatment plan is to help you look for patterns of these “not so helpful” behaviors. For example, a person who struggles with self-harm might not realize that their fear of being abandoned is usually the trigger for their self-harm impulses. By identifying these related behaviors, we can set real goals for real change.

What did you relate to after reading about BPD?

Dialectical Behavioral Therapy (DBT)

Dialectical behavioral therapy, or DBT, is a form of cognitive behavior therapy (CBT). CBT is a type of counseling that focuses on changing certain thoughts and behaviors to help control the symptoms of a condition. DBT has four main parts:

- **Mindfulness:** Paying attention to what you are doing and using your senses to observe and describe without judgment. It is an important skill you can use to cope with harmful thoughts and impulses.
- **Emotion or Mood Regulation:** Developing the ability to name your emotions, and then recognizing how your emotions, thoughts and behaviors interact with each other.
- **Distress Tolerance:** Learning skills to cope with, or tolerate, painful events, emotions or difficult situations that you cannot make better right away.
- **Interpersonal Effectiveness:** Refers to being able to communicate well with people who are important to you. This may be someone you like or do not like, such as a co-worker or family member.

DBT is skills training

You must learn skills and then practice these skills until they become a part of your everyday life. If things seem to be better for you after using a DBT skill, this encourages you to use it again.

Using “I feel” statements

Let’s say you get home from work or class and your roommate has trashed the living room. Normally you might say, “Can you get off your lazy butt and clean for once?” That statement has a couple of problems:

- Puts the person on the defensive by attacking them.
- Uses an all or nothing statement - “clean for once.”

It is likely that your roommate has cleaned before and it is also likely that you have left your fair share of messes (mindfulness).

How might someone deal with this situation using DBT: You get home. You are exhausted. You see the mess and feel your anger rise. You use distress tolerance to accept the situation. Then you say to your roommate, “I feel upset that I am tired and there is a mess here.” Instead of putting your roommate on the defensive, maybe the two of you agree to spend 10 minutes working on the problem together.

Taking what you learn and adding practical skills

Think of the work you are doing as a skills boot camp. Take in as much as you can, with the plan to continue your journey outside of the hospital.

For example: Let’s say you wanted to learn how to play tennis. You’ve never swung a racket before, but you read a book about it. Would you be any good? You might have some idea, but you are going to need to practice swinging, serving—taking what you learned from the book and adding practical skills.

DBT is useful for everyone—even if you do not have BPD.

CORE, Daily Themes and Groups

CORE stands for **C**reating **O**ptimism through **R**elationships and **E**ducation. CORE is a daily chance to work toward reviewing and learning healthy ways to safely manage your mental wellness after leaving the hospital.

How CORE works

CORE programming mainly uses dialectical behavior therapy (DBT) to help you to reach your goals. Each day will have groups with a theme that connects to DBT. Monday through Friday, our “Greet the Day” group will jump start your day. You will get your PASSPORT schedule; be asked to set a goal; get to know your peers; and end with a stretch to get your muscles and mind moving.

The rest of the day, groups are provided by the CORE team of social workers and by our nurses. When you attend group, you get a stamp on your PASSPORT and are then eligible for a prize at our last group of the day, “Celebrate Success.”

Daily themes

- **MONDAY – Mindfulness**
Mindfulness is the capacity to pay attention, in a non-judgmental way, to the present moment. It involves the conscious awareness of your current thoughts, feelings and surroundings.
- **TUESDAY – Interpersonal Effectiveness**
Interpersonal effectiveness involves getting along with people important to you. It is about getting your needs met while respecting other people’s needs, having good relationships, and liking and respecting yourself.
- **WEDNESDAY – Distress Tolerance**
Distress tolerance is learning to tolerate painful events and emotions that you cannot make better right away. It involves accepting, in a non-judgmental way, yourself and the current situation.
- **THURSDAY – Emotional Regulation**
Emotional regulation helps you to learn ways to monitor, evaluate and modify your emotional reactions.
- **FRIDAY – Wellness and Review**
Wellness is defined as the quality or state of being healthy in body and mind. We will focus groups on plans after discharge, leisure activities, creating routine, gratitude, self-esteem and review of the skills learned throughout the week.
- **Saturday – Strength Focused**
The strength focused theme is about discovering your values and building upon your current strengths, coping skills, self-worth and capabilities.
- **Sunday – Hope**
Hope focuses around finding the essential and motivating message that you can use to overcome the barriers in your life.

Daily groups

GREET THE DAY

The purpose of this group is to start the day on a positive note. This can include daily inspirational quotes, learning about daily goal setting, and getting the schedule for the day.

LIFE SKILLS and SKILLS LAB

Life Skills focuses on learning new daily living skills. Each group is focused around the daily DBT and/or Recovery Model themes. Skills Lab is an adolescent group that focuses on age appropriate skill building around the daily themes.

FLOURISH

Flourish focuses on the science and application of positive psychology. It introduces new tools for dealing with negative aspects of life and focuses on enhancing positive emotions.

TOOLS FOR RECOVERY

This group combines DBT, Recovery Model, and Trauma Informed Care for learning new tools for improving quality of life. This groups focus is to learn how to handle strong emotions in a healthy way.

HEALTHWISE

This group focuses on maintaining a healthy body, mind, and spirit. This includes learning about brain health, nutrition, substance abuse, coping skills, and other important topics based on current research.

THERAPEUTIC RECREATION

These groups are designed to assist in developing a healthier lifestyle and improving quality of life. Leisure interventions include games, expressive arts, crafts, music, exercise, meditative movement, and leisure education.

RELAPSE PREVENTION

Relapse Prevention focuses on helping learn new, positive ways to maintain your health outside of the hospital.

RELAXATION

Relaxation groups focus on learning new relaxation techniques including: progressive muscle relaxation, guided imagery, music, and various breathing techniques.

WEEKEND WORSHIP

Weekend Worship is a gathering with singing and a brief devotional/spiritual meditation on themes common to diverse faith groups, such as love, forgiveness, prayer, loneliness, etc. The group ends with prayer, which is usually The Lord's Prayer or The Serenity Prayer.

MUSIC GROUP

Music Group is a 'sing-a-long' style of group. Songs are selected by participants from a collection of folk songs, hymns, Beatles, Elvis, and other 'oldies' classics.

VALUES and FAITH

Values and Faith is a group discussion/conversation on themes that address spiritual and psychological concerns, such as love, life purpose, forgiveness, happiness, hope, faith, and freedom. Participants don't have to be religious to participate; however, if someone wants to

share a religious point of view, it is welcomed. This discussion is not meant to indoctrinate or judge various points of view, but rather to encourage a positive, mutually supportive discussion on themes that represent core values for many people.

We hope that you attend groups, as this shows your team that you are engaged and working toward your treatment plan and discharge goals.

Recreational Therapy (RT)

Recreational therapy (RT) uses treatment, education and recreation services to help people develop and use leisure time in ways that improve their health, abilities, independence and quality of life.

Recreational therapy interventions

These are some of the interventions that will benefit you during your hospitalization:

- Healthy lifestyle and routine
- Stress management and coping strategies
- Community and leisure resource education
- Social skills
- Emotional processing techniques
- Improving self-esteem
- Enhance cognitive (thinking) abilities
- Physical exercise and movement

5 areas of focus

Recreational therapy focuses on these five areas to help you to improve your overall well being:

1. Physical Benefits

- Reduced pain
- Improved muscle strength, flexibility and balance
- Improved gross and fine motor skills
- Decreased blood pressure

2. Social Benefits

- Improved stress management
- Increased self-confidence
- Increased self-awareness
- Improved social and communication skills

3. Spiritual Benefits

- Increased feelings of balance and stability
- Less feelings of isolation and loneliness
- More ability to identify purpose and meaning in your life

4. Cognitive Benefits (Thinking)

- Increased attention span
- Enhanced memory
- Reduced confusion
- Better concentration
- Better able to follow directions
- Better able to problem solve

5. Emotional Benefits

- Reduced fear and anxiety about procedures
- Enhanced coping skills
- Reduced anxiety and depression
- Increased feeling of being able to do things your own

Leisure Inventory

Please consider the following recreational activities listed here as a pathways to expand your current interests and assist with developing positive coping skills and life patterns.

Physical exercise and movement

Basketball	Softball/baseball	Soccer
Football	Hockey	Bowling
Jogging/running	Water sports	Golf
Bicycling	Dance	Yoga/tai chi
Court sports	Billiards	Exercise or weight lifting

Creative outlets

Painting or drawing	Knitting or crocheting	Sewing
Ceramics or pottery	Woodworking	Social media content
Jewelry making	Baking or cooking	Photography
Playing an instrument	Writing or journaling	Do-it-yourself projects

Games

Cards	Board games	Video/phone games
Dominoes	Word games	Puzzles or trivia

Outdoor leisure and social

Hiking	Gardening	Walking
Camping	Barbecues or picnics	Snow sports
Ice skating	Swimming	Roller skating or roller blading
Lawn games	Bird watching	Rock climbing
Fishing	Geocaching	Bike riding

Community activities and entertainment

Sporting Events	Shopping	Visiting family or friends
Dining out	Library	Zoo or aquarium
Museums	Concerts	Auto racing
Parades	Recreation centers	Farmers market
Sightseeing	Movies or TV	Fair or festival
Amusement park	Religious or cultural events	Volunteer activities
Antiquing	Travel	Senior center activities

My Qualities and Strengths

Use this tool below to help you identify your positive qualities and strengths, as well as things you feel good about doing.

I am good at ...

1. _____
2. _____
3. _____

Compliments I've received ...

1. _____
2. _____
3. _____

What I like about my appearance ...

1. _____
2. _____
3. _____

Qualities that make me unique ...

1. _____
2. _____
3. _____

I've helps others by ...

1. _____
2. _____
3. _____

I've made others happy by ...

1. _____
2. _____
3. _____

Obstacles I have overcome ...

1. _____
2. _____
3. _____

Things I value most ...

1. _____
2. _____
3. _____

Mindfulness Meditation

The goal of **mindfulness meditation** is simple: to pay attention to the present moment, without judgment. As you practice, you'll find that this is easier said than done.

During mindfulness meditation, you will focus on your breathing as a tool to ground yourself in the present moment. It is normal that your mind will wander. You will simply bring yourself back into the moment by refocusing on your breathing, again and again.

Follow the instructions below to begin practicing mindfulness meditation.

Time and Place

Aim to practice daily for 15 to 30 minutes. More frequent, consistent and longer-term practice leads to the best results. However, some practice is better than no practice.

Find a time and place where you are unlikely to be interrupted. Silence your phone and other devices, and set a timer for your desired practice length.

Posture

- ❖ Sit in a chair, or on the floor with a cushion for support.
- ❖ Straighten your back, but not to the point of stiffness.
- ❖ Let your chin drop slightly, and gaze downward at a point in front of you.
- ❖ If in a chair, place the soles of your feet on the ground. If on the floor, cross your legs.
- ❖ Let your arms fall naturally to your sides, with your palms resting on your thighs.
- ❖ If your pose becomes too uncomfortable, feel free to take a break or adjust.

Awareness of Breathing

Because the sensations of breathing are always present, they are useful as a tool to help you focus on the present moment. Whenever you become distracted during meditation, turn your focus back to breathing.

Notice the sensation of air as it passes through your nose or mouth, the rise and fall of your belly, and the feeling of air being exhaled, back into the world. Notice the sounds that accompany each inhalation and exhalation.

Wandering Mind

It's normal that your thoughts will wander during mindfulness meditation. At times, it might feel like a constant battle to maintain focus on your breathing. Don't worry—that's normal. Instead of struggling against your thoughts, simply notice them, without judgment. Acknowledge that your mind has wandered, and return your attention to breathing. Expect to repeat this process again and again.

Mindfulness Countdown

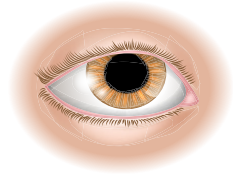
Slow down and calm down.

Countdown 5, 4, 3, 2, 1 using your 5 senses. If you can't do any of these, just replace it with something you can do.

First, take 3 slow belly breaths.

5

List 5 things you can see.



4

List 4 things you can feel.



3

List 3 things you can hear.



2

List 2 things you can smell.



1

List 1 thing you can taste.



Stages of Change

Making a change is usually not an easy process. Understanding how the process happens may help you work through it and to be more prepared.

One of the best known approaches is called the Transtheoretical Model, developed by James Prochaska and Carlo DiClemente. It describes stages that people go through as they make positive changes. You may enter and exit at any stage, or relapse (go back to a past phase).

1

Precontemplation

The costs of the problem behavior is not yet seen by the person. They are in denial and not seriously considering changing their behavior. They may have made attempts to change in the past, but have given up.

2

Contemplation

The person is unsure about making a change. They can see reasons to change their behavior, but they are still hesitant. The problem behavior continues.

3

Preparation

The individual has decided to change their behavior, and they begin to think about how to do so. During this stage, they will begin to make minor changes to support their goal, but they might not have completely ended the behavior.

4

Action

The person has taken important steps to end the problem behavior. They might be avoiding triggers, reaching out for help or taking other steps to avoid temptation.

5

Maintenance

The person is maintaining the changes made during the action stage. They may face challenges, but have successfully changed their behavior for a period of time.

Relapse

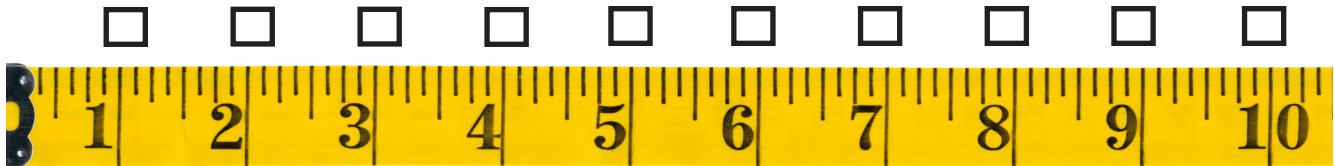
After making changes, some people will return to their past problem behavior. This can happen at any time during the stages. Not everyone will have a relapse, but it is always a risk.

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Motivational Ruler

Are you motivated to make a change? Rank your motivation on the ruler from 1 to 10. Marking “1” means that you have no motivation to make this change. Marking “10” means that you are fully ready to make this change and have no doubt about the decision.



Why is your motivation where it is? Why not lower? Even if you marked only a “2” or a “3,” there must be a reason you didn’t write “1”. List some of your motivators.

1

2

3

4

5

Tips for Healthy Boundaries



Personal boundaries are the limits and rules we set for ourselves within relationships. A person with healthy boundaries can say “no” to others when they want to, but they are also comfortable opening themselves up to intimacy and close relationships.

Know your limits.

Before becoming involved in a situation, know what’s acceptable to you, and what isn’t. It’s best to be as specific as possible, or you might be pulled into the trap of giving just a little bit more, over and over, until you’ve given far too much.

Know your values.

Every person’s limits are different, and they’re often set by their personal values. For example, if you value family above all else, this might lead to stricter limits on how late you will stay at work, away from family. Know what’s most important to you, and protect it.

Listen to your emotions.

If you notice feelings of discomfort or resentment, don’t bury them. Try to understand what your feelings are telling you. Resentment, for example, can often be traced to feelings of being taken advantage of.

Have self-respect.

If you always give in to others, ask if you are showing as much respect to yourself as you show to others. Boundaries that are too open might be due to misguided attempts to be liked by raising up other people’s needs above your own.

Have respect for others.

Be sure that your actions are not self-serving, at the expense of others. Interactions should not be about winning, or taking as much as possible. Instead, consider what’s fair to everyone, given the setting and relationship. You might “win”, but at the cost of a relationship’s long-term health.

Be assertive.

When you know it’s time to set a boundary, don’t be shy. Say “no” respectfully, but being vague. If you can make a compromise while respecting your own boundaries, try it. This is a good way to soften the “no,” while showing respect to everyone involved.

Consider the long view.

Some days you will give more than you take, and other days you will take more than you give. Be willing to take a longer view of relationships, when appropriate. But if you’re always the one who’s giving or taking, there might be a problem.

Boundary Letter

Setting and keeping healthy boundaries is an important skill. Write a letter to someone you have had boundary issues with. Consider writing it in a sandwich format:

1. Start with something positive (why you care about setting good boundaries with this person).
2. Write the negative part (what needs to change).
3. End with a positive (say again that you care).

For example: You are always there for me. When you try to help me, I need you to respect when I say no. I do appreciate all you do for me.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Letter to Self in Crisis

Events leading up to being in the hospital are often stressful, dramatic, and sometimes involve drugs or alcohol. After going to the emergency department and being transferred to Harding Hospital, many people feel their crisis has lessened a great deal. For some, just getting help makes them feel better!

How do you feel about being in the hospital? What has the process been like for you? What would you say to yourself leading up to this crisis that may have helped you?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Grief

Grief is not something you get over. It is something you go through and try to find a way to live with. Learning to live with grief in a healthy way means returning to normal activities, as the pain of grief slowly get less. This does not mean that you miss your loved one any less, or that the pain has gone away. You have learned to make it part of your life going forward. If you have not learned how to do this, dealing with the loss of someone you were close to can keep having an effect on your mental health.

If grief is a significant issue for you, use these grief worksheets and write about it. Keep in mind that the stages of grief do not always happen in order. You can go through any stage at any time.

Everyone has different experiences with grief. Write about yours or write a letter to the person you have lost:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Consider getting the book *It's OK That You're Not OK* by Megan Devine.

The Grieving Process



Grief: The natural emotional response resulting from a significant loss—especially the death of a loved one.

Everyone deals with grief differently. People cry, laugh, busy themselves with work, throw up or even feel numb. Some recover quickly, while others take more time. Grief is a natural healing process, and there's no "right" way to do it.

For some people, grief can become *too* painful. It can grow into something totally different, like depression or anxiety. Other times, grief might last far too long, and take over a person's life for years on end. This is called **complicated grief**.



"Normal" grief varies greatly between cultures, people and situations.



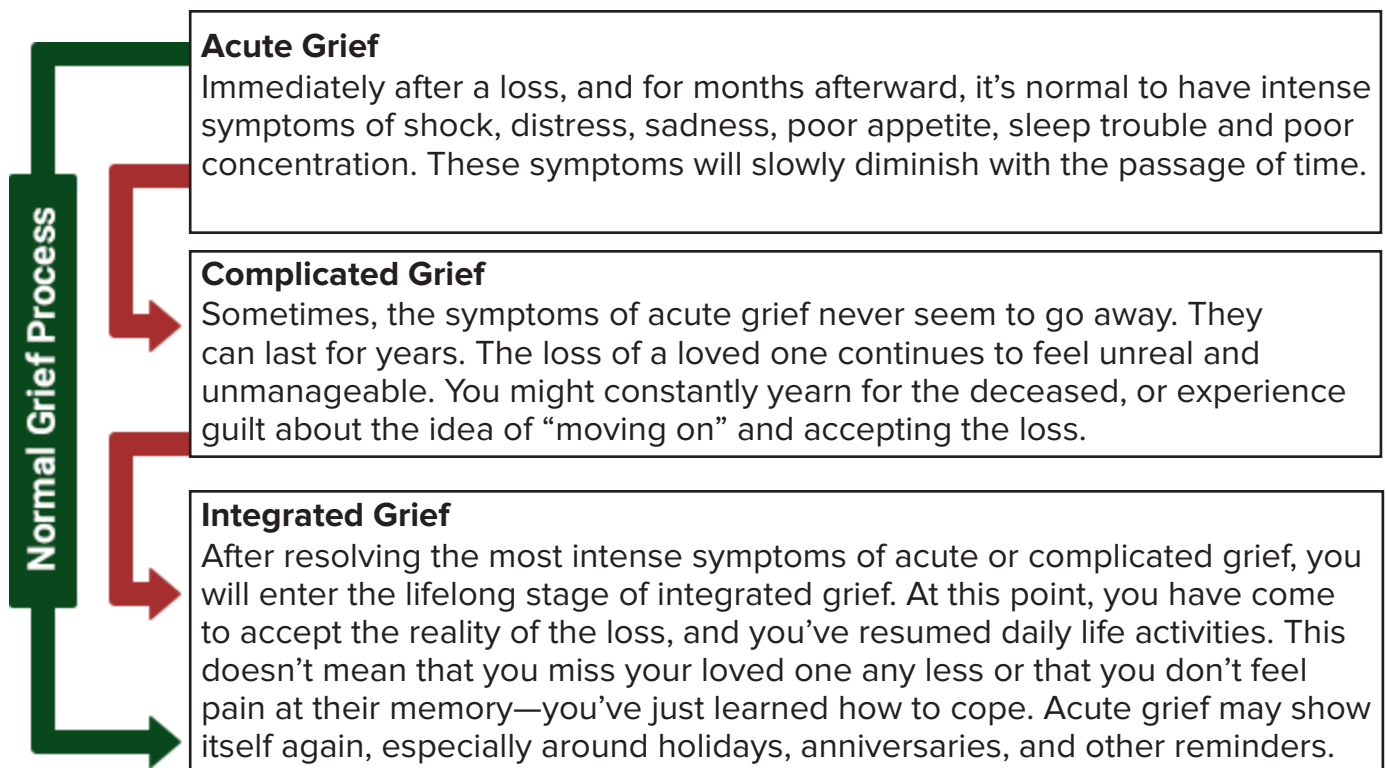
Grief is a natural process and does not always require treatment.



About 10% of people develop complicated grief after a loss.



Complicated grief can be treated with psychotherapy.



My Stages of Grief

Instructions: Describe how each of the stages of grief has affected you.

Denial: “This can’t be happening.”

Anger: “Why is this happening to me?”

Bargaining: “I will do anything to change this.”

Depression: “What’s the point of going on after this loss?”

Acceptance: “I know what happened, and I can’t change it. Now I need to cope.”

Anger Iceburg

Your anger may just be the tip of the iceberg

The Anger Iceberg represents the idea that, although anger is shown on the outside, other emotions may be hidden beneath the surface. These other feelings—such as sadness, fear or guilt—may be causing other feelings that impact your anger. By exploring what is beneath the surface, you can gain insight into what is giving it power.

For example, if your anger is fueled by jealousy, you may benefit from working on communication skills. If your anger is caused by stress, you may benefit from developing habits for self care.

Practice getting below the surface

Imagine a friend is facing a situation that is similar to one of your own anger triggers. What emotions do you think they might feel, other than anger?

In your family, or in the culture you grew up in, what emotions do people freely express?

What emotions do they keep to themselves?

Imagine a person who handles difficult emotions, such as sadness, fear or hurt, effectively. How do they show these emotions? What do they do to cope with them?

Anger is sometimes used to cover up other emotions that make a person feel vulnerable, such as hurt or shame. Can you think of a time you expressed anger in order to cover up another emotion you were feeling?

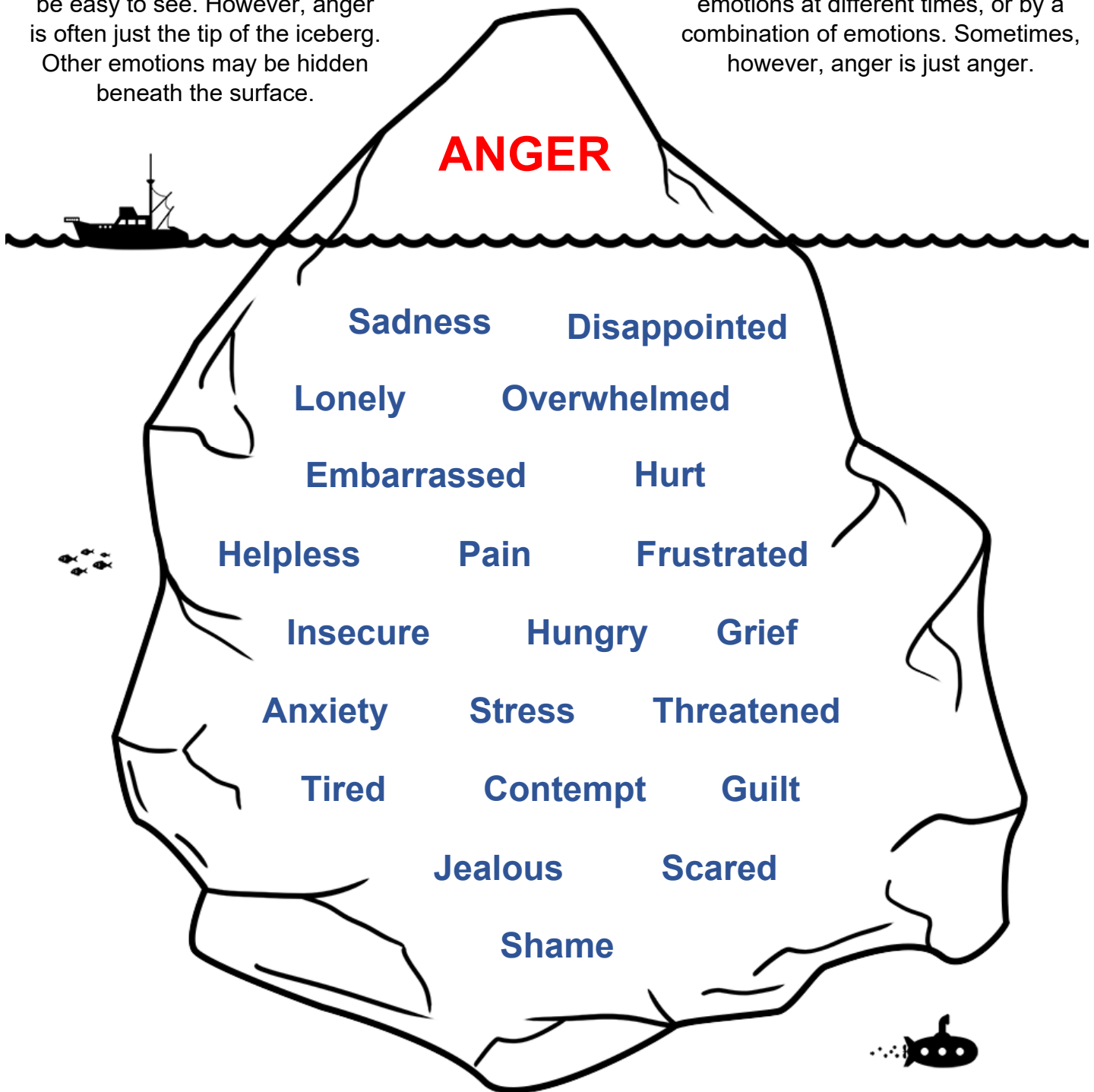
Anger Iceberg

In some families, anger is seen as more acceptable than other emotions. A person might express anger in order to mask emotions that cause them to feel vulnerable, such as hurt or shame.

Anger triggers are people, places, situations, and things that set off anger. Your triggers can provide clues about the emotions behind your anger.

Anger is an emotion that tends to be easy to see. However, anger is often just the tip of the iceberg. Other emotions may be hidden beneath the surface.

Anger may be fueled by different emotions at different times, or by a combination of emotions. Sometimes, however, anger is just anger.



Goal Planning

Setting Goals

Something I want to accomplish in the next week:

In the next month:

In the next year:

In 5 years:

Obstacles and Strategies

Obstacles to reaching my goals:

Things I will need to do to achieve my goals:

What I can begin doing tomorrow to work toward my goals:

Setting Life Goals

For each category below, write down the things you are doing well, and the areas where you need improvement. Then, write 1 or 2 goals for each.

Category	What I'm Doing Well	Where I Need Improvement	My Goals
Family			
Friends			
Work or School			
Spirituality			
Fitness			
Mental Health			
Hobbies and Interests			

Weekly Schedule for Meeting My Goals

Create a schedule of activities for a week with positive experiences that will help you meet your goals. This is called behavioral activation. If you are feeling depressed or unmotivated, it might be hard to finish large or complex tasks. If this is the case, start with simple goals and work your way up to more challenging activities.

DAY	MORNING	AFTERNOON	EVENING
<i>Example</i>	Wake by 8 a.m. Eat a full breakfast	Go for a 15 minute walk	Call a friend Practice guitar
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Suggested Daily Goals

As you write your goals for daily activities to help you get to your long-term goals, here are some ideas to help you get started.

1. Write down 2 organizations to explore getting involved with when you leave the hospital.
2. List 3 things you can do in the hospital to help yourself get well—besides taking medicine and talking to the doctor.
3. Learn about your diagnosis. Identify 3 signs and symptoms of your illness.
4. Identify 2 things causing you stress and practice using 2 healthy coping skills today to manage your stress.
5. Create a sleep routine to improve your quality of sleep.
6. Get a printout of your medicine information from your nurse. Create a list of medicines you need to take. Include the name, what it treats, side effect, when to take it, dosage, how to take it (with or without meals). The chart on the next page will help you.
7. Shower and get dressed for the day.
8. Change your bed sheets.
9. Do a load of laundry.
10. Write a list of 5 positive traits about yourself.
11. List 3 things you are grateful for.
12. List 5 healthy activities you enjoy doing and 5 new healthy activities you are interested in doing.
13. Write down 2 questions to ask your doctor.
14. Write down upcoming appointments, such as with a mental health provider, doctor, dentist or others.
15. Create a plan to manage your time at home, and review it with a staff member.
16. Create a wellness goal for yourself and 2 realistic ways you will act on it.

My Medicine Log

List all the medicines you take, including any prescription and over the counter medicines, vitamins and herbal supplements.

[illegible]

Happiness, Joy and Suffering

What is the difference between happiness and joy?

Happiness...	Joy...
Comes from the outside (external)	Comes from the inside (internal)
Depends on the circumstances	Act of will
Having what you want	Wanting what you have
Feeling euphoric	Feeling content
Effect	Cause
Result	Foundation
Comes and goes	Constant
Temporary	Lasting

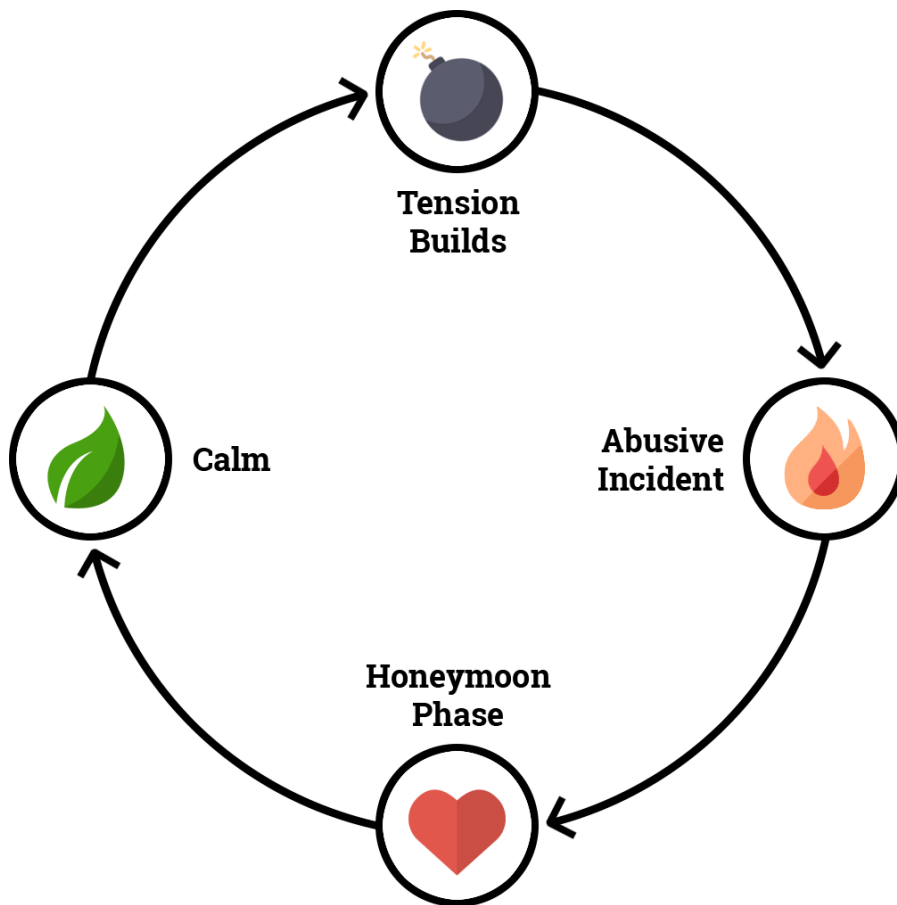
Helpful quotes

- *When we avoid the legitimate suffering that results from dealing with problems, we also avoid the growth that problems demand from us.* - M. Scott Peck
- *The truth that many people never understand, until it is too late, is that the more you try to avoid suffering the more you suffer. This is because smaller and more insignificant things begin to torture you in proportion to your fear of being hurt.* - Thomas Merton
- *The seed of suffering in you may be strong. But don't wait until you have no more suffering before allowing yourself to be happy.* - Thich Nhat Hanh
- *We are healed of a suffering only by experiencing it to the full.* - Marcel Proust
- *Letting go gives us freedom, and freedom is the only condition for happiness. If, in our heart, we still cling to anything—anger anxiety or possessions—we cannot be free.* - Thich Nhat Hanh

Did your idea of suffering change after reading these quotes?

Did you connect with some quotes, but not others?

Cycle of Abuse



● **Tension Builds**

Stress begins to grow from the pressures of daily life, or other points of conflict. The victim may attempt to reduce tension by complying with the abuser.

🔥 **Abusive Incident**

Verbal, emotional, physical or sexual abuse occurs. This includes anger, intimidation, threats and other forms of abuse.

❤️ **Honeymoon Phase**

The abuser apologizes, shows remorse, and often begs for forgiveness. They may shower the victim with love and affection, and promise that the abuse will never happen again.

🌿 **Calm**

The relationship enters a period of calm where the abuse stops or slows. The abuser may continue to ask for forgiveness, or make positive gestures, but these tend to reduce in sincerity over time.

Power and Control Wheel



While the wheel is written about abuse of a female by a male, this can apply to someone of any gender identity.

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DOMESTIC ABUSE INTERVENTION PROGRAMS

202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.theduluthmodel.org

My Safety Plan

Warning Signs/Triggers: Thoughts, images, mood and/or behaviors that you have when you start to think about suicide or feel very depressed, or if here for other reasons, what brought you to the hospital:

Internal Coping Strategies: Things I can do to take my mind off my problems without contacting another person.

People (family/friends) and social settings that provide distraction:

Name:	Name:	Name:
Phone:	Phone:	Phone:
Place:	Place:	Place:

People I can ask for help:

Name:	Name:	Name:
Phone:	Phone:	Phone:

Professional organizations (mental health provider) I can ask for help:

Name:	Name:	Name:
Phone:	Phone:	Phone:

Tips to make your home a safer place

- Check your home carefully for items that need to be removed, thrown away or stored at another location.
- Remove all firearms (even antique ones that you think do not work).
- Lock away ALL medicines, including over the counter ones.
- Lock up and monitor medicines that are prescribed and must be taken.
- Remove or lock up any toxic materials.

Warning signs of suicide

- Withdrawal from friends, family and social activities.
- Increased feelings of hopelessness: belief that things will never get better, and nothing will ever change.
- Talking of feeling suicidal: directly– “I want to kill myself” or indirectly– “I won't be a problem for much longer.”
- Putting themselves down: “I am no good” or “I am a bad person.”
- Putting affairs in order, giving away possessions.
- Loss of energy, loss of pleasure in activities that were previously enjoyed.
- Increased complaints of physical symptoms.
- Change of eating habits or sleep pattern.
- Deterioration of work or school performance.
- Increased anxiety.
- Increasing hostility or anger to others.
- The recent loss of family friend or relationship can be a trigger for suicide.

Getting help

If you feel like harming yourself or think someone else is at risk, it is important to seek help right away. Go to the nearest emergency department or call for help.

Resources include:

- Emergency Department at Ohio State University Hospital:
410 W 10th Ave., Columbus, OH 43210
- Emergency Department at Ohio State East Hospital:
181 Taylor Ave., Columbus, OH 43203
- National Suicide Prevention Lifeline: 1-800-273-8255
- Netcare Access: 614-276-2273

My Personal Discharge Plan

Review the goals you set for your hospital stay. Did you accomplish your goals? If the answer is yes, how does it feel? If the answer is no, what kept you from reaching your goal(s)?

What things do you plan to do to take care of yourself at home?

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

What would you like to learn more about?

What people and places can you go to for help and support?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

After discharge from the hospital, what things will you not do?

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

If your symptoms get worse, what will you do?

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

Notes

[illegible]

Notes

[illegible]



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