

FACILITATOR'S GUIDE

MIND AND BODY HEALTH: GETTING CONNECTED TO GOOD PHYSICAL HEALTH

FACILITATOR'S NOTES: Unlike many trainings this curriculum is developed with the idea that there are many possible things that members who take this course are going to need to know or learn and that it would not be reasonable to think that in advance we could imagine all of the possible kinds of information that we might want to impart. As a result, this offering is outlined here in facilitator notes for you to use to lead the members in the sessions which is designed to help its members explore the connection between our minds and our bodies, connect with areas of health that they may be concerned about and make plans for and practice how to achieve better physical health. In preparing for this group, you may want to do some research yourself around the areas of concern that your members may have as part of the process of identifying who will attend your group. Even if you know just a little you can find and share some resources that the group could find helpful. The mutual sharing portions of the work of this group are undertaken after the fifth session so that there is time for the group and for you to learn more about what the group would like to learn and know more about. This group relies on the members to explore their own experiences and to share

with one another in ways that synergistically are greater than the sum of the conversations themselves. Members will give help and get help along the way, as will you as the facilitator. If you have experiences that match the ones offered in the scripted voice of the facilitator feel free to use your experiences and ideas; they will always be the most genuine. The curriculum is asking members to develop a curiosity about their health and to challenge them to face their concerns or worries so that they can access as good a plan for health as they can. The second half of the group is working in a structured way to name the things that each member finds important, to identify those areas for change, to locate and use resources to inform a plan and finally to make a plan that they will share with the group. Members will be asked at the end of the sessions to consider sharing their resources and discoveries with other groups that will come after theirs and in that way this group may become a source of many ideas and many processes that will have led people to make hopeful plans about their health and their future. Good luck with this group and your work with them. Your script will include processing suggestions and ideas to be focused on in your work with the group to help them do their work. The timing of discussions or topics may be affected by the processing you do so don't be surprised. Just keep the process moving toward the goal of understanding and building a plan and you will be able to achieve the group's purpose with the members.

SESSION 1: CONNECTING TO HEALTH

INTRODUCTION SECTION: GROUP PURPOSE EXPLAINED

FACILITATOR: Hello everyone, I am glad that you all decided to attend today's session and to start our group on Mind and Body Health. We often get so focused on talking about our mental wellness that we can at times forget to take care of our physical health. We have designed this group to help everyone to overcome some common

hurdles that keep many people from getting good health care and to help to understand more about how our health and our mental health are connected. There will be time to test out some ideas, to plan to change ideas or activities that aren't doing what they should and to support one another as we talk about our challenges and triumphs.

INTRODUCTION SECTION: ICE BREAKERS AND MEMBER INTRODUCTIONS

FACILITATOR: Let's get started by getting to know one another a little bit and to learn a little about what brings each of us to the group today. That way we can talk a little more comfortably and get a chance to see how the group may be of help to us and to others.

NAMING THE ICE BREAKER ACTIVITY -- TWO TRUTHS AND A LIE

FACILITATOR: The name of this Ice Breaker is "Two Truths and a Lie" I want you to think of three things about yourself that you would be willing to share with the group even though we a just getting to know each other. Two of the things that you will share should be things that are true. For example, "I have 3 brothers" (if that's true for you) or "I was born on an interstate bus" (if that were true for you) and then something that isn't true that you want to tell the group such as "I have an identical twin," (if that is not true for you). We will all take turns sharing and the rest of the group will try to guess which statement is not true. Okay? Let's start by standing up and making a circle here in the open space. Each person will start by saying their name and then their three things and the rest of us will try to guess which is the "Lie." Ready? I'll start. My name is _____ and my three things are _____, _____, _____ Who wants to take a guess which one is the lie?

IF THE GUESS IS RIGHT CELEBRATE HOW INSIGHTFUL AND INTUITIVE PEOPLE ARE

IF THE GUESS IS WRONG ASK THE GROUP TO TALK ABOUT WHY THEY THOUGHT THAT ONE WAS THE LIE AND THEN DISCLOSE WHICH ONE WAS THE LIE. EXPLAIN THAT THE ACTIVITY GIVES US A CHANCE TO TRY ON THINGS THAT WE MIGHT WISH WERE TRUE. ASK IF ANYONE IN THE GROUP WOULD LIKE TO GO NEXT AND WAIT FOR A BRAVE VOLUNTEER AND THEN PROCEED AROUND THE CIRCLE UNTIL EVERYONE HAS HAD A TURN AND ALL HAVE TOLD SOME TRUTHS AND SOME LIES.

FACILITATOR: Wow, that was a lot of fun. This group is really quick to catch on to when people are telling truths and lies. It's good to have everyone's name with their face and to each have a chance to be the person sharing.

CREATE GROUP RULES AND NORMS TO MAKE GROUP COMFORTABLE AND SAFE FOR ALL MEMBERS

FACILITATOR: I hope that taking turns like we just did is a way that we can make sure our group is as good as it can be for everyone, that we take turns sharing our ideas and listening to other people's ideas. I think we can call that one of our group rules, right? Groups work best when everyone can predict how things will work and that we are going to be able to work together safely. One of the ways I like to do that is by making some rules. We can write them on this big paper so people can see it and we can help one another to use them to make this a great group. What do you think about that idea? Does it work like that for you too? What other group rules would you like to make to try and make this the best kind of group for all of us? What things would you like to see on our list?

PROCESS THE GROUP'S IDEAS ABOUT WHAT SHOULD BE IN RULES. THE KEY HERE FOR YOU AS A FACILITATOR IS TO GET THE MEMBERS TO FOCUS ON SAFETY AND ON COMFORT. IDEAS LIKE "ONE PERSON TALKS AT A TIME (ONE MIC)" OR "STICK TO THE TOPIC" MIGHT COME UP. THEY MAY BE MUCH MORE PUNITIVE WITH ONE ANOTHER THAN YOU WOULD WANT THE RULES TO BE (IF SOMEONE IS RUDE THEY SHOULD BE KICKED OUT OF THE GROUP). WORK TO REFRAME PUNITIVE IDEAS INTO MORE POSITIVE

LANGUAGE. TRY TO WRITE WHAT PEOPLE SHOULD DO RATHER THAN WHAT THEY SHOULD NOT DO. (INSTEAD OF *DON'T BE LATE* WRITE *BE ON TIME*, FOR EXAMPLE). YOUR LIST WILL BE AS LONG AS THE GROUP FEELS IT NEEDS TO BE BUT TRY TO GET IDEAS ON THE LIST LIKE BE RESPECTFUL OF EACH OTHER'S IDEAS, PRESUME PEOPLE'S GOOD WILL SO THAT IF I ASK A QUESTION THAT IS HURTFUL THAT EACH CAN REMEMBER THAT PEOPLE ARE TRYING TO BE CURIOUS BUT KIND AND RESPECTFUL. START AND END ON TIME; DO THE GROUP (PARTICIPATE IN THE ACTIVITIES AND CONVERSATIONS TO GET THE MOST AND GIVE THE MOST TO EACH OTHER. ADD YOUR FAVORITES IF YOU HAVE ANY.

FACILITATOR: This is a great list of ideas about how our group can run best and make people comfortable and safe. We have a lot of solid ideas and suggestions here. Does everyone think we can follow this list of ideas for our time together? Does anyone see something here that might be difficult to keep that we should be conscious about in our time together? Great, everyone. Thanks for sharing your ideas and committing to making this group good for you and for others.

BEGIN THE CONTENT AROUND MIND AND BODY - REFER BACK TO THE ICE BREAKER ACTIVITY AND ANY DISCUSSIONS ABOUT HOW PEOPLE'S REACTIONS HELPED PEOPLE FIGURE OUT WHICH STATEMENTS WERE TRUTHS AND WHICH WAS A LIE.

FACILITATOR: Our group is going to be focusing on the connection we all have between our Minds and our Bodies and about how that connection affects our health and our minds and our moods. Can anyone talk a little bit about how they were able to determine, during the ice breaker, whether a person's statement was true or a lie? Were there signs that the other person gave that made it "easy to spot?" Were some people better at it than others? What do you all think about that?

ALLOW MEMBERS TO EXPRESS THEIR THOUGHTS AND IDEAS WHICH MAY INCLUDE THAT SOME PEOPLE ARE TERRIBLE LIARS AND THEY GIVE AWAY THE FACT THAT THEY ARE LYING BY BLUSHING OR TALKING FASTER. ALLOW MEMBERS TO DISCOVER THAT THEY WERE GOOD OR THEY WERE BAD AS LIARS THEMSELVES.

FACILITATOR: It's really true that sometimes we show people exactly what we are thinking by how we react and what our emotions are because of events in our lives isn't it? In just this little ice breaker we discovered a lot of things about each other and as we learned more it got easier and easier to know that was more true and what wasn't. How do you think that happened?

PROCESS THE MEMBERS' RESPONSES. FOCUS ON THOSE THAT HIGHLIGHT THAT FACES AND EYES AND THE CORNERS OF OUR LIPS CHANGE WHEN WE ARE BEING "MISCHIEVOUS (LIKE WHEN WE ARE LYING ON PURPOSE)." HELP MEMBERS SEE THAT WHAT WE ARE THINKING SHOWS UP IN OUR BODIES AND WHEN WE CAN PAY ATTENTION WE CAN SEE THESE CHANGES.

FACILITATOR: What we are talking about now is part of an idea that people interested in understanding us human beings call the Mind-Body Connection. Has anyone in the group heard that phrase before?

PROCESS RESPONSES. IF PEOPLE HAVE, ASK FOR WHAT THEY HEARD AND WHAT THEY UNDERSTOOD. USE THEIR IDEAS TO SUPPORT THE THOUGHT THAT IN PEOPLE THERE IS A STRONG INTERACTION BETWEEN OUR BODIES AND OUR BRAINS AND THAT CHANGES IN ONE CAN HAVE PROFOUND EFFECTS ON THE OTHER. A PERSON CAN LITERALLY "THINK THEMSELVES ILL" IF THEY ARE INCLINED TO DO THAT. IMAGINE OR REMEMBER A TIME WHEN YOU REALLY DIDN'T WANT TO DO SOMETHING (LIKE TAKE A TEST AT SCHOOL OR GO TO A SOCIAL EVENT) AND AS IT GOT CLOSER AND CLOSER TO HAPPENING YOU THOUGHT MAYBE YOU WERE GETTING SICK AND PERHAPS THAT FEELING GOT SO STRONG THAT YOU DIDN'T GO? (IF NO-ONE HAS HEARD OF THE MIND BODY CONNECTION YOU WILL USE THIS PARAGRAPH TO OUTLINE THE DISCUSSION WITH THE GROUP).

IF PEOPLE HAVE THIS RECOLLECTION OR CAN IMAGINE IT, ASK THEM THEN IF ONCE THE MOMENT IS PAST WHETHER THEY SUDDENLY FELT OR WOULD FEEL BETTER. MOST PEOPLE WILL REFLECT THAT THIS IS WHAT HAPPENED. ASK IF ANYONE HAS HAD THE EXPERIENCE WHERE AFTER THAT FEELING THEY ACTUALLY GOT SICK. THIS ALSO HAPPENS TO MANY PEOPLE AND IS AN EXPRESSION OF THE CONNECTION BETWEEN OUR BODIES AND OUR MINDS.

PROCESS ANY REACTIONS WORKING HARD AT THIS POINT TO HELP PEOPLE FEEL THEIR EXPERIENCES ARE LIKE OTHER PEOPLE'S EXPERIENCES AND THAT THESE FEELINGS AND REACTIONS ARE TYPICAL AND NATURAL EVENTS THAT HAPPEN BECAUSE OF THE INTERSECTION OF THE BRAIN AND THE BODY.

FACILITATOR: Can anyone think of ways that maybe you have already been learning and practicing things that work with your Mind/Body connection? Maybe something that you learned when you were trying to manage your worried feelings, your sad feelings or your anger?

PROCESS: HELP PEOPLE TALK ABOUT COPING STRATEGIES THAT THEY MAY HAVE BEEN TAUGHT TO MANAGE THEIR EMOTIONAL STATES OR OTHER OF THAT SORT OF INTERVENTIONS IN OTHER GROUPS OR IN OTHER SETTINGS. THE POINT OF THIS PART OF THE SESSION IS TO UNIVERSALIZE THE IDEA THAT MANY OF THE WAYS WE ARE HELPED ALSO INCLUDE WORK TO HELP MINDS AND BODIES TO MOVE INTO SIMILAR PATTERNS AS A WAY TO PROMOTE REGULATION AND SAFETY. NOTE: BE PREPARED IN THIS FOR PEOPLE TO DISCLOSE ABOUT STRATEGIES THAT THEY MAY HAVE LEARNED IN TREATMENT THAT MAY BE TRIGGERING FOR THEM OR FOR OTHERS IN THE GROUP. MANAGE FOR THIS BY ASKING PERMISSION OF THE GROUP TO EXPLORE THIS STRATEGY OR THAT ONE SO THAT THEY HAVE A SENSE OF CONTROL OF THE CONTENT TO HELP MANAGE THE ANXIETY OR TRAUMATIC REACTIONS THAT MAY ARISE. CONSIDER USING THE MOMENT TO PRACTICE A REGULATING STRATEGY TOGETHER

FACILITATOR: That's great that you had those examples from other places. It reminds us how many people are working together to understand this connection between our heads and our bodies and to use it to help all of us make our lives better because we can do things to help ourselves be healthier both in our minds and in our bodies. Whenever we work to make our lives better and more in balance, we are living a life of recovery and getting closer to our goals and hopes for ourselves. That's an exciting idea for anyone! Let's spend the last part of today's session doing one of these activities for balance together so that we can leave our group today feeling centered and refreshed and then next time we can begin to talk about some more

ways that our minds and our bodies connect. We can keep working together to learn and know all the things that we can think of to help us have bodies and minds that support each other's wellness.

PROCESS: IF THE GROUP DOES NOT AGREE WORK TO UNDERSTAND DISAGREEMENT BEFORE DOING ANYTHING FURTHER. FORCING PEOPLE IN THE FIRST SESSION IS NOT CONDUCTIVE TO PEOPLE COMING BACK FOR SESSION 2. SOMEONE MAY BE AFRAID TO DO THE EXERCISE OR TO TRY AND BE CALM BECAUSE THEY ARE NOT FEELING THAT. ALLOW FOR SOME FLEXIBILITY IN THE EXPERIENCE.

FACILITATOR LEADS MINDFULNESS MOMENT (TIME WILL BE DETERMINED BY THE TIME LEFT IN THE SESSION AND MATERIALS THAT YOU HAVE AVAILABLE (E.G. MUSIC, FOOD, LIGHT, TEXTURE ETC.))

MINDFULNESS MOMENT –

THERE IS A PRACTICE THAT MANY GROUP LEADERS LIKE TO DO THAT WE HAVE STARTED TO CALL MINDFULNESS. I AM WILLING TO BET PEOPLE HERE HAVE. IF YOU LOVED THEM, GREAT, ENJOY THIS AND IF YOU HATED THEM PLEASE HELP YOUR GROUPMATES BY NOT PARTICIPATING VERY QUIETLY. LET'S BEGIN:

I AM GOING TO LEAD YOU NOW THROUGH A RESTING EXERCISE THAT WILL HELP YOU TO FULLY EXPERIENCE A MOMENT IN THIS PLACE AT THIS TIME AS FULLY AS WE CAN. THE IDEA IS NOT TO STRUGGLE WITH YOURSELF TO BE IN THE EXERCISE BUT RATHER TO GENTLY EXAMINE THE BLOCKS AND INTERRUPTIONS WHILE GOING BACK TO THE EXERCISE. THE HARDER YOU "TRY" TO DO THE EXERCISE THE HARDER IT WILL BECOME TO DO. I HOPE THAT WILL MAKE SENSE AS WE GO FORWARD. IF YOU ARE COMFORTABLE, YOU CAN MOVE IN YOUR CHAIR TO FIND A RELAXED WAY TO SIT AND IF YOU WISH YOU MAY CLOSE YOUR EYES. I AM GOING TO LEAD YOU THROUGH THE EXERCISE WITH MY VOICE. (YOU MAY USE QUIET MUSIC TO SET A MOOD OR TO BLOCK OUT OTHER AMBIENT NOISE. YOU MAY DO THIS EXERCISE ASKING THEM TO EXPERIENCE FOOD OR HAVE THEM MANIPULATE CLAY OR TOYS OR OTHER TACTILE DEVICES TO MAKE THE

EVENT LESS “BODY CENTERED” FOR THOSE WHO WILL FIND A BODY SCAN TO BE TRAUMATIZING. ALL OF THESE ACTIVITY TYPES WILL PROCEED IN A SIMILAR FASHION).

SITTING IN YOUR CHAIR I WANT YOU TO BEGIN BY TAKING A DEEP BREATH IN AND THEN A DEEP BREATH OUT.

A DEEP BREATH IN ... AND A DEEP BREATH OUT. A DEEP BREATH IN ... AND A DEEP BREATH OUT. AS YOU ARE SITTING IN YOUR CHAIR LET YOUR BREATHING FLOW BACK TO NORMAL BUT LET YOURSELF BREATHE EVENLY AND DEEPLY TO CONTINUE TO RELAX. BEGIN BY BECOMING AWARE OF WHERE YOU ARE. YOU ARE IN THIS ROOM. IN YOUR CHAIR. SITTING IN YOUR OWN WAY. YOUR FEET ARE DOWN BELOW YOUR WAIST, YOUR ARMS AND HEAD ABOVE. YOU CAN HEAR AND FEEL THE PEOPLE IN THE ROOM WITH YOU, THEIR BREATHS, THEIR PRESENCES. GENTLY ACKNOWLEDGE THEM BUT KNOW THAT YOU ARE SAFE IN YOUR CHAIR JUST AS THEY ARE SAFE IN THEIRS AND ALL YOU HAVE TO DO IS BREATHE AND GENTLY NOTICE WHERE YOU ARE. TAKE A DEEP BREATH IN ... AND LET A DEEP BREATH OUT. FOCUS FOR A MOMENT ON YOUR FEET. NOTICE HOW THEY FEEL DOWN AT THE END OF YOUR LEGS. ARE THEY WARM OR COLD, DO THEY FEEL TOUCHED INSIDE YOUR SHOES OR DO THEY FEEL FREE? ARE THERE ANY TENSIONS IN YOUR FEET? AS YOU TAKE YOUR NEXT BREATH IN FIND THE TENSION IN YOUR FEET AND AS YOU BREATHE OUT LET THE TENSION FADE SO THAT THEY FEEL WARM AND RELAXED. NEXT CONCENTRATE GENTLY ON YOUR LEGS: YOUR ANKLES, YOUR CALVES, YOUR KNEES, YOUR THIGHS. CAN YOU FEEL THEM PRESSED ON ONE ANOTHER OR THE CHAIR AS YOU SIT? DO THEY FEEL LIGHT OR HEAVY, STRAIGHT OR CROOKED, STRONG OR TIRED? DO THEY HOLD ANY TENSION IN THE MOMENT? AS YOU TAKE A DEEP BREATH IN, FEEL THAT TENSION AND AS YOU BREATHE OUT LET IT GO AND FEEL YOUR LEGS WARM AND RELAXED. CONCENTRATE NOW ON YOUR HIPS AND OUR WAIST, YOUR TORSO AND CHEST. NOTICE WHERE YOU FEEL THE CHAIR ON YOUR BACK AND YOUR CLOTHING AS IT COVERS YOU. DO YOU HAVE ANY TENSIONS OR FEELINGS ON YOU OR IN YOU? GENTLY APPRECIATE THEM FOR A MOMENT, THE BEAT OF YOUR HEART, THE SWELL OF YOUR LUNGS, THE GURGLING OF YOUR GUTS. THEY ARE THE SIGNS OF YOUR LIVING, YOU DOING. IF YOU FEEL TENSION IN THESE AREAS FOCUS ON THEM FOR A MOMENT AND

THEN, AS YOU TAKE A BREATH IN, LET THEM GO AS YOU LET YOUR BREATH OUT. FEEL YOUR FINGERS NOW, AND YOUR HANDS, YOUR WRISTS, YOUR ARMS, YOUR ELBOWS, YOUR SHOULDERS. FEEL THEIR TOUCH ON YOUR CHAIR OR ON YOU. FEEL HOW THEY REST ON YOU NOW. BECOME GENTLY AWARE OF ANY TENSION AND AS YOU BREATHE IN AND BREATHE OUT, LET IT GO. CONCENTRATE NOW ON YOUR NECK AND YOUR THROAT, YOUR MOUTH, YOUR EARS, YOUR NOSE, YOUR EYES AND FOREHEAD. FEEL YOUR SCALP AND YOUR HEAD. APPRECIATE FOR A MOMENT HOW MANY FEELINGS YOU HAVE AS YOU CONCENTRATE HERE WHERE YOUR MIND THAT IS CONSIDERING ALL OF THIS LIVES. DO YOU HAVE TENSION IN YOUR FACE OR YOUR NECK? ARE YOU STRAINING TO STAY IN THE MOMENT? TAKE A DEEP BREATH IN ... LET YOUR DEEP BREATH OUT AND ALLOW THE TENSIONS TO MELT AWAY FOR A MOMENT AND BE RELAXED AND STILL. AS YOU BREATHE CONSIDER THAT EACH PLACE WE CONCENTRATED ON BECAME ALIVE AND FOCUSED AS WE THOUGHT OF IT AND AS WE PASSED IT BECAME WARM AND RELAXED AND THAT NOW FROM THE TOP OF YOUR HEAD TO THE BOTTOM OF YOUR FEET YOU HAVE ALLOWED YOUR BODY TO BE AS RELAXED AS YOU COULD IMAGINE. TAKE A DEEP BREATH IN AND LET A DEEP BREATH OUT. SLOWLY AND GENTLY BRING YOURSELF BACK TO THIS ROOM AND MOMENT AND OUT OF YOUR THOUGHTS, BREATHING AS YOU COME BACK TO JOIN YOUR GROUPMATES.

END

QUIETLY PROCESS THE EXPERIENCE AND GIVE PEOPLE A CHANCE TO TELL ABOUT THEIR STRUGGLES AND HOW THEY PASSED IN THE EXERCISE (OR DIDN'T IF THAT IS THE CASE). HELP THE GROUP CONNECT THE IDEA THAT THEIR MINDS CONTROLLED THEIR BODIES IN THE EXERCISE BASED ON YOUR VOICE AND INSTRUCTIONS AND IN THAT EXERCISE THEY WERE FOCUSED IN THE MOMENT AS IT UNFOLDED. THIS PRACTICE ALLOWS US TO CENTER AND BE AT PEACE EVEN IN TROUBLING MOMENTS BECAUSE IF WE PRACTICE IT OUR BODIES WILL REMEMBER HOW IT FEELS TO HAVE DONE AN EXERCISE LIKE THIS AND WE CAN ACCESS THAT MEMORY AND EXPERIENCE WITH JUST OUR OWN THOUGHTS. LOOK FOR ANYONE IN DISTRESS AND HELP PROCESS THAT SO THAT THEY ARE NOT LEFT AT A HIGHER LEVEL AND BE PREPARED FOR SOMEONE TO SLEEP DURING THE EXERCISE. MAKE SURE EVERYONE IS BACK TO THE ROOM BEFORE CLOSING. THIS ACTIVITY TAKES THE PLACE OF A FORMAL CLOSING.

FACILITATOR: Thanks everyone for participating in the activity. We will be meeting again next week at this same time. I look forward to seeing all of you then!

SESSION 2: FINDING A PATH TO HEALTH

FACILITATOR: Hi everyone and thanks for being here again for our session on Healthy Bodies and Healthy Minds. Maybe we could start today by going around and checking in about where we are this week and what has been going on for us. Today let's try and see if we can find an adjective that starts with our name's first letter that describes our week. So, for example, if one's name is "Paul" and your week had been scary you could be "Perilous Paul". If your week was quiet and your name is "Mary" you might be "Meek Mary". Does everyone get the idea? I will start and say that I am "_____". Who would like to go next?

PROCESS AROUND THE CIRCLE AFTER THE FIRST VOLUNTEER DOES THEIRS UNTIL EVERYONE HAS HAD A TURN. IF NECESSARY HAVE THE GROUP HELP THINK UP AN ADJECTIVE TO HELP DESCRIBE SOMEONE'S WEEK. THIS CAN BE A MUTUAL AIDE ACTIVITY AS WELL AS AN IMAGINATION ACTIVITY.

FACILITATOR: That's great! It is a lot of fun seeing all of us working together on an activity like this. I am glad to hear(or I was listening and heard) that everyone's week was _____ (adjective that captures a summary of the responses for the group).

REVISIT THE GROUP RULES FOR ANY ADDITIONS OR UPDATES TO THE CHART -

FACILITATOR: Okay, I would like to look again this week at our chart of group rules to make sure I captured them right from last week and to see if anyone had thoughts this week about how we might make sure our time together is as useful and safe as we can make it. Did

anyone see anything that needed to be updated or does anyone have something that they would want to add to the list.

PROCESS THE DISCUSSION ABOUT THE GROUP RULES IF THERE ARE ANY AND BE SURE TO REFRAME ANY IDEAS INTO POSITIVE RATHER THAN NEGATIVE LANGUAGE. YOU ARE WORKING TO HELP PEOPLE FEEL CONNECTED TO THE PROCESS AND SAFE

FACILITATOR: Great, everyone. We have really set up a good list of rules to make sure our time together is supporting our work.

BACK TO THE PURPOSE OF THE GROUP -

FACILITATOR: Last time we met we began a discussion about this group and what we would be working on together and set some expectations for how we might move forward. I wanted to circle back this week and talk a little more about our topic and get some ideas with you about how we would want to tackle this important topic of Mind/Body Health. As we started last week we were talking about the idea that our minds and our bodies are connected and we have many ways that we can affect our health by how we think and feel about our place in relationships and in systems like school and work. We spoke at the end about our health being important to our work in recovery and a life that lets us live as we would like, seeing a future we prefer and having plans that get us there. In our remaining sessions we want to explore some more concrete ways that we can support our physical health to help make sure we are as successful as we can be in keeping our minds healthy and our recovery moving forward. We developed this group because working with doctors and hospitals can be so intimidating and the systems for accessing and paying for healthcare can be very complicated. I am hoping that by working together over the next sessions we can explore what we already know about doing

these tasks. We can explore how doing them may make us feel or how we experience them and to work together to plan and practice ways that we can all do them more successfully so that our health can be as strong as we can make it, instead of only as good as our best days. What do folks think about this idea for our work together? Does this fit with your ideas about this group and how we might be working?

PROCESS ANY DISCUSSION FOR THIS SEGMENT BY LISTENING FOR AGREEMENT AND DISAGREEMENT AMONG THE GROUP MEMBERS. TRY AND SCAN THE GROUP TO SEE IF THERE ARE ANY MEMBERS WHO ARE NOT ENGAGED AT THIS EARLY SESSION TO ENCOURAGE FULL PARTICIPATION OF THE GROUP MEMBERS. LOOK FOR PEOPLE WHO ARE PERHAPS RELUCTANT TO TALK SO THAT THEY GET THE SUPPORT THEY NEED FROM YOU AS THE FACILITATOR TO MAKE AN EFFORT. YOUR GROUP MAY BE LARGELY IN AGREEMENT AND IF SO, MENTION THAT. IT MAY ALSO BE IN DISAGREEMENT. IF THIS IS THE CASE, ASK THE GROUP TO SHARE WHAT THEIR IDEAS ABOUT THE GROUP MIGHT BE AND SEE IF THEIR IDEAS AND THE GROUP PURPOSE CAN BE LINKED OR IF THIS IS A SIGN THAT PRE-PLANNING FOR THE GROUP DID NOT ACCURATELY CONNECT TO THE GROUP'S NEEDS AROUND THIS AREA. BE OPEN AND GENUINE ABOUT YOUR ABILITY TO ADJUST SO THAT IF YOU CAN OR CANNOT ALTER THE GROUP TO MATCH BETTER, YOU CAN SAY THAT TO THE GROUP AT THESE TIMES. UNDERSTAND THAT IT IS VERY IMPORTANT IN THE EARLY SESSIONS OF THE GROUP TO COME TO AN AGREED GROUP PURPOSE AND THAT THE "CONTRACT FOR WORK" ENCOMPASSES ALL OF THE TOPICS AND IN SOME CASES TAKES THE GROUP MEMBERS TO THE COMMUNITY TO FIND MUTUALLY BENEFICIAL STRATEGIES OR PLANS FOR HEALTHY LIVING.

FACILITATOR: That's great. I am glad we had a chance to talk together about the group's purpose and to be clear together about what we are going to be able to accomplish together.

SECTION: HOW DO I FEEL ABOUT HOW I FEEL?

FACILITATOR: Before we dive into some of the sessions later in the group about how we might go about getting or keeping up our healthcare it makes sense for us to talk a little about how we might be feeling about our health individually. It's clear if we listen that on any given day we might feel good about our health and on other days, less happy or enthusiastic. Each one of us may be already feeling something about this topic and I am hoping some of us may be ready to share a little about how we are feeling and what it is about our health that is making us feel that way about it. So, let's get a sense of where people are today about their health and their access to health care. Do any of you have an issue that has been on your mind about your health that you'd be willing to share with the group? We are not necessarily looking right now for identified illnesses, but more things that any of us might be concerned about. For example, I have been seeing a lot of advertisements for drugs to treat arthritis and psoriasis where those things show up together and it has me worrying sometimes about any new skin issues I might have and wondering if the one is a sign of the other. Does anyone else have something like that, that they have been noticing or thinking about?

PROCESS THE GROUP'S RESPONSES TO THIS LINE OF QUESTIONS. LISTEN FOR COMMON OR REPEATING THEMES IF THEY ARISE. THIS DISCUSSION IS TO CREATE A COMMONALITY AROUND OUR HEALTH INFORMATION SOURCES AND CONCERNS. TO DEVELOP AN INSIGHT INTO THE GROUP'S THOUGHTS IN THIS AREA. IT'S NOT INTENDED TO GET INTO MEMBERS' DIAGNOSES SO IF PEOPLE START TO DISCLOSE MAKE SURE THAT YOU FOCUS ON THE FEELINGS AND NOT THE DIAGNOSES THEMSELVES. REMIND THE GROUP AS YOU DO THIS THAT THEY SHOULD REMEMBER TO KEEP GROUP DISCUSSIONS CONFIDENTIAL SO THAT PEOPLE DON'T HAVE PRIVATE HEALTH INFORMATION SPREAD AROUND BY OTHER PEOPLE. PROCESS UNTIL THERE IS A SENSE THAT THERE ARE A LOT OF IDEAS AND FEELINGS THAT GO ALONG WITH OUR CONNECTION TO HEALTH AND THEN MOVE THE DISCUSSION TO SERVICE SEEKING.

FACILITATOR: It sounds like we all have been thinking about health a bit and that we have a pretty wide range of feelings about health in

general and our health in the specific. I am glad so many of you felt like you could share your thoughts about health. So we have these things we've noticed and have caught our attention and it seems that we might want or need to do something about them. Has anyone in this group been able to talk with an insurance provider or a healthcare provider to follow up on any of these ideas?

PROCESS THE GROUP'S RESPONSES TO THIS QUESTION. IF "YES", ASK THE MEMBER TO SHARE HOW THEY WENT ABOUT GATHERING THE INFORMATION THEY NEEDED TO CONNECT TO THE INSURANCE OR THE HEALTH CARE PROVIDER AND THEN ASK HOW THE DISCUSSION WENT WITH EITHER OR BOTH. YOU WANT TO BEGIN TO CONSTRUCT A GROUP DRIVEN DESCRIPTION OF HOW ONE NAVIGATES THE HEALTHCARE SYSTEM SO THAT MEMBERS CAN HAVE SOME OWNERSHIP OF THEIR HEALTHCARE OPTIONS AND FEEL CONFIDENT IN ACCESSING THE SERVICES. HIGHLIGHT FOR THE GROUP WHEN THE MEMBERS POINT OUT PLACES AND PEOPLE THAT MAY ALSO BE HELPFUL TO OTHER MEMBERS (PHONE NUMBERS, NAMES, ADDRESSES) AND INFORMATION ABOUT THE PROCESS THAT IS CONSTRUCTIVE. IF THE ANSWER IS "NO", HELP THE GROUP BEGIN TO IMAGINE WHAT THEY MIGHT NEED IN ORDER TO CONNECT WITH INSURANCE OR PROVIDERS AND TO CONSTRUCT A SET OF STEPS THAT THEY THINK OF THAT CAN HELP TO BRING THEM ACCESS TO BOTH INFORMATION AND TO THE MATERIALS THAT WILL HELP THEM. SUPPORT ANY BRAINSTORMING IDEAS THAT THEY SHARE AND GATHER THEM ON A FLIP CHART OR IN NOTES SO THAT YOU CAN REFLECT ON THEM GOING FORWARD WITH THE GROUP. BE SURE TO NORMALIZE THE IDEA THAT THE GROUP HADN'T YET STARTED THIS PROCESS ON THEIR OWN AS IT IS COMMON FOR US TO NOT WORRY ABOUT SUCH ACTIVITIES UNTIL WE ARE IN REAL NEED OF THEM AS A WAY TO AVOID THE STRESS AND CONCERN THAT TALKING WITH INSURANCE AND HEALTHCARE PROVIDERS BRING. TRY HARD NOT TO PROVIDE THE IDEAS YOURSELF UNTIL THE GROUP HAS EXPLORED THE TOPIC FOR A WHILE. THEY NEED TO FEEL THE IDEAS COMING FROM THEM, THEMSELVES, IN ORDER TO BE ABLE TO OWN THE IDEAS LATER IN THE GROUP WHEN WE START TO TALK ABOUT PLANNING STEPS AND MOVING FROM IDEAS INTO ACTION.

FACILITATOR: It is very interesting to see how many ideas we had from our experiences and from brainstorming what we might do in order to explore our health needs when we have thoughts that might

be bothering us. Do you think that this list of ideas could help you to connect to the right people or services in areas that you wanted to seek some help? Please tell us your thoughts if you would like to share.

PROCESS AND SUPPORT RESPONSES. YOU ARE SETTING UP THE GROUP ENDING AND THE PREPARATION FOR NEXT SESSION AND THIS IS A SUMMARY OF PEOPLE'S SENSE OF WHERE THE GROUP IS.

FACILITATOR: Thanks everyone who shared. It's pretty clear that we have been giving ideas like this a lot of thought. Has anyone today had any difficulty with a thought or worry about their health given that we have been talking so much about it today? **(NOTE RESPONSES)**. I know that when we begin these kinds of topics that they can rise up concerns into worries or even more strong feelings of anxiousness so I want to try and check in at the end of each of our sessions together. Last time we were able to use the mindfulness meditation to focus and calm but today we won't have time to repeat that so I would like to do a quick check in with everyone. Could we go around our circle again and "check out" with a hand gesture to let the group know where you are now? Thumbs up would mean that you're okay and things are good and today went well for you. Thumbs sideways would mean that there are some things that are concerning you and you're thinking about them and that today was a little challenging for you. Thumbs down would mean that today's discussion has you worrying and that you're feeling unsettled and that it's likely that this week you are going to need to practice what we laid out in our ideas today. Can we go around and check in with those choices? Great. (You will need to process this a little with some focus on any members that thumbs down their self-check so that they feel taken care of and respected before they leave the group room). See everyone next time. We will be talking about some of the ways that our minds and bodies work together or work against each other when we are trying to be healthy. See you then!

SESSION 3: WHAT IF I AM WORRIED ABOUT HEALTH?

FACILITATOR: We ended last time with a check out and some of you reported to the group that the session was a little challenging. I wanted to start out this time by asking folks to let us know what they did after the session during our time apart to work on those feelings. Is everyone feeling better, worse or the same? What can we do here in group to make this safe and successful together?

PROCESS THE RESPONSES: THE GROUP WILL BE MOVING NOW INTO MORE OF THE MIDDLES STAGE WHEN THE FACILITATOR SHOULD PREDICT A MOVEMENT IN THE GROUP TOWARDS CONFLICT OR INDIVIDUALIZATION. THE QUESTIONS AND PROCESSING OF THE EARLIER SESSIONS WILL NOW CREATE AN OPPORTUNITY FOR MEMBERS TO DISAGREE WITH ONE ANOTHER AND TO EXPRESS MORE DIFFERING IDEAS. THIS ACTION NEEDS TO BE FOSTERED IN THE GROUP SO THAT MANY ASPECTS AND MANY POINTS OF VIEW CAN BE EXPLORED AND USED TO BUILD COMFORT AND STRUCTURE FOR HEALTHY LIVING. GROUP ROLES MAY EMERGE AMONG THE MEMBERS WHERE SOME TRY TO BE HELPFUL TO THE FACILITATOR (NATURAL LEADERS, MEDIATORS, TASK KEEPERS AND HELPERS) AND SOME THAT MAY NOT FEEL SO HELPFUL (CLOWNS, HELP REJECTORS, NEGATIVE LEADERS, SCAPEGOATS). IN GROUP ALL OF THESE ROLES COME OUT OF WHAT THE GROUP IS TRYING TO WORK ON TOGETHER AND ARE EXPRESSIONS OF THE RELUCTANCE OR THE DRIVE THE GROUP HAS TO DO ITS WORK. IN THIS ASPECT THESE ARE ALL GOOD AND IMPORTANT FACTORS FOR THE FACILITATOR TO NOTE AND USE IN THE GROUP TO HELP IT DO ITS WORK. CHALLENGING OBSTACLES TO THE WORK OF THE GROUP BY PULLING AT THE AGREED GROUP PURPOSE IS GOING TO BE AN IMPORTANT PART OF THIS WORK. TRYING TO ELIMINATE ANY OF THESE ROLES ONLY MEANS THE GROUP WILL CREATE ANOTHER IN THEIR PLACE. THE MOST CHALLENGING OF THESE ROLES IS THE SCAPEGOAT WHO BECOMES THE FOCUS OF THE GROUP'S ATTENTION AND KEEPS A FACILITATOR BUSY TRYING TO MANAGE ALL OF THE GROUP'S FEELINGS ABOUT THE SCAPEGOAT. DON'T GIVE IN TO CALLS TO EJECT THE SCAPEGOAT FROM THE GROUP AND AVOID SIDING WITH THE SCAPEGOAT OR THE GROUP IN THESE MATTERS. CALL ON THE GROUP TO FOCUS ON

THE PURPOSE AND ASK EVERYONE TO RE-COMMIT TO GROUP GOALS AND RULES IN ORDER TO ADDRESS THE ISSUE. IT IS ANTICIPATED THAT THESE CHALLENGES WILL ARISE IN THE MIDDLE PHASE OF THE WORK IN GROUP WHICH IS ALSO THE PHASE WHERE ALL OF THE WORK OF THE GROUP GETS DONE.

FACILITATOR: Thanks everyone for your ideas on how to make this group better and safer so that we can all share. We want to be sure that our work supports our moving forward on the plans for our lives being more of what we choose - a life in recovery. Let's start today with some exploration of the many ways that our focus on the world has an impact on both our health and maybe even our mental health. I have been sharing in the past weeks the idea that our minds and our bodies are closely linked to one another. Our health and our mental health support one another or interfere with one another, supports our recovery or stands in the way. Our task as people is to always be able to see what those interactions are so that we can make decisions about how we would like to proceed and make choices around our health and to be better able to decide what to do and how to do it to achieve our hopes and goals. One area where many people find this connection is around the idea that going to the doctor or even thinking we have to go to the doctor makes people feel anxious. It is so prevalent that for doctor's working with patients with high blood pressure that there is a diagnosis of "idiopathic high blood pressure" which is associated with a higher reading when one is seeing the doctor who is measuring one's blood pressure. Has anyone heard about or experienced that? (Process any responses to this prompt). This connection doesn't just affect high blood pressure though, it seems as though our expectations and our worries have a real impact on our health. Do any of you have an example of the way that being worried or anxious about seeing a doctor may have influenced whether you followed through or had some impact on your visit?

PROCESS CAREFULLY ALL OF THESE RESPONSES LOOKING FOR THE WAYS THAT WORRY STOOD IN THE WAY OF ACCESSING HEALTH OR INFLUENCED THE PERCEPTION OF A PERSON'S STATE OF HEALTH WITH THE HEALTH PROFESSIONAL. MAKE SURE TO NORMALIZE THE COMMENTS ABOUT "NOT WANTING TO GO" OR "WORRYING ABOUT GOING" AS THEY ARE CRITICAL TO THE PROCESS OF HELPING TO DEVISE STRATEGIES TO OVERCOME SUCH OBSTACLES. GO WITH THE FLOW OF THE GROUP HERE SO THAT THEY KNOW YOU ARE LISTENING AND THAT THEIR IDEAS ARE BEING HEARD AND USED IN THE CONVERSATION. WHEN THE CONVERSATION ENDS MOVE TO THE NEXT SECTION.

FACILITATOR: So it sounds like there have been some times when we have been influenced in our healthcare decisions as a result of how we have felt about going to the doctor or maybe dealing with an insurance provider. What are your thoughts and feelings about whether this is something we might focus on in our work together to work out ways for us to better our health and mental health?

NOW YOUR GROUP IS GOING TO TALK ABOUT HOW THEY SEE THIS MAKING SENSE OR NOT MAKING SENSE AND THEY WILL ALSO BE TALKING ABOUT THE FEELINGS THAT SEEM TO EITHER SUPPORT THE IDEA OF CREATING PLANS OR WILL IDENTIFY SOME OTHER IMPORTANT THEMES THAT SHOULD BE EXPLORED IN THE GROUP. YOUR GOAL AS FACILITATOR IS TO HELP THE GROUP WORK AROUND THE RELUCTANCE THAT THERE MAY BE TO ADDRESS ANXIETY AS A POSSIBLE IMPEDIMENT TO OBTAINING OR COMPLETING HEALTH CARE CHOICES. ATTEMPT TO HELP THE GROUP FOCUS ON THE NORMALCY OF THESE FEELINGS AND TO SEE THAT WE ALL NEED TO HAVE WAYS TO OVERCOME THIS ANXIETY OR OUR HEALTH CARE WILL BECOME DRIVEN BY MEDICAL CRISES THAT DON'T PROMOTE GOOD HEALTH OUTCOMES. AVOID THE IDEA THAT ONE IS BLAMED FOR THEIR FEELINGS OR SHAMED BECAUSE THEY MAY NOT HAVE TAKEN ACTION. HELP MAKE THIS DISCUSSION SAFE.

FACILITATOR: So based on what we have been talking about and sharing there is a fair amount of anxious feelings that surround health care. I think we can agree that those feelings are pretty normal and that they are widespread. What do you think the impact of those

anxious feelings has on our willingness or our reluctance to reach out to a doctor, to attend an appointment or to consider when it's time for us to see our health care providers?

AGAIN HERE WE ARE TRYING TO MOVE THE CONVERSATION TO EACH PERSON'S INDIVIDUAL SENSE OF "WHERE THEY ARE" REGARDING FEELING ANXIOUS AND WHAT IT MAY MEAN TO THEM. THIS IS A GOOD CONVERSATION AND ONE THAT YOU WILL WANT TO GIVE SOME TIME TO LOOKING FOR SIMILARITIES IN WHAT PEOPLE SAY AND DIFFERENCES. TRY TO FOCUS YOUR ATTENTION ON THOSE CHALLENGES THAT PEOPLE DO NOT SEEM YET TO HAVE RESOLUTIONS FOR. THOSE WILL BE AREAS TO FOCUS ON IN LATER GROUPS.

FACILITATOR: I really appreciate that so many of us have been thinking about this or having these feelings because it tells me that health has been on our minds and is important to us. We have spent this session exploring some of those feelings pretty intently and so I want to spend a few minutes before we close with a check in on whether we have raised your anxiety about your health with our discussion today. I would like us to check in like this regularly so that we can avoid the possibility that by being focused we might accidentally make it harder to stay healthy and on our road of recovery. I am going to ask you to think about colors on a spectrum going from Red to Orange to Yellow to Green to Blue to Purple where Red would be very worried and upset and Yellow only a little worried, Green, mostly not worried and Purple not at all worried today. We have a chart with the arrows and colors in your workbooks that you can use as we do this check out today. Try to think for a minute what color you feel like today as we finish up.

PROCESS THE GROUP PAYING PARTICULAR ATTENTION TO PEOPLE WHOSE COLORS ARE AT THE ENDS OF THE SPECTRUM. WE WANT EVERYONE TO LEAVE FEELING SAFE. IF YOU HAVE A NUMBER OF MEMBERS WHO ARE FEELING ORANGE OR RED DO A BREATHING EXERCISE SHORTLY BEFORE THE END OF THE SESSION.

FACILITATOR: Great, thanks everyone for participating today. Next session we will be looking at other ways our feelings impact our access to care. See you then.

SESSION FOUR: WHAT IF I FEEL TOO DEPRESSED TO GO TO THE DOCTOR?

FACILITATOR: Welcome back everyone. I hope everyone had a chance to think some more about our topic last session. One of the things that we know about healthcare is that when we worry about it too much, we don't go to the doctor or the dentist. Because we are talking in the group about things we might be worried about I thought that it might be important to make sure we aren't making it harder for you to be healthy in your recovery. So we are going to check in on how each of us feels again this session just to keep our eyes on how this talk might be affecting us. Did anyone have any experiences over the week that related to your health worries?

IN THIS GROUP PROCESS LOOK FOR ANY RESPONSES THAT WILL HELP YOU FURTHER DISCUSS LATER WHEN DEVELOPING STRATEGIES TOGETHER TO OVERCOME OBSTACLES. RIGHT NOW THE GROUP IS EXPLORING THE ISSUE AND YOU ARE HELPING THEM TO NAME THE THINGS FOR THEMSELVES THAT MAY BE GETTING IN THEIR WAY.

FACILITATOR: Great, Thanks to those who were able to share this time. I hope we will all continue to work on the topics during the time we are apart. In a few sessions we will be asking the members to do some "homework" in the process of brainstorming ideas to overcome some of the obstacles we are talking about now.

FACILITATOR: Last time we talked about feelings of worry and how they might affect us when we are trying to take care of our health. This session I would like us to think together about the idea that there are times when we start to feel hopeless that seeing a doctor or talking to another health provider or trying to obtain coverage will do

any good. Many people, particularly when faced with challenging health problems, will start to feel hopeless or even depressed about their ability to be successful in regaining health. Do you have any examples about yourself or someone you know? What kinds of things do people say and do?

PROCESS THIS SET OF RESPONSES. YOU ARE LOOKING FOR EITHER PERSONAL OR REPORTED STORIES ABOUT TERRIFIC ILLNESSES OR REALLY CHALLENGING PROBLEMS THAT MAKE PEOPLE GIVE UP IN THE FACE OF THEIR ILLNESS. TRY AND SEE IF YOU CAN FIND A MEMBER WHO SHARES SOMETHING ABOUT SOMEONE WHO HAS TRULY GIVEN UP AND IS WAITING INSTEAD OF ACTING AND LISTEN FOR A MEMBER WHO MAY TALK ABOUT SOMEONE WHO FELT LIKE GIVING UP AND THEN DID SOMETHING AND HAD A GOOD OR A BETTER OUTCOME. YOU WANT THESE TWO POLES TO HELP THE NEXT SECTION HAPPEN. IF THEY DO NOT EMERGE NATURALLY ASK ABOUT SUCH STORIES DIRECTLY SO THAT THE GROUP HAS THEM TO TALK ABOUT.

FACILITATOR: So in these examples we have had a chance to think about how our expectations and our feelings of hope are somehow very important to our ability to both get help and to benefit from the help we get. I think this is an important discovery because it is a reminder that good health is not the same as getting to healthcare, it's part of that mind/body connection - it's part of recovery. Based on what we were just talking about does anyone here have any thoughts or ideas about the way that one's feeling hopeless might make getting health care harder?

PROCESS THE ANSWERS. FOCUS THE GROUP'S ATTENTION ON THE "CAN'T EVEN GET STARTED" FACTORS OF DEPRESSION THAT MAKES GOING TO FIND OR ACCESS CARE HARDER.

FACILITATOR: So our sense is that feeling hopeless makes even getting started difficult. How might feeling depressed impact our ability to get the help we need?

PROCESS THE ANSWERS. FOCUS THE GROUP'S ATTENTION ON THE IDEA THAT GOOD TREATMENT THAT IS HAPPENING FOR SOMEONE WHO DOESN'T THINK IT WILL WORK HAS LESS CHANCE TO BE EFFECTIVE.

FACILITATOR: It sounds like our sense of hope that something will be better has a big impact on how well services work for us. In one of our earlier sessions we talked about the idea that the way we think about our health has an impact on how healthy we are. People can make themselves sick just worrying about health. Does anyone in the group have any experiences, themselves or others, like these that we can talk about a little more?

PROCESS WITH ANYONE ANSWERING. WORK HARD TO NOT MAKE THIS ABOUT DISCLOSING ONE'S OWN VULNERABILITY BUT TO BEGIN EXPLORING THE NEGATIVE WAY THAT OUR MINDS CAN STOP US FROM BEING HEALTHY. MAKE SURE TO PROCESS RESPONSES HERE GENTLY BECAUSE THE DISCUSSION CAN RAISE FURTHER FEELINGS OF HOPELESSNESS OR DREAD WHICH IS NOT GOOD FOR THE MEMBERS WITHOUT SUPPORT FROM THE GROUP.

FACILITATOR: Discussions like this make it very clear that our minds and our bodies are linked with one another. Today's discussion might make people think that once someone has this idea that things won't go well that trouble is certainly going to come. What are your thoughts about a person's ability to think and feel differently in the face of that feeling that nothing will help?

IN THIS PROCESS LOOK FOR SIGNS OF "IT CAN BE DONE" TO COUNTERACT THE DISCUSSION OF THE LAST SEGMENT. THIS IS BUILDING AN EXPECTATION THAT WE CAN HAVE STRONG FEELINGS AND STILL HAVE STRATEGIES THAT WILL HELP US CHOOSE TO HAVE SOME CONTROL OVER OUR FEELINGS WITH APPROPRIATE HELP AND SUPPORT. YOU ARE CHALLENGING THE FEELING OF HELPLESSNESS THAT CAN COME AS A RESULT OF PERSISTENT HEALTH PROBLEMS OR PERSISTENT MENTAL HEALTH CHALLENGES.

FACILITATOR: I hope everyone heard the sense in these discussions about the idea that strong feelings change how we feel and that we are capable of changing how we think and/or how we feel as it relates to our health. We have been exploring what happens when we have a feeling and how it impacts our health. What happens when we suddenly have a change in our health? Can that change how we feel based on what we have been talking about? Who has a story about how that happens?

PROCESS YOUR RESPONSES. AGAIN WE ARE LOOKING TO BUILD ON THE RECIPROCAL RELATIONSHIPS BETWEEN HOW WE SEE OUR HEALTH AND HOW WE FEEL AND IT WORKS IN BOTH DIRECTIONS.

FACILITATOR: We have talked a lot now about how our feelings and our health can impact each other. We have been a bit focused on the struggles and negative impacts of our thoughts and feelings and health. That is not the whole story. I want to let you know that next session we will turn our attention around the other way and look at how sometimes our thoughts and feelings can make our health better and sometimes, much better. Before we go this time, though let's do our color chart check out. Can you let us know how you are feeling on the color chart again where Red is very concerned and upset, Yellow is a little concerned, Green is not so concerned and Purple is not at all concerned? Let's each go around and report our color and talk a little about why that color.

PROCESS WITH THE GROUP SPENDING SOME TIME TO ATTEND TO THE PEOPLE WHO ARE ORANGE AND RED BEFORE THEY LEAVE. MAKE NOTE WHETHER THIS ROUND WAS LESS ON THE "HOT SIDE" OF THE COLOR CHART THAN THE SESSION BEFORE.

FACILITATOR: Thanks everyone! I will see you next session.

SESSION FIVE: THE PLACEBO EFFECT - GETTING BETTER BECAUSE YOU BELIEVE IT

FACILITATOR: Welcome back everyone. We are here now on session five already and I want to check in to see how everyone is doing. We are about half-way through our group and I want us to start thinking about what we would like to walk away with from this group. Our group will give us an opportunity to build a new tool, our personal workbook, that will help each of us to plan action so that our health can support our recovery. The workbook helps by focusing us on what we think we want to do and change and then helps each one of us to make a plan for the change we want to make. In making this plan we are going to work together to gather information, decide where we might get help or resources and plan for challenges that may come. After all of that work, we will consider sharing some of what we have discovered and thought about to the people who may do this group after us as a legacy of our work together. Soon we will begin to put the pieces together, both in group and in the time between groups, so that we each have what we need. We are working together so that other people in the group may be able to learn from what we have worked on and all of us can feel confident that we know what we want to change and how to go about doing with the support of one another. We need to gather knowledge and skills to be able to make good plans. Does that still sound like what we came together to work on? Great. How was everyone's time apart this time? Any new ideas or experiences that reflect on all the topics we have been covering? How our thinking and feeling might be impacting us, how our health might be affecting our moods?

PROCESS THIS WITH THE GROUP. TRY TO GO AROUND AND MAKE SURE EVERYONE CHECKS IN WITH HOW THE TIME BETWEEN GROUPS WENT SO YOU KNOW BETTER WHERE PEOPLE IN THE GROUP ARE GOING WITH WHAT YOU ARE TALKING ABOUT. EXPECT AT THIS POINT THAT SOME PEOPLE WILL BEGIN TALKING ABOUT THINGS THAT DO NOT HAVE ANYTHING TO DO WITH THE GROUP TOPICS. THIS IS NOT UNUSUAL IN THIS STAGE OF MIDDLES AS IT EXPRESSES SOME OF THE ANXIETIES THE GROUP IS FEELING ABOUT THEIR WORK AND HOW DIFFICULT IT MIGHT BE. IT IS ALSO A SIGN OF THE WORRY THAT THE GROUP IS COMING TO AN END AND THAT THERE MUST BE SOME SENSE OF WHAT WILL HAPPEN NEXT THAT IS WORRISOME. HELP MEMBERS TO COME BACK TO TOPIC AND PURPOSE AND FOCUS ON THE PARTS OF WHAT THEY SHARE THAT ARE ON TOPIC FOR THE GROUP.

FACILITATOR: Thanks everyone for checking in. It's good to hear that there is work happening between our sessions and that people are thinking about and seeing the issues we are talking about in our everyday experiences. This session let's focus on how our thoughts and our feelings can have a positive effect on our health. We have already focused on the way they can sometimes interfere, but that isn't the whole story. Does anyone have a story or an experience about a time when someone's hope or even faith may have had an impact on their health in a positive way? Where someone got better because they were hopeful or were feeling positive about their doctor or medicine?

PROCESS WITH THE RESPONDERS. THIS MAY BE A LESS ORGANIZED DISCUSSION THAN THE EARLIER ONES BECAUSE IT IS LESS OFTEN EXPERIENCED THAT THERE ARE POSITIVE OUTCOMES. BE LISTENING FOR THE WAY THAT MEMBERS DESCRIBE THE FEELING OF BELIEF IN THEIR ABILITY TO BE WELL. REFLECT WITH THE GROUP ON THE EXPERIENCE OF GETTING A GOOD DOCTOR OR THE RIGHT MEDICINE OR A NEW MEDICINE AND HOW THAT MAY HAVE HAD A BETTER EFFECT THAN HAD BEEN EXPERIENCED BEFORE. IF THE GROUP DOESN'T HAVE THIS EXPERIENCE TRY TO SEE IF YOU CAN EVOKE A DISCUSSION ABOUT HOW HAVING A POSITIVE ATTITUDE ABOUT TREATMENT MIGHT MAKE TREATMENT BETTER. IF YOU CAN SEE IF THERE IS ANYONE WHO HAD THE EXPERIENCE OF TALKING WITH A PROVIDER WHO TOLD THEM ABOUT THE POSITIVE ASPECTS OF A TREATMENT OR MEDICINE AND HOW THE FOCUS ON THAT MAY HAVE MADE A MEMBER FEEL ABOUT THE DOCTOR OR THE

TREATMENT. YOU ARE LOOKING FOR THE IMPACT OF “HOPE” ON HEALTH IN THEIR RESPONSES.

FACILITATOR: It certainly sounds different to have this discussion than the one we had last time and the time before doesn't it? Do any of you have a better or more positive feeling just having talked about or hearing about these experiences of one another? Hope is a powerful feeling in the face of the worry and fear that sometimes can come with needing to address our health. It is also a very important part of recovery since our hope guides us to that future where we can live a life that is fulfilling and meets our goals and dreams. There is some recent research that hope and a positive expectation of a treatment is enough by itself to make someone feel better. It was even in TIME magazine this year. They had an article about the impact on health of what are called placebos and described a phenomenon called “the placebo effect.” Has anyone heard of this? (If not you will need to explain and then continue). Placebos are not medicine, in research they are used to test whether another medicine has an actual effect or if something else is helping a person get healthier. In this sort of research, part of a group get a treatment and another part get a placebo that is supposed to be the treatment and since the people or the doctors don't know which is which, the study is able to better understand whether the treatment is doing what was expected. Sometimes the treatment has a very big impact and the placebo doesn't and sometimes both the group with the treatment and the one with the placebo have similar outcomes. So placebos sometimes work as well as the treatment to make some of the people better. What do you think of that?

PROCESS WITH THE GROUP THEIR FEELINGS. IF SOMEONE GETS STUCK ON THE IDEA THAT PEOPLE ARE BEING MISTREATED BECAUSE THEY THINK THEY ARE GETTING A TREATMENT AND AREN'T YOU WILL NEED TO ASSURE THE MEMBERS THAT THE STUDIES MAKE SURE PEOPLE ARE AWARE THAT THEY MAY BE GETTING THE TREATMENT AND THAT THEY MAY NOT BEFORE THEY AGREE TO BE IN THE STUDY. HELP THE GROUP STRUGGLE

WITH WHAT IS HAPPENING THAT THE PEOPLE WHO GET THE NON-MEDICINE ARE SOMETIMES HAVING A POSITIVE IMPACT DESPITE THE FACT THAT THEY DON'T GET THE TREATMENT. IT IS A SIGN OF HOW MUCH HOPE AND A POSITIVE EXPECTATION MAY BE INFLUENCING HEALTH.

FACILITATOR: I have to say that it felt good to hear that you were worried about the people who did not get the treatment and whether they were being mistreated. It is a sign that we as a group are worried about other people and that is always a good sign for us because it means we care and have empathy even for people we don't know. (If no one has had this discussion suggest that it might be something that a person would think given the idea that it is kept secret from the participant.) It's important to be able to keep a positive thought for others as a way to strive for our own health! In the studies we are talking about the people who are being treated don't know which kind of treatment they are getting. What are your thoughts about whether knowing that one is getting the medicine or the placebo would have on the positive effects that the researchers sometimes saw in the group receiving the placebo? Do you think that knowing would have an impact on whether people would get better?

PROCESS THE ANSWERS YOU GET. THIS QUESTION IS SET UP TO HAVE THE GROUP COME TO THE CONCLUSION THAT KNOWING IT IS A PLACEBO MAKES IT NOT WORK AS WELL WHICH WOULD BE THE COMMON ASSUMPTION. HOLD ONTO THE IDEA THAT, IN FACT, A RESEARCHER FOUND THAT EVEN KNOWING THEY ARE GETTING A PLACEBO, A NUMBER OF STUDY PARTICIPANTS GOT BETTER JUST BECAUSE THEY FELT POSITIVELY ABOUT RECEIVING TREATMENT AT ALL. IF ANY MEMBER OF THE GROUP GOES THIS ROUTE GO WITH THEM TO THE NEXT SECTION.

FACILITATOR: I agree with the group that it would seem to make sense that the people who know they aren't taking the medicine should not get better but the article I was referring to earlier outlined a study where even though participants knew they were receiving a placebo that they got better. Is that surprising? In an interview with

one of the participants who wasn't getting the treatment but was getting better the writer suggested that it was the participant's positive feeling about being treated at all that seemed to have the positive effect. This would suggest that sometimes just our minds can cause us to experience something more positively. Does anyone have any thoughts about how we might use this idea as a way to support our own striving towards our health and recovery?

PROCESSING THIS TIME IS TO GET AT PEOPLE'S WILLINGNESS TO CONSIDER MAKING A KEEPING A POSITIVE ATTITUDE IS SOMETHING TO BE SOUGHT FOR BY THE MEMBERS OF THIS GROUP. LISTEN FOR THE WAYS THAT MEMBERS MIGHT OUTLINE AND PROMPT FOR PEOPLE TO IMAGINE WHAT KINDS OF IMPACTS THESE POSITIVE IDEAS MIGHT HAVE ON THE MEMBERS SHARING. SCAN FOR SKEPTICS AND ASK PEOPLE WHO MAY NOT AGREE TO THE IDEA TO SHARE THEIR IDEAS AS WELL TO HAVE A FULL CONVERSATION ABOUT THIS IDEA. HAVING SOME MEMBERS WHO DON'T BELIEVE IT WILL WORK IS A SIGN OF A HEALTHY GROUP.

FACILITATOR: So it sounds like some of you feel like developing positive expectations will have the kind of impact that leads to better health and some still feel like it is too simplistic. That's okay because I think we have room for all kinds of ideas in our group. But I wonder if we could do a quick color chart check in about how we are feeling about this topic this week. Again we have the Red meaning concerned and upset and the purple not at all concerned and not at all upset. Where are we this time? Who would like to start?

TRY TO SEE IF THE GROUP HAS A MORE POSITIVE SET OF RESPONSES AFTER THIS CONVERSATION COMPARED TO THE CONVERSATION IN THE PREVIOUS TWO MEETINGS. THE MORE POSITIVE TOPIC IS LIKELY TO HAVE HAD A POSITIVE EFFECT ON PEOPLE'S MOODS AND SENSE OF CONCERN. IF THIS EMERGES POINT IT OUT AND IF IT DOES NOT MAKE MENTION OF THAT AND ASK THE GROUP TO CONSIDER WHY THE ASSUMPTION THAT PEOPLE'S COLORS WOULD BE LOWER DIDN'T HAPPEN.

FACILITATOR: That was an interesting check in. It gives us some sense of how our conversations can sometimes have an impact on how positive we feel about ourselves and about our work. We have spent the past five meetings talking together about our feelings and ideas and we have come to some discoveries together about ways that we can impact our access to and experience of health care. Now it is time for us to focus a lot more intensively on the practical information and tasks that might be necessary for us to be able to access, use and benefit from health care services. Recovery work is always developed out of our actions and decisions, so this is really a very similar process. Over our remaining meetings, we will be working in our workbooks to flesh out our ideas about what we need now, what we may need later, how to access care (and from whom) and finally how to engage with our providers to make our healthcare as successful as we would like it to be. Our good health really has an important impact on our lives of recovery. Between this session and next I would like you to begin thinking about how you feel right now (how healthy or unhealthy, how organized or not, how knowledgeable or not, how confident or concerned) and start to think about what areas you might want to make a plan to change. You may want to arrange some service you don't have now or to address a concern. You may wish to change a medication or your doctor to achieve some health goal. The first step of planning is thinking about what it is we need to plan. Some more examples may be whether you have insurance that is active and usable. You may already have a primary doctor or you may not and need to think about how to go about doing that. You may already be aware you need a specialty doctor of some kind and may or may not have one. Begin thinking about it so that next time we can begin using the workbooks to build our plan and ideas for making our healthcare as accessible and useful to us as possible. Be sure you have your workbook with you for the next session! See you then.

FACILITATOR'S NOTES BEFORE SESSION SIX:

Participant's workbook is a template for capturing information and details about insurance, providers, specialists and member plans to access or better use care that each member will be creating. The handouts are made up of blocks for fill-ins and include instructions for exploring the topic. You will be processing this workbook with the members for at least the next four sessions. If the group is working slowly or needs more time feel free to work on sections in additional sessions up to a total of five or six to work on the workbook. The remaining section the guide will give a framework set of introductions to the facilitator and areas to include in the processing but will not directly script the work of the group since each group will be different. Facilitators should focus the group on its own areas of importance and expertise and should strive to gather ideas that may be shared with other groups in the future as a legacy of this group to members who may come after. In this way every group who participates in this curriculum will build a set of examples and exercises that will benefit the groups that follow by providing some suggestions and explorations of how to achieve this challenging skill in real life. Your task as facilitator is to remember what the group is doing and remind them of their progress, to encourage full participation so that all of the members contribute and benefit from the shared tasks and to celebrate successes and progress as it happens for the group. Talk about gathering up their work and get a commitment from them regularly to share with others as a message of hope and strength in their ability to provide support to themselves and to others, unmet. You may need to stop and do a skill teaching for some skill or another. Please refer to the skill teaching blocks in the appendix for practice around skill teaching and some topics that might fit in the practice modules for all of the sections of the workbook.

SESSION SIX: ACCESS TO CARE AND PROVIDERS

FACILITATOR: Welcome back everyone. It's time to dig more deeply into what we want to know and what we want to do about our health so today we are going to start working on our workbook templates and see what we can discover and share with one another about our ideas and plans to make sure we can get the kind of health and healthcare we are hoping for. Before we begin, I wonder if anyone has things they would like to check in with from our discussion last time about hope and positive thinking and the way it builds our ability to benefit from the help we receive. Who would like to start?

PROCESS THE CIRCLE AND LOOK FOR MESSAGES OF HOPE. ASK MEMBER TO SHARE IF THEY WILL ABOUT THEIR THINKING OVER THE BREAK ABOUT WHAT WE WOULD BE TALKING ABOUT IN SESSION SIX.

FACILITATOR: Okay, so let's start looking at our workbooks and consider some ideas we may have ourselves for ways we can each use what we already know, identify what we need to know, and make plans for how to get the pieces that we need to make a plan for putting our minds and our bodies on a track to better health and ourselves on our track of recovery. Let's all look at the first section of our workbook. Specifically, let's look at the block asking for ideas about how ready we feel to tackle the question of our health care.

SECTION ONE: PROCESS QUESTIONS

In Section One we have some questions for each of you to consider regarding where and how ready you feel today to access healthcare. Each area in the workbook is going to ask you to

think about and capture your ideas in a couple of areas. Here in section one we are looking at where you are right now in your plan for health. Statements like “I have a primary doctor,” are followed by blocks to capture your answer. The statements in this section are:

I FEEL LIKE I HAVE GOOD HEALTH CARE NOW.

I HAVE INSURANCE / SUPPORT TO OBTAIN HEALTH CARE.

MY INSURANCE IS CURRENTLY ACTIVE AND I KNOW HOW TO ACCESS IT.

I HAVE A PRIMARY CARE DOCTOR.

I HAVE SPECIALTY CARE DOCTORS FOR THE CARE I THINK THAT I NEED.

I HAVE A HEALTH NAVIGATOR OR OTHER PROVIDER WHO HELPS COORDINATE MY CARE.

FACILITATOR: For each of these statements think about how you want to respond and write down what you already know or what you use to be able to identify these resources. Consider the box at the end of the section that asks you to reflect on whether this exercise has made you more aware of any areas that you think could be helpful in creating a plan for action and include that in the reflection section of the worksheet. Let’s do all of section one together as a large group so that we have a chance to warm up to the work in our workbooks. We may do some later sections in smaller groups or in pairs. You may have questions for one another about how they did each of the things they outlined or other questions about how effective the services might be. We are processing together so that we can all benefit from each other’s hard work and to share what we know. Mutual aid in groups is the idea that because we have common tasks and we are working together there will be times where we will be able to share

and times where we will benefit from each other's ideas so I want to make sure we are able to do that. Let's go through the statements and see what people may share.

PROCESS THROUGH THE STATEMENTS IN SECTION ONE. LOOK AT THE GROUP FOR PEOPLE WHO MAY HAVE QUESTIONS FOR EACH OTHER THAT MAY NOT BE BEING ASKED. WE ARE JUST TRYING TO GET THE LAY OF THE LAND FROM PEOPLE ABOUT HOW THEY FEEL AND WHAT THEY HAVE DONE SO FAR. THE STATEMENTS MAY NOT BE COMPREHENSIVE FOR THE GROUP SO FEEL FREE TO ASK NEW QUESTIONS OR MAKE NEW STATEMENTS BASED ON THE GROUP'S EXPERIENCES. THIS IS A CHANCE TO INVOLVE ALL OF THE MEMBERS IN THE EXPLORATION. SPEND THE LION'S SHARE OF TIME ON THE FINAL REFLECTION SECTION WHERE WE ARE ASKING THE MEMBERS TO DISCUSS HOW SATISFIED THEY ARE WITH WHERE THINGS ARE IN THEIR SEARCH FOR CARE. IF MORE THAN ONE SESSION IS NEEDED THEN CONTINUE TO A NEXT SESSION BUT THIS SESSION MAY BE SHORT. THE NEXT SECTION WILL BE ABOUT OBSTACLES THAT MAY HAVE BEEN ENCOUNTERED BY THE GROUP IN ACCESSING CARE. YOU CAN GO AHEAD TO IT IF THE GROUP FINISHES SECTION ONE EARLY.

FACILITATOR: Great work on section one, everybody. We have all now identified where we think we are in our present access to services. We have also likely started the process of identifying how what we have been talking about in previous sessions may impact our work to meet our own goals for good health and getting what we need to support our recovery. You will notice that this section was focused on obtaining care which may be easy or hard for you personally. I want you to be aware that we will come back in Section Four to address questions or concerns that you have raised. So don't be worried that we are only identifying areas we want to consider changing. We will get to plans for these changes in Section Four.

IF THIS IS THE END OF THE SESSION CLOSE WITH A CHECK IN FOR HOW PEOPLE FEEL HAVING LOOKED AT THESE STATEMENTS. IF MOVING FORWARD CLOSE BY NOTING THE NEXT SECTION WILL BE IDENTIFYING SOME OF THE OBSTACLES WE ARE IMAGINING OR HAVE EXPERIENCED IN GETTING THE KIND OF CARE WE ARE HOPING FOR.

SESSION SEVEN: OBSTACLES THAT WE HAVE ENCOUNTERED

FACILITATOR:

SECTION TWO: PROCESS QUESTIONS

Section Two is a set of blocks to explore what challenges and obstacles were either overcome or are being anticipated. The section has statements to help formulate a picture of what is “standing in our way” as a means to highlight those things the members are concerned about and will need to be resolved to achieve the plan that is being developed. The statements in the section are:

I KNOW HOW TO CHALLENGE A DECISION BY MY INSURANCE FOR COVERAGE OF A HEALTHCARE VISIT OR PROCEDURE

I CAN NEGOTIATE AN APPOINTMENT AT A TIME THAT IS CONVENIENT FOR ME FOR HEALTHCARE.

I CAN ASK MY PROVIDER QUESTIONS TO BETTER UNDERSTAND THE TREATMENT THAT IS BEING PROVIDED

I CAN ASK MY PROVIDER QUESTIONS TO UNDERSTAND THE RISKS AND BENEFITS OF THE TREATMENT

I CAN ASK ANOTHER PROVIDER FOR A SECOND OPINION ABOUT A PROCEDURE THAT IS BEING RECOMMENDED.

I KNOW MY MEDICATIONS AND WHAT THEY ARE INTENDED TO TREAT.

I CAN DESCRIBE MY CURRENT MEDICAL HEALTH IN A MANNER THAT I UNDERSTAND AND IS ACCURATE.

THE GROUP MAY HAVE OTHER STATEMENTS THAT THEY FEEL ARE IMPORTANT. FOR EACH STATEMENT THERE IS ROOM TO CAPTURE IDEAS OR REFLECTIONS ABOUT EACH STATEMENT. SOME MEMBERS MAY NOT HAVE ANSWERS FOR EACH STATEMENT BUT STRIVE TO HELP THE GROUP TO EXPLORE AS MANY OF THESE STATEMENTS AS POSSIBLE AS A WAY TO OUTLINE AREAS FOR WORK IN SECTION FOUR. AS A WAY TO BUILD RAPPORT BETWEEN GROUP MEMBERS IT MAY BE HELPFUL TO HAVE MEMBERS OF THE GROUP WORK IN PAIRS TO DO SOME OF THIS WORK IF THEY ARE ABLE TO DO SO. IT MAY BE BETTER FOR SOME GROUPS TO DO THE WORK ALL TOGETHER.

FACILITATOR: This is a longer section than section one with more statements for us to consider. Let's start through these statements and see what people think of these for helping us to identify where we are and what we would like to work on. It is not expected that everyone will have responses to every statement but these are the ideas that are associated with being able to get in a relationship with our providers and to get the kind of care we want. You should be able to use some of the conversations we have had up to this point to respond in this section. You should also feel free to add any statements you think are important to getting the good care you need. If you are not ready to make a statement consider (in the reflections section) what you think you might need to do in order to be able to meet that objective.

PROCESS WITH THE GROUP EACH STATEMENT EITHER IN PAIRS OR THE GROUP. THIS SEGMENT WILL TAKE LONGER THAN THE FIRST BECAUSE THERE ARE MORE STATEMENTS AND THE RANGE OF RESPONSES MAY BE VERY BROAD. FOR SOME MEMBERS THEY MAY NOT HAVE DONE ANY PART OF A STATEMENT AND OTHERS MAY HAVE TRIED AND REPORT THAT THEY WERE NOT SUCCESSFUL. IT'S IMPORTANT TO NORMALIZE THE PROCESS OF SEEKING GOOD HEALTH CARE AND BECOMING A SELF ADVOCATE FOR THE SERVICES WE RECEIVE. YOU MAY NEED TWO SESSIONS TO COMPLETE THIS SECTION DUE TO LENGTH AND THE AMOUNT OF DISCUSSION THAT MAY BE NECESSARY. TALK WITH THE GROUP ABOUT TIMING AND MAKE SURE TO HAVE A STRUCTURED ENDING IF GOING ON TO A SECOND

SESSION TO COMPLETE. START THE ADDED SESSION IN MUCH THE WAY YOU STARTED THIS ONE.

FACILITATOR: Naming obstacles can bring about a feeling of pessimism that can influence how successful we feel in our ability to meet our goals for health. Obstacles in healthcare are certainly a part of many people's experiences and so we should remember to consider that strategies to address these feelings are going to need to be part of our solutions and strategies when we get to section four of our workbooks. Let's check in with one another about this before we go. Perhaps everyone could take a minute and use the thermometer gauge in the workbook to report out how you are feeling about your plans so far.

BEFORE PROCEEDING TO SESSION EIGHT WARN THE GROUP THAT THE NEXT SESSION WILL BE AN OPPORTUNITY TO BRING IN RESOURCES AND SUGGESTIONS AND IDEAS ABOUT HOW TO RESOLVE SOME OF THE ISSUES THAT WERE DISCUSSED IN THE SECTION ONE AND TWO WORKSHEETS. PROVIDING THIS WARNING IN ADVANCE MAY ALLOW SOME MEMBERS TO PREPARE IN ADVANCE FOR THE COMING SESSION AND IN THAT WAY HELP THEM FEEL SAFER IN SHARING.

SESSION EIGHT: SEEKING SOLUTIONS AND FINDING RESOURCES

FACILITATOR:

SECTION THREE PROCESS QUESTIONS

In Section Three the group will work to gather resources to resolve some of the issues that were raised in the review of section two. We all have ways that we use now that help us gather information to make decisions. But for each one of us, we only know what we know. In Section Three we are going to try and bring together all of the member's thoughts and resources about places where we can get what we need or learn what we don't know. We might have a particular website or magazine that gives us health information. We might listen to particular TV shows or radio or podcasts that give us information. We might have a health navigator or a trusted provider who helps us with decision making. This is a brainstorming session and an opportunity for all members to come up with resources or ideas about how to find resources that may benefit everyone. Section three and four will be sections that we want to gather for this group and for future groups to help when they reach this session. Facilitators in other groups like this will talk about gathering the ideas for those groups just as you will for this group. This section does not have statements but questions and prompts:

WHAT ARE YOUR RESOURCES OR IDEAS FOR ANSWERING INSURANCE QUESTIONS? WHAT HAVE YOU USED AND WHAT WORKED FOR YOU IN THE PAST?

DO YOU HAVE A SOURCE FOR INFORMATION ABOUT DOCTORS OR OTHER HEALTH CARE PROVIDERS THAT

YOU LIKE TO USE OR THAT YOU HAVE FOUND USEFUL IN THE PAST? DO YOU KNOW OF A PLACE TO FIND “REVIEWS” OF DOCTORS IF THIS INTERESTS YOU?

WHERE DO YOU FIND INFORMATION ABOUT MEDICINES OR TREATMENTS? HAVE YOU SEEN ARTICLES OR ADVERTISEMENTS ABOUT MEDICINES THAT INTEREST YOU? DO YOU HAVE A WAY TO EVALUATE WHAT YOU HAVE READ?

HOW CAN YOU PREPARE TO TALK TO YOUR DOCTOR ABOUT YOUR TREATMENT OR DIAGNOSIS? WHAT QUESTIONS MIGHT YOU ASK? WHAT ARE THE CHALLENGES YOU ANTICIPATE TO HAVING THIS CONVERSATION?

DO YOU HAVE ADVICE OR CAUTIONS FOR YOUR GROUP MATES BASED ON WHAT THEY ARE THINKING TO EXPLORE?

WHAT CAN WE GATHER TO SHARE WITH EACH OTHER AND FOR OTHER GROUPS THAT MAY USE THIS CURRICULUM IN THE FUTURE?

FACILITATOR: Now we have come to Section Three of the workbook. As we talked about at the end of the last session it’s now time to begin to name for ourselves the resources and tools that we know or that we have found that may be helpful in organizing our plans for how to better access or to overcome obstacles that may have impaired our care in the past. Let’s start by going through the questions in Section Three as a group and then maybe in small groups of two or three let’s talk about our ideas and share our answers with one another to see where we have similar and where different experiences. Any questions before we go further?

PROCESS THROUGH THE QUESTIONS FIRST WITH THE GROUP JUST TO MAKE SURE EVERYONE HAS SOME IDEAS ABOUT WHAT TO SHARE AND TALK ABOUT AND THEN LET THEM TALK IN SMALL GROUPS TO FLESH OUT IDEAS AND SUGGESTIONS. FOCUS ANY PROCESSING WORK WITH THE SMALL GROUPS AROUND THE IDEA THAT THEY ARE GIVING ADVICE NOT JUST TO EACH OTHER BUT TO OTHER MEMBERS WHO MAY HAVE THIS GROUP AFTER THEM. SAY THAT WHEN GROUPS WORK THIS HARD TO CREATE THE WORKBOOK IT WILL BE HELPFUL FOR THEM TO SEE WHAT OTHER GROUPS MAY HAVE DISCOVERED AND SO THE SEGMENTS WILL GROW OVER TIME BECAUSE OF THEIR HARD WORK. THE PURPOSE OF SECTION THREE IS TO CREATE A LIBRARY OF RESOURCES AND IDEAS FOR MAKING PLANS OR FOR CLARIFYING WHAT THEY WILL DO ONCE THE GROUP GETS TO SECTION FOUR. AGAIN THIS MAY BE A SESSION THAT TAKES MORE THAN ONE MEETING DEPENDING ON THE GROUP AND THE LEVEL OF IDEAS. SUPPORT CREATIVE DISCOVERY OF MATERIALS AND FOR BRINGING IN SOURCES LIKE MAGAZINES OR WEB SITES OR OTHER SUCH ARTIFACTS. ALL OF THIS MATERIAL SHOULD BE BROUGHT TOGETHER. ONCE THE SMALL GROUPS HAVE PROCESSED TRY AND CAPTURE A LIST OF IDEAS ON FLIP CHART OR WHITE BOARD SO THAT THE GROUP CAN SEE IT AS THEY CONTINUE TO TALK. IF THE GROUP IS HAVING DIFFICULTY WITH RESOURCES IT WILL BE ADVANTAGEOUS FOR THE FACILITATOR TO DO SOME QUICK RESEARCH FOR SOME SOURCES AND SHARE THEM WITH THE GROUP. FOR GROUPS LIKE THIS FOCUS MORE STRONGLY ON THE QUESTIONS ABOUT PRE-THINKING CONVERSATIONS AND STRATEGIES QUESTIONS OF THE SECTION AND DEVELOP MORE IF NECESSARY.

FACILITATOR: Let's try and capture some of what you are thinking and talking about on the worksheets that you are filling out in Section Three. I have a flip chart (white board) and I will jot down some ideas as we talk about them.

AS THE TIME TO WORK CLOSES:

FACILITATOR: We have done a lot of work around ideas and resources. The enthusiasm that everyone has brought to this part reminds us that our work together is always greater than what any of

us can do alone, so I hope you are each able to feel some of that excitement and knowledge that there are a lot of resources available. This helps our plans be more successful because we are focused on having a plan that is not just our ideas but how we feel about what we are doing and how that impacts the effectiveness of our plans. Next time it will be time for us to begin making our plans for next steps and to be able to put all of what we have learned into action. Be prepared next time to draft your plan for next steps and when we get together we will be working on section four of the workbook. Can we have a one word description from each of you about how you are feeling leading up to our next session and making a plan?

SESSION NINE: MAKING A PLAN

FACILITATOR: Welcome back everyone to our next to last session for the group. We have been working over the past couple of sessions on all of the ideas we need in order to have a good and personal plan about preparing to advocate for our best health and to support our lives of recovery. You each have spent time talking both as a group and with each other about these topics. Now it is time for us to spend this session focused on the things we want to commit to do so that we can feel confident advocating for the kind of health care that we want to have. Our health is such an important part of our recovery that we want to take every opportunity to be as healthy as we can. We will spend time this session on Section Four of the workbook which is made up of just a couple of prompts to identify what you think you want to work on and some challenges you expect and what your plans and resources are to address those expectations. The workbook is going to ask you to consider how confident you feel in your plan as you come up with it and then we are going to ask you to share your ideas with your group mates. Together we will help to “stress test” your plan. This is another opportunity for us to be helpful and supportive of one another because there are no right or wrong answers in our planning, but there are suggestions we have had in the weeks we have been meeting that you may have forgotten as we make our plans. Together we can do a better job of remembering than we can alone. Let’s begin by looking at our workbooks and starting our ideas on what we want to plan. Let’s use our small groups from last time to begin processing our ideas and then we can come back together as a large group report out our ideas for a plan and get some feedback from the group. Any questions before we begin?

PROCESS THE SMALL GROUPS AND THE LARGE GROUP BY ASKING PEOPLE TO EXPAND EACH OTHER'S THINKING AND TO ASK CRITICAL QUESTIONS ABOUT PLANS BASED ON WHAT WE HAVE TALKED ABOUT. THE SMALL GROUPS WILL ALLOW FOR A LOT OF SUPPORT IN MAKING CLEAR THEIR IDEAS AND NEXT STEPS AND THE LARGE GROUP A CHANCE TO MAKE A COMMITMENT TO ACTION THAT OTHERS WILL HEAR. TRY TO GET EVERYONE DONE IN ONE SESSION IF AT ALL POSSIBLE SO THAT THE PLANS ARE MADE AND COMMITTED TO AS A GROUP. FINISH THE SESSION BY PREPARING THE GROUP FOR THE FINAL SESSION TO FOLLOW.

FACILITATOR: Okay so we have all had an opportunity to talk about our plan and to say it out loud in our small groups and the whole circle. I hope you feel good about the plan that you have outlined and have gotten good feedback from the members about your plan. Next time we meet we will have our final session together and we will have an opportunity to celebrate our accomplishments, to think about what we have made together, and to decide what we want to share with future members of this group when it runs again with new group members. During our time apart let's spend a little time thinking about two things. One would be what you want to share about your experience in this group with future members and how you would like to make sure you bring what you learned in this group with you after the group has ended. See you next time.

SESSION TEN: CELEBRATING OUR ACCOMPLISHMENTS

FACILITATOR: Great to have you all back again. This is a day that has been a long time coming! Today we are finishing up our group together and we have really done a lot of work as a group. You have all had some time to think about the plans that we worked on last session. Sometimes when we are making plans, once we have settled on something we want to do, we will suddenly have new ideas or something different that we would rather work on. This is a pretty natural part of the planning process and happens to many people. Before we go on I wanted to give you a chance to reflect on whether this may have happened to you in our time apart. I want to ask if you could report out about any additional thoughts you have had about what you decided to work on. Did anyone have second thoughts or new ideas that they wanted to talk about? Let's go around the circle and check in.

PROCESS A CHECK IN. NOTICE THAT YOU HAVEN'T BEEN DOING A FORMAL CHECK IN DURING THE WORKBOOK SECTIONS WORK OF THE GROUP AND IT WILL BE NOTICEABLE THAT YOU DO IT IN SESSION TEN. HELP PEOPLE TO SHARE WHAT THEY HAVE DONE TO FEEL MORE CONFIDENT ABOUT THEIR PLANS. ASK A FOLLOW UP QUESTION IN THE CIRCLE TO HAVE PEOPLE SAY AGAIN HOW CONFIDENT THEY ARE THAT THEIR PLAN CAN MOVE FORWARD.

FACILITATOR: In the process of creating your plans you have done a lot of work to think about and to identify where to look for ideas and information. I have spoken in a couple of sessions about the idea that we may want to share our discoveries with others, much in the way that a trailblazer went out before a group of settlers in the old West to make sure a path was passable and safe. You are now the trailblazers

of this group for other members who will take the sessions after you. What kinds of things from what we spoke about do you want to leave to “mark our trail?”

PROCESS THE GROUP ON THIS QUESTION, GATHERING THEIR IDEAS AND WORKING OUT WAYS TO KEEP WHAT THEY WANT TO SHARE. THIS MIGHT BE A GOOD TIME TO USE CELL PHONE CAMERAS TO CAPTURE INDIVIDUAL NOTES OR PAGES OF RESOURCES OR ANYTHING ELSE THE GROUP WOULD LIKE TO SHARE. THANK MEMBERS FOR THEIR CONTRIBUTIONS AND FOR WILLINGNESS TO SHARE WITH OTHERS. NORMALIZE ANYTHING THAT ANYONE MAY BE RELUCTANT TO SHARE ALSO AS WE HAVE MADE IT CLEAR THAT PEOPLE ARE FREE TO SHARE OR NOT.

FACILITATOR: As this is our last session together I wanted to give an opportunity for you to talk about anything that you found particularly helpful from me or any of the members of the group over the course of our sessions. This is a time to be grateful for what we have received.

PROCESS THE CIRCLE FOR THIS AGAIN SUPPORTING ANY POSITIVE COMMENTS FOR THE GROUP AND RECALLING WHEN THE GROUP DOES NOT ITS ACCOMPLISHMENTS OVER THE SESSION. IT WILL BE IMPORTANT TO PREPARE SOME COMMENTS IN ADVANCE IN CASE THE GROUP HAS A HARD TIME WITH THIS.

FACILITATOR: As we are ending our group it’s important to have moments like this where we remember what we have been working on together. Does anyone have ideas about how things might be different for them going forward because we spent time together in group? Did you have new ideas or feelings about the topic or the way we worked together?

PROCESS AS BEFORE:

FACILITATOR: Here we are now at the end of our group time together. We have created plans for how we might be good advocates

and consumers of our healthcare. We have thought together about how our minds and our bodies are linked and how our expectations and fears are important parts of our plans to be healthier. You have shared with one another and you have given and received both advice and resources. You have also taken big steps in supporting your plans for and your progress in your life of recovery. You have all come to this work with a strengths view of your future and that is great work in our hopes and goals. Congratulations on what you have created and on what you are leaving for groups to come. Your workbooks are yours to take as they contain your plan and your ideas. I would suggest that if there is anyone in the group who you felt helped you to complete your work that you have them sign your workbook. Thank you all for your hard work. Let's celebrate!

ALLOW THE GROUP TO MINGLE AND SIGN, HAND OUT CERTIFICATES IF YOU DECIDED TO PROVIDE THEM AND CELEBRATE WITH WHATEVER REFRESHMENT OR SPECIAL TREAT WOULD BE APPROPRIATE. MAKE SURE EVERYONE'S WORKBOOK GETS SIGNED BY AT LEAST ONE OTHER GROUP MEMBER. YOU MAY WANT TO MAKE SIGNING A CHECK OUT ACTIVITY FOR THE GROUP SO THAT EVERYONE SIGNS EVERYONE'S BOOK. SIGN THEM ALL YOURSELF. TAKE GROUP PICTURES TO GO WITH THE PHOTOS OF THE PRODUCTS THAT THE MEMBERS IDENTIFY TO LEAVE BEHIND. PROCESS A FINAL CHECK OUT TO SEE WHERE PEOPLE ARE ON THE COLOR CHART NOW THAT THE GROUP IS ENDING. SUPPORT ANYONE'S STRONG FEELINGS ABOUT ENDINGS AND SHARE THAT THE TIME WE SPEND THAT IS LIMITED LIKE OUR GROUP MAKES THAT TIME PRECIOUS.

APPENDIX: SKILL TEACHING BLOCKS

There will be opportunities when the group needs assistance to provide a direct skill teaching in the session. A member will comment that they don't know how to do something or the group will not move forward on a segment because they are unclear or uncomfortable with a task or idea. You can use the skill blocks in this appendix to address some of these issues or develop others based on the blocks as you become more familiar with the techniques here.

Skill teaching can be outlined as a particular process that has a series of steps that can help to organize both teaching and learning of new behaviors. Skill teaching allows for the breaking down of complex activities into simpler steps that can be learned in sequence and then practiced to become more natural and more effective. I will outline some skill teachings and suggest behaviors that I think would fit into the outlines. You should feel free to extrapolate these ideas to other behaviors since it is not our intention to be totally comprehensive.

Social Skills: When addressing skills that are part of interactions that require actions such as “waiting a turn” or “including other’s ideas in disagreement” etc. Skill teaching requires the task of breaking the skill down to specific steps that can be practiced and learned in sequence.

Skill: Asking a clarifying question:

Step 1: Identify the part of the conversation that you don't understand or are unclear about.

Step 2: Wait for a pause in the conversation

Step 3: Say “I would like to ask a question about what you have been saying. Is this a good time to do that?”

Step 4: Wait for the answer

If “yes” : Ask the question using the formula

I wanted to be clear about what you meant when you said...

OR

I didn't understand the part when you said...

AND then repeat the other person's statement as best you are able to remember it

IF the other person restates what they said or explains it better then:

Thank them for helping clarify the information

OR IF NOT return to Step 1.

This pattern can be used for a number of social interaction events:

Asking a question about medication (Step 3: "I had some questions about the medicines you would be recommending for me.")

Asking a provider to describe medications' expected effects (Step 3: "Can you explain for me what effects this medicine is supposed to have on my health?")

Asking a provider to describe medications' side effects (Step 3: "What can you tell me about this medication's side effects?")

Skill: Address my concerns about my treatment

Step 1: Clarify my thoughts about what treatment is being recommended to me and how I feel about what I have been told. If I am not happy with the recommended treatment I need to think about what it is about the treatment that is a concern. Some answers might be -The treatment is too aggressive - I am worried about the harm the treatment might cause. The treatment is too expensive - I am worried that my insurance will not cover it. The Treatment is no different from others I have had that didn't work. The Treatment has side effects that will affect my quality of life.

For the idea that is closest for you or a blend of the ideas above begin the next step of the skill

Step 2: State to the provider, "I have a concern about the treatment we are talking about. Is now a good time to bring it up?"

Step 3: If no ask: When will I be able to address this concern?

If yes say: “Based on what we have talked about I think this treatment will be _____ (fill in the blank based on what you decided was your concern in Step 1.)

Step 4: Listen to the provider’s response trying to note if the response relieves your concern from Step 1.

If yes, say “Thank you for explaining it again so that I was better able to understand. Now I can make a more informed decision. (Done)

If no, say “I am sorry but that response hasn’t changed my mind about the plan you are recommending for treatment. Can you share with me what the other options for my condition might be?”

Step 5: Listen to the provider’s response and listen to hear if there are other options and what the positives and negatives might be compared to the earlier recommendation. Thank the provider for taking the time to explain the options and talk about what you would like to choose for your health. If you need more time to decide tell the provider that you will need time to make a decision and make a plan for when you will return to select and initiate treatment.

This skill can be used in a number of situations in addition to the benefits of treatment. You can use this skill to compare doctors or health care insurance programs. It is designed to allow you to gather information before making a decision and testing the information for yourself instead of relying entirely on the provider or program for information.

Skill: Scheduling the Appointment

Step 1: Consider before you begin how much time will be needed for the appointment if you know and if there are any limitations on when or where you can have your appointment (This may be a function of how you get to appointments (drive, taxi, ambulate, bus etc. and it may be a function of the rest of your schedule (time open on Tuesday mornings, an urgent matter that needs the soonest appointment etc.)). If you have a sense of what is possible it is easier to discuss times and places with the person scheduling your appointment. It will be most helpful for you to have a calendar or a copy of your other appointments to assure that you are not scheduling two things at one time.

Step 2: Say “I would like to go ahead and schedule an appointment to see _____(provider) or do _____ (procedure). What

days and times would be available?” If you only have a limited day or time say so in this step. For example, “I am going to need to do this on Tuesdays before 1:00 because of my schedule.

Step 3: Listen to the scheduler’s response. Listen to hear if what you need is available or not or for times and days that meet your schedule. You may be given a range of times or days to select. Feel free to choose the one most comfortable for you. If you have found a good time and day you are DONE. Remember that your health is important and so it may be necessary to make adjustments to your schedule to have an urgent matter scheduled. If the times and days are not convenient or available go to Step 4.

Step 4: Say, “I am sorry but none of those days or times are available. Is there any other option for me to schedule this appointment (maybe later in the calendar or with another provider or at another site). Listen to the responses and go back to Step 3 until you have a scheduled appointment.

This skill is very helpful for a number of activities including selecting a treatment site, a primary physician, an insurance company etc. In the steps you will state what you believe you need and the other person will respond with what is available. If you cannot come to an agreement you may need an additional skill.

Skill: Changing a provider or getting a second opinion

Step 1: If you have been working with a provider or have gotten a recommendation for treatment and your efforts to advocate for yourself in the skills above haven’t been successful you may need to use this skill to negotiate a next step whether that is changing providers or programs or whether that is telling your provider you are asking for a second opinion. Good health care is something you should be able to expect to get and when you don’t you should feel free to advocate for the best health possible

Step 2: Say, “I think that based on what we have been talking about that we are not in agreement about what should happen next for my health (treatment, etc.) I am concerned and I would like to not go ahead with this

treatment until I feel more confident. I want to consider more options. I may need to ask you to provide this plan to another doctor to get a second opinion. My insurance prefers I do this too. I will be back in touch after to decide on my next steps.”

Step 3: Use your insurance doctor’s list, a recommendation from a friend or a provider you have researched online to select a doctor for a second opinion. Have your appointment scheduled and say “My provider (Dr. _____ or Nurse _____) and I have been talking about my diagnosis and treatment. I have _____ (tell the provider about your health concern). We were talking about treatments and the provider was recommending _____. I still had concerns and I would like you to help me with a second opinion. I am hoping you can address these areas where I have concerns (go back to the skills on identifying concerns and describe what you had been considering). Listen to the second opinion and decide if you want to change providers to the new provider or if you want to return to the original provider to continue your treatment. Having a provider who knows your health and history is usually better for good health.

Some additional skills that are more generic but useful follow:

Skill - Negotiation

Step 1: Ask the other person for time to talk to come to an agreement

Step 2: Describe the situation that you would like to negotiate to resolve. Try to be behavioral. Say “I want to talk about the way that we are making decisions about what groceries to buy each week. Can we take a few minutes to do that now? (in an hour, etc.)” (Avoid descriptions that attack or blame the other person in this step. For example: Don’t say “You are spending too much money on groceries.”)

Step 3: Ask the other person to share with you how they see the situation. Say “I would like to hear about this from your point of view, if you can. Tell me what you are thinking about this.”

Step 4: Listen and reflect back what you heard the other person say. Say “So what I am hearing is that you are shopping for things you like to eat and want to make sure that there is enough so that if someone else eats what you like there is some left for you. Did I hear that right?” If no, then ask and listen again and try to reflect what you heard.

Step 5: Tell the other person what you are thinking and feeling about the situation. For example, “What I am noticing is that when I am trying to stay in the budget I set for groceries, I feel like I don’t have any flexibility to buy the things I have on the list and that frustrates me a lot of weeks.” (Notice that this is an “I” statement and focused only on me and what I was thinking and feeling. It doesn’t blame someone else but stays focused on my experience and feelings).

Step 6: Ask the other person to tell you back what they heard you saying. Listen to hear if they heard your concerns and feelings.

Step 7: Agree to work together to resolve this situation so that both parties feel like they have some of what they want in the solution. Say, “How do you feel about taking some time now to brainstorm ideas for how we might be able to handle the groceries so that you are confident that you will have things you like when you want them and so that I feel confident that there is room in the food budget for the things on the shopping list. Do you think we can do that?”

Step 8: Brainstorm ideas for the solutions:

Brainstorming is the process of each person taking a turn describing what they would like to see happen to resolve the problem and have a solution that they can agree to. While brainstorming all ideas are written down without editing for how good or fair they might be. More ideas are better because the goal is to outline the whole range of decisions that could be made. While writing the list be positive and only ask clarifications to make sure that you write down the other person’s ideas correctly. A list like look like:

I buy what I want and put it in my room so no one takes it.

We set a food budget for each person and stick to our budget

We shop together so that no one is making all the decisions for the grocery list

We double the grocery budget so there is more room for stuff

We only shop on Mondays and Fridays to limit what is bought

This list should be as long as possible and time taken to create it. Once the ideas are all out then move to Step 9

Step 9: Vote on which solutions are acceptable to each person. Go down the list of solutions and each person puts down a “+” for each solution that they can do or live with and a “-“for each solution that they can’t do or live with. Looking down the list try to see any places where there are two “+” marks as they are solutions that both people find acceptable. If none have two “+” see if combining any ideas would achieve the double “+” and if there still aren’t any go back to Step 3 to try to understand the situation better. Negotiations only work for things that each person is willing to give up a little to get a little so if that is not the case a negotiation won’t work.

Step 10: Decide on a solution, agree when to begin and set a date to evaluate the solution to make sure it is working.

Step 11: Thank the other person for working on the solution and for their willingness to solve the situation.

Skill: “I feel” statements

It can be hard to talk with other people without creating conflict when we are discussing situations or issues that upset us. One strategy that was noted above is an “I” statement. Here are the steps for delivering such a statement.

Step 1: Start with the words “I feel...”

Step 2: Describe how you feel about the situation.

Step 3: Describe what happens in the situation (avoid saying who is doing it or other accusatory things, own your feelings about a situation.

Step 4: Describe how this situation affects you or everyone involved.

Step 5: Stop talking and wait for a response (remember that an “I feel” statement isn’t supposed to make someone do something different but if they see how they affect you it may change their feelings or behaviors.

Examples: I feel frustrated when the lights are left on in the bedrooms because our light bill is going to be higher this month and I worry there won't be money left over for the family to do fun things together.

I feel angry when I see my coat on the floor after I had hung it up on the hook. I try to take good care of it because I want it to last a long time and I am worried that my things aren't being taken care of like I would.

I feel mistreated when I cook on the weekends and end up having to do the dishes too. It feels like there isn't help to share this work when we are all together.

I feel abandoned when I rearrange my schedule to share time with the family and our cell phones get more attention. I am starting to feel that my efforts aren't noticed.