MBS GROUP MANUAL
Updated 7/17/20

SESSION #1: Introduction and Drawings

- Welcoming remarks
    - Introduction to you (the therapist)
    - Basic overview of group: "Mind Body Skills Group is about the relationship between a healthy mind and a healthy body, and how to take care of both. This group will give you skills to help you get out and stay out of the hospital. The group is evidence-based, meaning it is scientifically tested and works for many patients."

• Discussion of group guidelines - begin by asking group members to identify which group guidelines they already know:

    - Confidentiality
    - Mutual Respect
    - Punctuality
    - Commitment to learning new skills
    - If you need to leave group early, that's OK, but please try to come back whenever you are ready.
    - You will never be forced to do an exercise or share with the group. This is encouraged but always an option. What are benefits of sharing with group or trying out exercises?
    - Between-session practice

- Introductions
    - Tell us about yourself (name, fun/trivia question, previous group experience, etc.) – ask whether group member has any previous meditation/mindfulness experience and whether they have found it helpful.
    - Goals for the group?
- Experiential Exercise: Drawings
    - Draw yourself as you see yourself now, with your biggest problem on one side of the paper
    - On the other side, draw yourself as you would like to be
    - Share
    - Process drawings and collect them: "How can MBS help you get to where you want to be? What would help you be successful in this group?"
- Session 1 objectives:
    - Introduction of group members
    - Rationale for MBS
    - Clarification of patient goals

SESSION #2: The CNS

- Check-in
- Introduction to the topic: "Today's session is about the Central Nervous System, and how chronic stress affects physical and mental health."
- Pull out handout. Working from the handout, cover the following:
    - The Central Nervous System (the brain + spinal cord)
    - The Autonomic Nervous System ("autonomic" = automatic body functions), Parasympathetic Nervous System, and Sympathetic Nervous System
    - "Fight flight or freeze."
    - The difference between acute and chronic stress

    - The effects of chronic stress on the CNS (how the nervous, immune, and endocrine systems adapt to chronic stress)
    - The relationship between physical and mental health, and how stress factors into that (discuss the interaction of mind and body (psycho-neuro-endo-immunology)
    - Discuss ramifications for people on medications
    - The rationale for practicing Mind Body Skills (as a way to activate the Parasympathetic Nervous System, "pump the brakes," and counteract Fight, Flight, or Freeze)
- Experiential exercise: Where do you notice stress in your body? (Participants can draw, act it out, share verbally, write a poem, etc.)
- Homework: If you have a stressful event this evening, notice what happens in your body. If you experience a positive emotion this evening, notice what happens in your body.
- Session 2 objectives:
    - Identification of CNS, ANS, PNS, SNS
    - Identification of effects of chronic stress on physical and mental health
    - Rationale for MBS as a means of activating the PNS

SESSION #3: Biofeedback

- Check-in
    - If any patients attended Session 2, ask how yesterday's homework went
- Quick review of Session 2
    - The Central Nervous System (the brain + spinal cord)
    - The Autonomic Nervous System ("autonomic" = automatic body functions), Parasympathetic Nervous System, and Sympathetic Nervous System (responsible for "Fight flight or freeze")
    - The difference between acute and chronic stress
    - The effects of chronic stress on the CNS (how the nervous, immune, and endocrine systems adapt to chronic stress)
    - The rationale for practicing Mind Body Skills (as a way to activate the Parasympathetic Nervous System and counteract Fight, Flight, or Freeze)
- Pull out participant handout (Autogenics and Biofeedback). Working from that handout, cover the following:
    - What is autogenics?
    - Which nervous system does autogenics activate? (PNS)
    - What is biofeedback?
    - Why do people use biofeedback?
    - Show participants the biodots,
- Pull out "Using Biodots" handout. Working from that handout, cover the following:
    - How do biodots work with brain and body?
    - When might it be helpful?
    - What is the goal?
    - What are the pitfalls?
- Give participants biodots
    - How do you put on and use the biodot?
- Experiential Exercise: Biodot Biofeedback
    - Share
- Homework: Practice relaxation using biodot
- Session 3 objectives:
    - Identification of autogenics
    - Identification of biofeedback
    - Proper use of biodots

SESSION # 4: Mindfulness and Meditation

- Check-in
- What is mindfulness?
    - Jon Kabat-Zinn: "Mindfulness is awareness that arises through paying attention, on purpose, in the present moment, non-judgmentally, in the service of self-understanding and wisdom."
- Pull out participant handout (Meditation). Working from that handout, cover the following:
    - What is meditation?
    - Discuss the three different kinds of meditation
    - What are the benefits of meditation? Short and long-term (activates with PNS)
    - How to get started with meditation
    - Distraction is *very* common during meditation, even for experienced meditators. There is *no* perfect way to meditate and the key is not to be a "perfect" meditator. **The goal is to practice and to become more aware of the present moment.**
        - "If you get distracted, that is normal. Try to catch yourself and try to bring yourself back to the sound of my voice and the exercise we're doing."
- Experiential Exercise: Meditation
    - To avoid triggering patients with psychosis, cognitive meditations (mindfulness of thoughts and visualization) should be *avoided*.
    - The following meditations could work well: Progressive Muscle Relaxation, Body Scan, Diaphragmatic Breathing, Present Moment Awareness, or Awareness of an Object.
    - Try to practice at least two meditations
    - Recorded meditations are *not* recommended, as they are less engaging.
    - Deep breathing is potentially dangerous (it can cause lightheadedness or anxiety) and should be actively discouraged ("please take gentle, normal breaths, not deep breaths").
    - While patients are meditating, observe their reactions. If anyone seems overly distressed, discontinue the meditation. If a patient is clearly not engaging, encourage them to try to concentrate on the meditation if they can.
    - No meditation should exceed 5 minutes. Most patients do not have an attention span to allow for longer meditations.
- Share and processing
    - Which exercises did you find most helpful? Why?
    - What did you notice during that exercise?
    - What percent of the time were you engaged/paying attention to the exercise? (provide positive reinforcement and continued practice)
- Session 4 objectives:
    - Identification of mindfulness
    - Rationale for practicing meditation
    - Proper implementation of meditation (e.g., no deep breathing, use of physically-oriented meditations, practicing at least two meditations, tips for managing distraction)

SESSION #5: Relationship with Food and Mindful Eating

- Check-in
- Pull out participant handout (Healthy Nutrition/Mindful Eating). Working from that handout, cover the following:
    - Explain why we include mindful eating in the skills group
    - What is the emphasis?
    - Discuss whole foods vs. processed food and effects on health
        - Ask patients for examples of processed and whole foods
    - Discuss the typical American diet

    - What would a basic good diet look like?
        - How can you eat a rainbow diet here on the unit?
    - What role did food have in your family growing up?
    - Discuss experimentation
- Also discuss:
    - What is mindless eating? What are some examples of mindless eating?
    - What is mindful eating? (using all five senses when eating food)
        - What are some foods you'd like to try to eat mindfully?
- Experiential Exercise: Draw a picture of your relationship with food
    - Share
- Homework: Eat dinner mindfully today
- Session 5 objectives:
    - Clarify the relationship between nutrition and physical/mental health
    - Rationale for healthy eating and mindfulness of nutrition
    - Identification of healthy eating strategies on 5900/5920

GROUP #6: Exercise and Movement

- Check in
    - If any patients attended Session 5, ask how the homework went
- Pull out participant handout (Movement/Exercise). Working from that handout, cover the following:
    - General discussion movement/exercise
    - Discuss the concept of energy
    - Why is exercise helpful and in what ways is it helpful?
    - How much exercise is optimal? What type is best?
    - Are there limitations to keep in mind?
- Also cover:
    - How can you exercise here on the unit?
- Experiential Exercise: Movement (shaking and dance)
    - Put on energetic music (many patients like "Shake it Off" by Taylor Swift but it's up to you and the patients to decide the song)
    - Encourage patients to shake their hands off ("like your hands are wet and you're try to get the water off your hands")
    - If patients have more energy, they can raise their arms while shaking off their hands, or stomp/shake their feet/legs at the same time
    - "Shaking is particularly helpful for anxiety"
    - Try to get patients active and moving for 5-10 minutes
    - If a patient has mobility limitations, accommodate accordingly
    - Share
- Session 6 objectives:
    - Clarify the relationship between exercise and physical/mental health
    - Rationale for exercise and movement
    - Proper implementation of shaking/movement (e.g., "shaking off" hands, moving for 5-10 minutes, accommodating mobility issues)

SESSION #7: Sleep (Part 1)

- Check-in
- Pull out participant handout (Facts about Sleep). Working from that handout, cover the following:
  - The nature of sleep
  - Sleep stages
    - **Stage 1**: Features hypnagogic hallucinations (feeling like you are falling or hearing someone call your name) and myoclonic jerk (startling suddenly for seemingly no reason at all), and waking up very easily
    - **Stage 2**: You become less aware of your surroundings, body temperature drops, breathing and heart rate become more regular.
    - **Stages 3 and 4**: Deep sleep. Muscles relax, blood pressure and breathing rate drops. Sleep stage associated with physical restoration. Bedwetting and sleep walking tend to happen during stages 3 and 4.
    - **REM**: Dreaming. The brain becomes more active, the body becomes relaxed and immobilized, eyes move rapidly. Sleep stage associated with mental restoration
  - Role and function of sleep
  - Effects of lack of sleep
  - How well do good sleepers sleep?
- Also cover:
  - Circadian rhythms:
    - The term *circadian* comes from the Latin *circa*, meaning "around" (or "approximately"), and *diēm*, meaning "day"
    - The time it takes you to go from awake (usually during the day), to asleep (usually at night), to awake again (usually in the morning)
    - The natural, internal process that regulates the sleep-wake cycle
    - In humans, usually 24 hours
    - Teenagers can have longer circadian rhythms
  - Sleep cycle:
    - The time it takes to go from Sleep Stage 1, 2, 3, 4, REM, and back to Stage 1
    - Takes 90 minutes
    - How many sleep cycles occur in one night for an 8-hour sleeper? (5.33)
    - Over the night: Early sleep cycles have more deep sleep, later sleep cycles have more REM
    - So, we need to experience MULTIPLE sleep cycles in order to feel refreshed
  - Are humans nocturnal or diurnal?
    - What does that say about ideal sleep conditions? (What are the conditions of night?: Cool, quiet, dark)
- Homework: Review the handout
- Session 7 objectives:
  - Clarify the relationship between sleep and physical/mental health
  - Identify the 5 sleep stages, sleep cycle, and circadian rhythms
  - Identify the effects of lack of sleep and the function of sleep

SESSION #8: Sleep (Part 2)

- Check-in
  - Quick review of Session 7 (Sleep, Part 1)
    - Sleep stages
      - Which sleep stages are associated with physical restoration?
      - Which sleep stage is associated with mental restoration?
    - Function of sleep
    - Effects of lack of sleep
    - Circadian rhythms

        - Sleep cycle
        - Are humans nocturnal or diurnal? What does that say about ideal sleep conditions? (What are the conditions of night?: Cool, quiet, dark)
- Pull out participant handout ("Sleep Hygiene"). Working from that handout, cover the following:
    - What is sleep hygiene?
    - All sleep hygiene tips (ask participants to volunteer to read items, and discuss each item/tip)
- Also cover:
    - Consistency is very important when it comes to sleep hygiene. Sleep hygiene skills can work very quickly if you do them daily, but if you're not practicing consistently, they're unlikely to be effective. Try practicing the skills every day for at least a week.
    - How can you practice sleep hygiene on the unit?

- Experiential Exercise:
    - Pick three tips to practice
    - Share
- Homework: Start practicing your sleep tips! Practice daily for at least a week.
- Session 8 objectives:
    - Review basic concepts from Session 7
    - Identify the rationale for sleep hygiene
    - Cover all listed sleep hygiene techniques

SESSION #9: Relaxation Skills Practice

- Check-in
    - If any patients attended Sessions 7 or 8, ask how sleep hygiene practice is going
- Review basic meditation concepts
    - What is meditation?
    - What are the benefits of meditation? Short and long-term (activates with PNS)
    - Distraction is *very* common during meditation, even for experienced meditators. There is *no* perfect way to meditate and the key is not to be a "perfect" meditator. The goal is to practice and to become more aware of the present moment.
        - If you get distracted, that is normal and no big deal. Try to catch yourself and bring yourself back to the sound of my voice or the exercise we're doing.
- Experiential Exercise: Meditation
    - To avoid triggering persons with psychosis, cognitive meditations should be *avoided*.
    - **Have patients choose two of the following:** Progressive Muscle Relaxation, Body Scan, Diaphragmatic Breathing, Present Moment Awareness, or Awareness of an Object.
    - Try to practice at least two meditations
    - Recorded meditations are *not* recommended, as they are less engaging.
    - Deep breathing is potentially dangerous (it can cause lightheadedness or anxiety) and should be actively discouraged ("don't take deep breaths").
    - While patients are meditating, observe their reactions. If anyone seems overly distressed, discontinue the meditation. If a patient is clearly not engaging, encourage them to try to concentrate on the meditation if they can.
    - No meditation should exceed 5 minutes. Most patients do not have an attention span to allow for longer meditations.
- Sharing and processing
    - Which exercises did you find most helpful? Why?
    - What did you notice during that exercise?

- What percent of the time were you engaged/paying attention to the exercise? (provide positive reinforcement and encourage continued skills practice)

- Session 9 objectives:
  - Practice at least two relaxation skills (avoiding psychosis-triggering meditation)
  - Proper implementation of meditation skills (e.g., limiting meditations to 5 minutes each, discouraging deep breathing, observing patients' reactions and responding accordingly)

SESSION #10: Dialogue with a Symptom

- Check-in
- Pull out participant handout ("Physical Feelings and Thoughts That May Help You Identify Emotions" and "Feeling Cats"). Cover the following
  - Emotions are always changing
  - Emotions are only problematic if you get stuck in them
    - What does being "stuck in an emotion" look like?
      - What does it mean to be stuck in sadness? (Depressive disorder.) Stuck in anxiety? (Anxiety disorder)
  - Are emotions always easy to identify? Why not?
    - What are the five basic emotions?
      - Happiness, sadness, disgust, fear, surprise, and anger
    - Review "Feeling Cats" handout
      - Which emotions stand out on the sheet?
  - Emotions are connected with physical sensations
    - Review "Physical Feelings and Thoughts" handout
  - The first step is to avoid being stuck in an emotion is to become aware of your emotions
    - How can you become aware of your emotions? (Both handouts can help!)
  - The next step is to express your emotions
    - What are healthy ways to express emotions?
  - Emotions can be profoundly affected by most of the mind-body approaches we have been learning.
- Experiential Exercise: Dialogue with a symptom or problem
  - "Imagine your mental health symptom was talking to you (depression, anxiety, schizophrenia, grief, PTSD, addiction)"
  - "What would you say to your symptom, and what would you symptom say to you?" (Patients can draw, write, poem, act it out). Alternative exercises can also be considered.
  - Share
- Processing the exercise
  - Most patients will probably describe either arguing or bargaining with their symptoms ("I hate you" or "please go away"). Thank patients for sharing and normalize how common mental health symptoms are (about 50% of Americans will have a mental health disorder at some point in their lives). Can discuss mental health stigma and how it affects our relationship with mental health symptoms (wanting to either fight or avoid them).
  - Discuss that symptoms exist on a spectrum: Sometimes symptoms will be easier to manage, and sometimes you may need extra help to manage the symptoms. That's normal for any chronic condition (diabetes, pain, mental health problems)
  - Tell patients: "Most mental health disorders do not have a cure, but it is possible to manage symptoms, and it is possible to have a life worth living even when you are living with a symptom. Mind Body Skills, along with other mental health treatments, can help you manage your symptoms and improve your quality of life."
    - What skills can you use? (Review the Mind Body Skills covered in the past two weeks)
- Session 9 objectives:
  - Identification of two strategies for emotional identification
  - Rationale for emotional identification

- Psychoeducation regarding the prevalence of mental illness
- Psychoeducation about the recovery model (managing symptoms> cure)