

## **Logansport State Hospital** **Tool Kit Instructions**

### **Purpose:**

“Tool Kits” have been developed for each service line consisting of appropriate materials to use for conducting programming consistent with the needs of the specific unit population. Treatment teams will review and update the tool kits as patient needs change. Tool kits are to be used by treatment team members and direct care staff for alternative programming and when patients are not involved in other active treatment.

### **Procedure:**

1. Tool kits include simple materials relating to the patients treatment plan that can be utilized during unstructured time or in the event that an alternative program must be developed. Example: Patients are in assigned groups off the unit at 10:00 a.m. There are 5 patients left on the unit due to restrictions and waiting to be seen in team. Direct care staff would go to the tool kit and pick an activity to use with those patients on the unit. It is expected that direct care staff engage patients during unstructured time and the toolkits can be used as a resource. In addition, the tool kits can be used by any staff member to assist in providing an alternative program.
2. Tool kits are sorted by Discipline (Psychology, Social Work, Rehabilitation, and Nursing). Within each discipline, worksheets will be sorted alphabetically by group.
3. A master copy of the tool kit will be kept by treatment team members so that items can be replaced as they are used. Each discipline is responsible for keeping an ample supply of materials in the tool kit.
4. Direct care staff should inform team members when items are needed.

### **Monitoring:**

1. Nurse Supervisors/ADON's will conduct weekly random observations using the Attendant Performance Improvement Indicator form to ensure use of the tool kits for alternative programming. Data will be reported to the QA Nurse.

# Healthy Lifestyles

## Alternate Activity Guidelines

*If an alternate is needed for Healthy Lifestyles, please choose one of the following options.*

**Nursing Assistance:** Nursing is a co-leader on this group. If either Kathy or Bridget are not there, nursing will need to assist Kathy or Bridget with the group.

**Nursing Alternate:** If both Kathy and Bridget are off, please have the clients engage in at least one hour of physical activity, either on or off the unit. Following the physical activity, please ask clients the questions on the back for group discussion. Any remaining time left for group, clients should be in the dayroom engaging in healthy leisure activities.

**Worksheets:** This should be a last resort. Staff may ask clients to complete a worksheet from this file. If worksheets are selected, all participants should do the same worksheet. If clients finish prior to the end of group time, please ask them to stay involved in a healthy leisure activity with others.

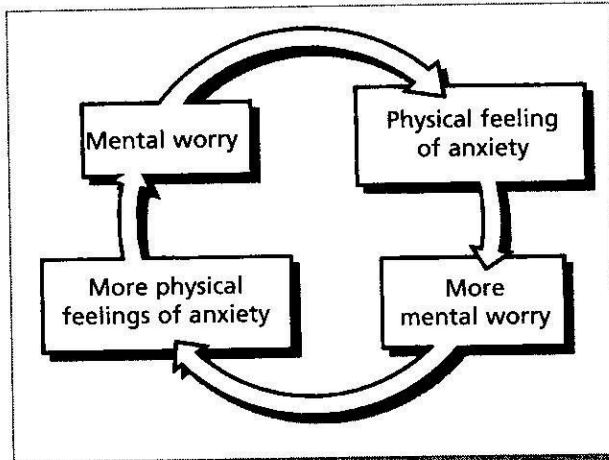
**Group expectations:** The focus in this group should be on healthy interactions amongst clients as well as working on leisure skills, coping skills and not having any sexually inappropriate behavior.

## **Possible questions/discussion topics for the 15 minute follow-up discussion.**

1. How do you feel right now, physically?
2. Do you feel better about yourself when you exercise?
3. How does feeling better about yourself effect your recovery and treatment?
4. What ways can you participate in physical fitness activities on your own on the unit or on grounds?
5. What ways can you participate in physical fitness activities on your own when you return to the community?

## ■ What is positive self-talk?

Worrying thoughts can make us feel physically anxious (heart racing, muscle tension etc), which then leads to us worrying more. ('Here we go again, I'm going to panic'.) A vicious circle soon gets established, running faster and faster under its own momentum.



Sometimes we are aware of these thoughts but often we are not. They may take the form of fleeting images or half-formed pictures in our minds. The thoughts tend to flash by automatically and very quickly.

An example may help to make this clearer. Imagine you are running upstairs when you feel a sudden sharp pain in the chest. It gives you a fright, and the thought goes through your head, 'Maybe there's something wrong with my heart'. The thought itself makes you more afraid, your heart beats faster, and the pain seems to take a long time to die away. Later on that day the same thought comes back to you. Once again your heartbeat increases and you feel afraid. The symptoms produced the thought, which made you anxious and added to the symptoms.

Positive self-talk is a copying strategy which involves breaking this vicious circle where negative thoughts lead to increased symptoms. It involves a number of stages.

## ■ How to practise positive self-talk

- ① **Find out exactly what you are thinking:** This is not always easy, as thoughts tend to flash through our minds so quickly and automatically that we are not always aware of them. Try writing these thoughts down on a diary sheet. Although it sounds strange, 'think about what you are thinking', or deliberately become 'mindful'.
- ② **Challenge the thoughts for how rational they are:** Research suggests that when people are under stress their thinking can often get distorted. Question your thoughts. Are you exaggerating? Are you thinking in all-or-nothing terms? Are you ignoring the positive?
- ③ **Replace negative thoughts with positive ones:** After you have challenged your existing thoughts, rewrite them in a more positive realistic language. Straighten out those distorted thoughts. It is sometimes useful to carry these positive challenges around with you on an index card.

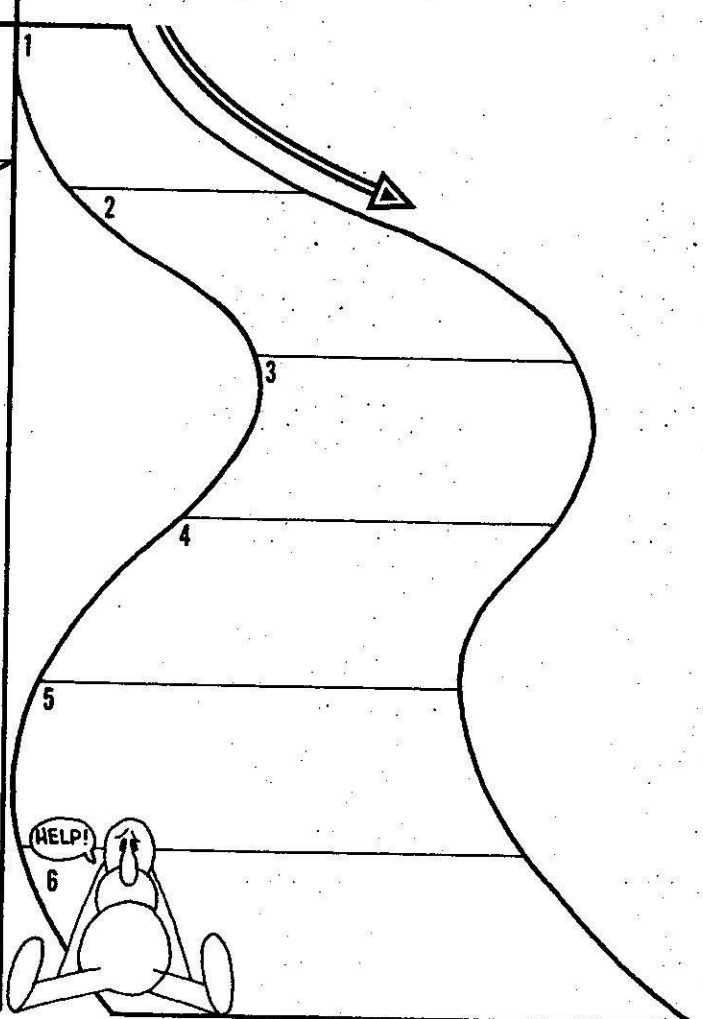
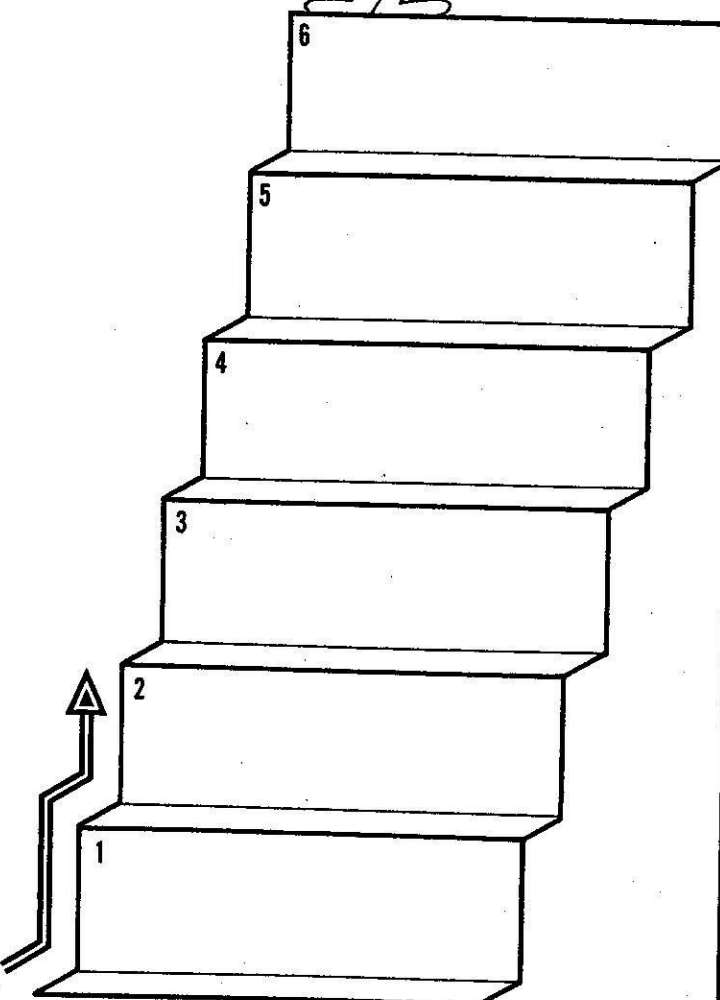
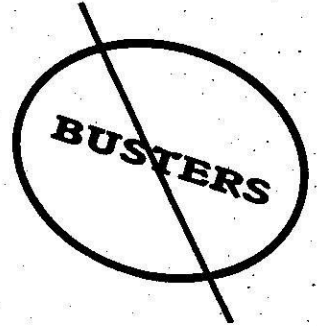
# Self-Esteem



I will climb these necessary "steps" to greater self-appreciation....

&

I will recognize these symptoms of the path to self-defeat....



**BOOSTERS =**  
actions/thoughts/wave

**BUSTERS =**

# Self-Esteem

## I. PURPOSE:

To increase self-esteem by creating *steps* to greater self-appreciation and recognizing symptoms of self-defeat.

## II. GENERAL COMMENTS:

Self-esteem boosters are positive *steps* one can take to lead to greater self-appreciation. Self-esteem busters are negative influences that lead to self-defeat.

## III. POSSIBLE ACTIVITIES:

- A. 1. Explain concept by giving examples:  
self-esteem boosters - taking a continuing education class, having my hair done, going out with friends two times a week  
self-esteem busters - calling myself "stupid," not saying "no," being behind in my bills, work, etc.
2. Instruct group members to complete handouts.
3. Collect and read each aloud with others guessing the author of each.
4. Process benefits of this activity.
- B. 1. Facilitate brainstorming on chalkboard regarding ideas for each category.
2. Encourage discussion regarding impact of self-esteem busters and boosters on wellness.
3. Process benefits of this activity.

# Stages of Adjustment to Mental Illness

- Denial= I don't have it. Doctor made a mistake  
= The wrong diagnosis  
= It must be because I've been drinking too much.

My thoughts:

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- Anger= It's not fair that I have this illness.  
= Why me? What did I do to deserve this?  
= I can't deal with this right now.

My thoughts:

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- Bargaining = I'll clean up my act.  
= I'll stop drinking, start waking up on time, start exercising, get a better job, & it will be OK.  
= I'll try natural remedies. I don't really need medicine.

My thoughts:

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- Depression = I'll never have a normal life.  
= No one will want me.  
= I hate myself.

My thoughts:

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- Acceptance = I can work my way through this.  
= It's not the end of the world.  
= I don't have to give up everything just because I have to take medicine.

My thoughts:

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