



Live Wise, Age Well Programme

FACILITATORS MANUAL
A six week programme
to help strengthen
coping strategies and
improve well-being



Introduction

This is a facilitator's manual for the Live Wise, Age Well Resilience Programme for adults aged over 50. It is a 6 week modular programme that is based on Cognitive Behavioural Therapy (CBT) Techniques.

CBT focuses on how our thoughts, beliefs and attitudes affect our feelings and behaviour, and teaches coping skills for dealing with different problems. It combines cognitive therapy (to change unhelpful ways of thinking in difficult situations) with behaviour therapy (to change unhelpful ways of responding in difficult situations). CBT is based on the idea that the way we think about situations can affect the way we feel and behave (taken from www.mind.org.uk).

Resilience is defined as 'an individual's ability to properly adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, or workplace and financial stressors, among others' (American Psychological Association 2014, The Road to Resilience).

The aim of this programme is to support participants to develop stronger resilience to cope with changes and challenging situations.

For the purpose of the Live Wise, Age Well programme our target audience is:

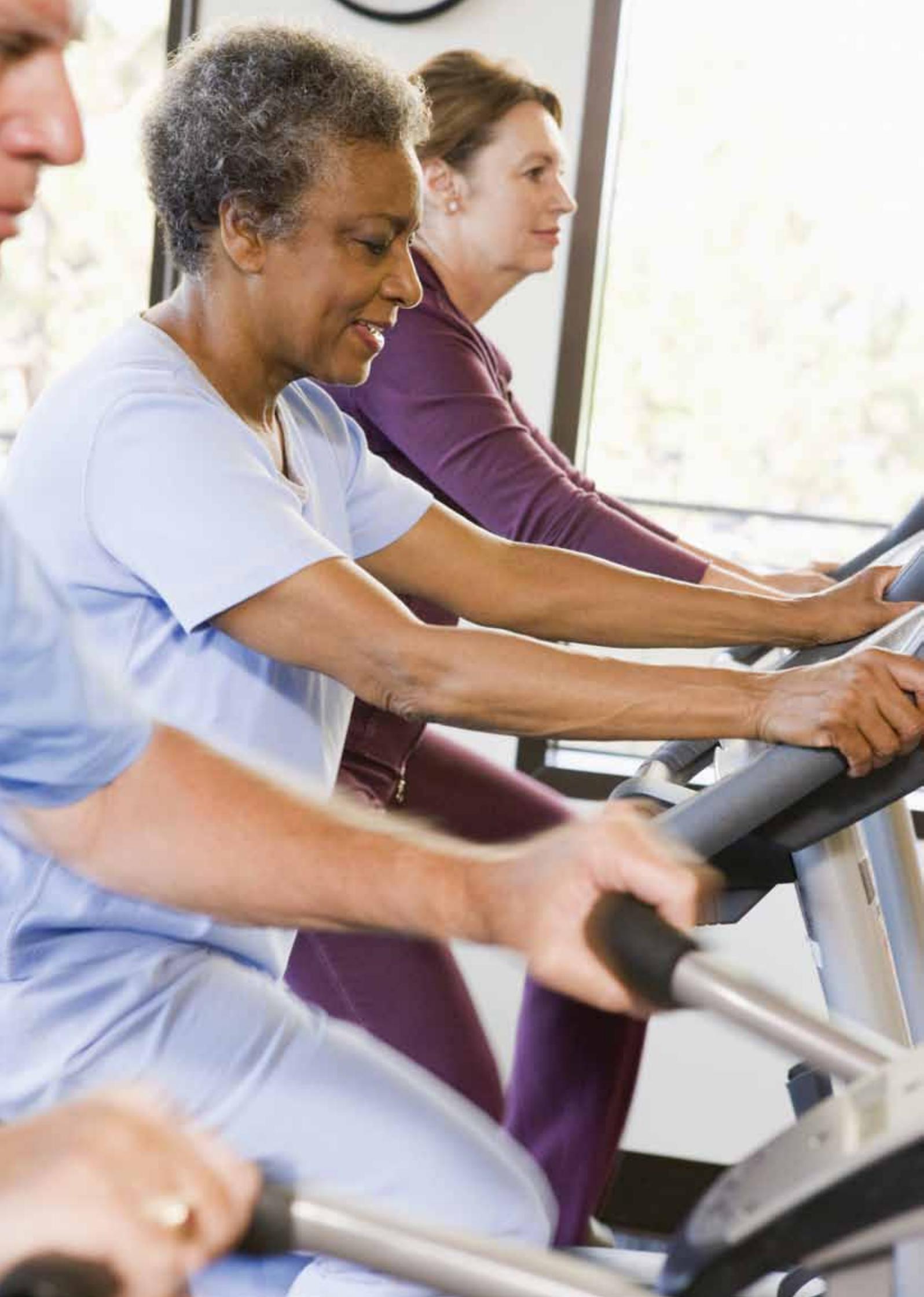
- All individuals aged over 50 who are interested in strengthening coping strategies and improving their well-being (primary prevention - whole population)
- People aged over 50 who are experiencing life transitions such as retirement, bereavement and loss, or becoming a carer and therefore may be at risk of using unhelpful behaviours to cope (secondary prevention - pre-emptive)
- People aged over 50 who have developed alcohol problems and want to learn coping strategies that enable them to increase their own resilience in recovery (tertiary prevention - proactive)

Individuals will be encouraged to attend all 6 sessions as there is progression in learning. After the first session tasks will be set which will then be discussed the following week.

For each session there is a structure that needs to be followed. This is so that the programme is delivered with consistency across different geographical locations and its impact can be evaluated. There is flexibility in the group exercises so that facilitators can adapt the course to the needs of the participants.

In the facilitators manual there will be some pages that can be photocopied for the group participants. Each participant will also have a manual, so they can write things down in the group. It will also have information, so that participants can refer back to this information at a later date.

The course has been designed to be fun, interactive, and supportive. It also aims to get across some key CBT concepts, providing tools for the participants to use in their everyday lives, or when they face a difficult time in older age.



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Session 1

AGE WELL:
**Adjusting to changes
as we age**

The goal of this session is to identify different challenges you have faced in your life so far and to reflect on how you have coped with these

“Whether you think you can, or think you can’t, you are right
Henry Ford



GOALS

- Develop rapport with the participants
- Facilitate discussion among participants
- Draw out the benefits of making better adjustments with age
- Introduce the 5 Aspect Model, linking thoughts, feelings and behaviours
(Padesky 1986 in www.getselfhelp.co.uk)

SUMMARY OF STRUCTURE

	TOPIC	TIMING	METHOD
1	Introduction, Housekeeping / Fire safety	5 mins	Facilitator led
2	Ground rules	5 mins	Group discussion
3	Ice breaker exercise	10 mins	Group exercise
4	Experience of ageing?	10 mins	Group exercise
5	Ageing and life transitions	10 mins	Group exercise
BREAK		15 mins	
6	What is resilience?	15 mins	Group exercise
7	Introduction to 5 aspect model	25 mins	Facilitator led / group discussion / case study discussion
8	Task to complete for next session	5 mins	Facilitator led
9	Check-in and close	5 mins	Facilitator led

1	Introduction, Housekeeping / Fire safety	5 mins	Facilitator led
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The facilitator and participants introduce themselves. Inform the group of general housekeeping – access to water/tea and coffees, toilets and fire procedures and escape routes.

2	Ground rules	5 mins	Group discussion
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GROUP DISCUSSION: GROUND RULES

It is important to have shared ground rules in a group.

Facilitate a discussion within participants on what they would like to set as ground rules. Some common ground rules are no mobile phones, not talking over each other, not using abusive or derogatory terms in the group, punctuality, tea or coffee breaks in the group, etc.

An important ground rule is confidentiality and personal disclosure. It is important that all participants feel safe to disclose personal information should they wish to. It should also be made clear there is no pressure for personal disclosure to be made to the group. The group needs to be tolerant of other participants's choice of not sharing "personal stories". Also it is important that participants look after themselves and disclose with care. The group may not be the right or best place to disclose something that is highly personal or has been very difficult or has never been disclosed to anyone else.

If the sessions bring up any particular difficulties for people they they may want to stay behind to speak with a facilitator – who can help them to think if they need to access additional support

3	Ice breaker exercise	10 mins	Group exercise
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GROUP EXERCISE: ICE BREAKER

Facilitator asks the participants to tell the group about the first single they ever bought.

What does it mean to them now?

An Ice breaker exercise has been suggested at the start of every group.

(For alternatives, please see Appendix 1.)

4	Experience of ageing	10 mins	Group exercise
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Ask the participants as a group to list the negative aspects of ageing, followed by the positive aspects of ageing. List on flip chart/white board.

Consider asking how their support and responsibilities have changed over their lifespan? E.g what were their experiences at the following ages: 10, 30, 50, 70.

OR consider Erikson's Stages of development. Do the ideas make sense?



INFORMATION FOR FACILITATORS TO CONSIDER

The psychologist E Erikson (1956) suggested that we move through different periods as we age, reflecting different developmental stages.

The first five stages cover childhood years and the main developmental tasks centre on whether we are able to put trust in parents/caregivers to meet our needs and then able to develop a range of skills to cope in different situations including school.

From 18 years there is a focus on exploring relationships and giving, often through being a parent or in work or through participating in other activities.

And the final stage is about moving into old age, looking back on life and reflecting on our experience.

Some people will navigate these stages easily and will have good experiences; other people will face difficulties at different times. But change will be a constant process and resilience helps us adjust to the changes we face.

E. ERIKSON'S 8 LIFE STAGES (1956)

APPROX AGE	STAGE	POSITIVE CHARACTERISTICS GAINED AND TYPICAL ACTIVITIES
Birth to 1	Trust versus mistrust	HOPE: trust in primary caregiver and in one's own ability to make things happen (secure attachment to caregiver is key)
1 to 3	Autonomy versus shame & doubt	WILL: new physical skills lead to demand for more choices, most often seen as saying "no" to caregivers; child learns self-care skills such as toileting
3 to 6	Initiative versus guilt	PURPOSE: ability to organise activities around some goal; more assertiveness and aggressiveness (harsh parental criticism may lead to guilt)
6 to 12	Industry versus inferiority	COMPETENCE: cultural skills and norms, including school skills and tool use (failure to master these leads to sense of inferiority)
12 to 18	Identity versus role confusion	FIDELITY: a unified and consistent sense of self that integrates pubertal changes into a mature sexual identity, assumes adult social and occupational roles and establishes personal values and attitudes
18 to 30	Intimacy versus isolation	LOVE: person develops intimate relationships beyond adolescent love; many become parents
30 to old age	Generativity versus stagnation	CARE: people rear children, focus on occupational achievement or creativity and train the next generation; turn outward from the self towards others
Old age	Integrity versus despair	WISDOM: person conducts a life review, integrates earlier stages and comes to terms with basic identity; develops self-acceptance

DO THE PARTICIPANTS FEEL THESE STAGES REFLECT THEIR LIFE?

5	Ageing and life transitions	10 mins	Group exercise
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This session will focus on some of the challenges we face in later life and how to continue and develop the resilience we have. Before we start on challenges, there are many reasons to celebrate.

REASONS TO CELEBRATE

People in developed countries are living longer and this is something to celebrate. Research suggests that many people over the age of 50 feel happier than they did when they were younger, especially if their physical health is good. Michelangelo was writing poetry and designing buildings until his death at 89. John Glenn Junior made his second trip into space at the age of 77. Winston Churchill retired at 81.

The New England Centenarian (aged 100+ years) study found that a quarter of centenarians taking part in its research were free of any significant changes in their thinking abilities, some even surpassed much younger researcher interviewers on some mental tests. About 15 per cent lived independently in their own homes, some held jobs and most were healthy until the end of their lives.

KEY POINT: 28% of the over 65s are ‘very satisfied’ with their day-to-day activities; higher than any other age group except 16-24 year olds. (DEFRA, 2011 & Age UK, 2014)

As we get older we may be exposed to a number of life changes which can feel difficult and uncontrollable. Often these are changes which we won’t have experienced any other time during our lives. Although most people are remarkably resilient to these changes, they can be difficult for others.

Common changes are:

- Retirement
- Physical Health Problems
- Death and bereavement of friends and family
- Increased isolation and being alone

BREAK	15 mins
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INFORMATION FOR FACILITATORS

Resilience is an individual's capacity to cope with stress and adversity. It is a measure of how we 'bounce' back from difficult times. Psychological resilience is a protective mechanism that helps in the face of stress and adversity. People's resilience can be boosted. Approaches to increasing resilience include enhancing coping strategies, improving social networks and ensuring that people have opportunities to participate in a range of activities that enhance wellbeing.



GROUP DISCUSSION: WHAT IS RESILIENCE?

As a group discussion facilitate and ask the following questions:

- How do they describe resilience?
- Do some people deal with changes and stress better than others?
- What makes them better at dealing with adversity and life stress?
- Think about the changes with age discussed earlier. How could these affect your resilience?

7	Introduction to 5 aspect model	25 mins	Facilitator led / group discussion / case study discussion
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INFORMATION FOR FACILITATORS

In the following sessions we will think about how resilience can be developed in different ways. As well as considering our physical well-being and social support, the course will focus on how changing the way we think can develop resilience, even if we don't change anything else!

RESILIENCE IS HELPED BY HOW WE THINK

An important factor that contributes to our resilience is how we perceive the situation and then manage it. Changes and periods of transitions can start off cycles of depression and anxiety. How you perceive your situation and your relationships with other people will influence how you react and behave in the situation. Consequently how you then choose to behave will again impact how you feel and think about the situation.

Demonstrate this by an example – facilitator acts out the following:

“There is my friend Mary across the road, I will wave over”

“Gosh I am waving away but she is just ignoring me, surely she sees me”

“I feel really stupid now and have a knot in my stomach”

“I must have done something wrong, why else would she be ignoring me...I must be a terrible person”

“That’s the last time I talk to her.....”

Alternative Thinking

“There is my friend Mary across the road, I will wave over”

“I am waving away but she does not seem to see me, I wonder has she forgotten her glasses?”
(rationalising/thought process)

“Maybe she has something on her mind, I hope everything is ok?”
(emotional response)

“I will call her later and see how she is”
(solution/positive behaviour)

As the sessions go forward we are going to learn some techniques that help the participants achieve alternative thinking.

COGNITIVE BEHAVIOURAL THERAPY (CBT) AND RESILIENCE

Studies have shown if you perceive yourself to be losing your health you are less likely to remain resilient to other stressors around you. Another contributing factor for poor resilience is sense of hopelessness. A growing sense of hopelessness is counterproductive for developing resilience towards a situation.

Research suggests that a resilient adult usually demonstrates a more positive thinking style, and has special skills in managing the pessimistic outlook towards life. So if our thoughts are influencing our emotions and ultimately how we cope then positive thinking could be a solution. However, positive thinking can be difficult, especially when you are in the face of a crisis and it may be unrealistic. The aim is to develop a more balanced thinking style.

CBT FOCUSES ON FIVE AREAS	
1	The situation you are in
2	How you think (thoughts / cognitions)
3	What you do (behaviours)
4	Your bodily response
5	Your emotions / feelings

In any situation you face, you will always have thoughts about it. This makes us feel a certain way, and then it affects how we behave.

Often with feelings, especially anxiety, anger and low mood, there is also a bodily reaction. We can have thoughts about our bodily reaction and our behaviours e.g. worrying that you are going to have a panic attack, which makes you breathe faster and lose control of your breath, which makes you behave agitated and snappy.

An important factor that contributes to our resilience is how we think about a situation and then what we do in that situation. E.g. What is the worst thing that will happen if I have a panic attack? How can I control my breathing? Consequently how you then choose to behave will again impact on how you feel and think about the situation. The five areas above can be put together in a model to show how they interact together.



CAN WE DEVELOP AND PRACTICE A MORE BALANCED AND HEALTHY THINKING STYLE?

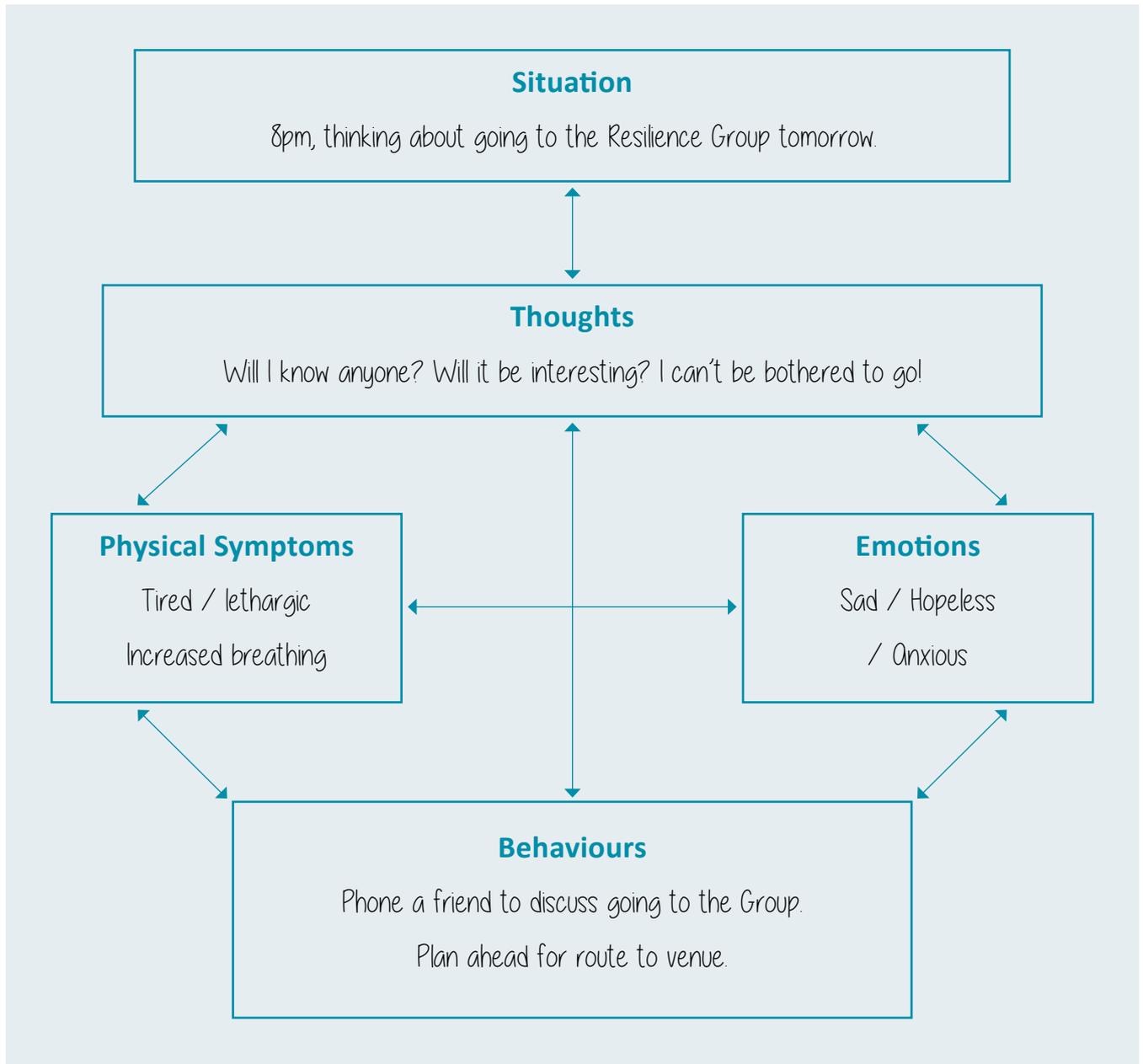
How we perceive the situation or a change, what meaning we give to the event and understand our problems will affect how we cope with the problem. The model below illustrates how in a situation our thoughts, emotions, behaviours and physical symptoms all interact to affect our overall perspective

Facilitator demonstrates a 5 aspect model by using a relevant example.

For example participants or facilitators feelings about coming to this group.

OR participant can give a recent example based on their own experience.

Direct them to the blank copy in their book.



Go through the five aspect with the group and identify at what point each aspect will affect the other ie. thoughts to emotions. Encourage the group to think about how a shift in thinking can then affect each of the aspects. Invite the group to complete their blank model.

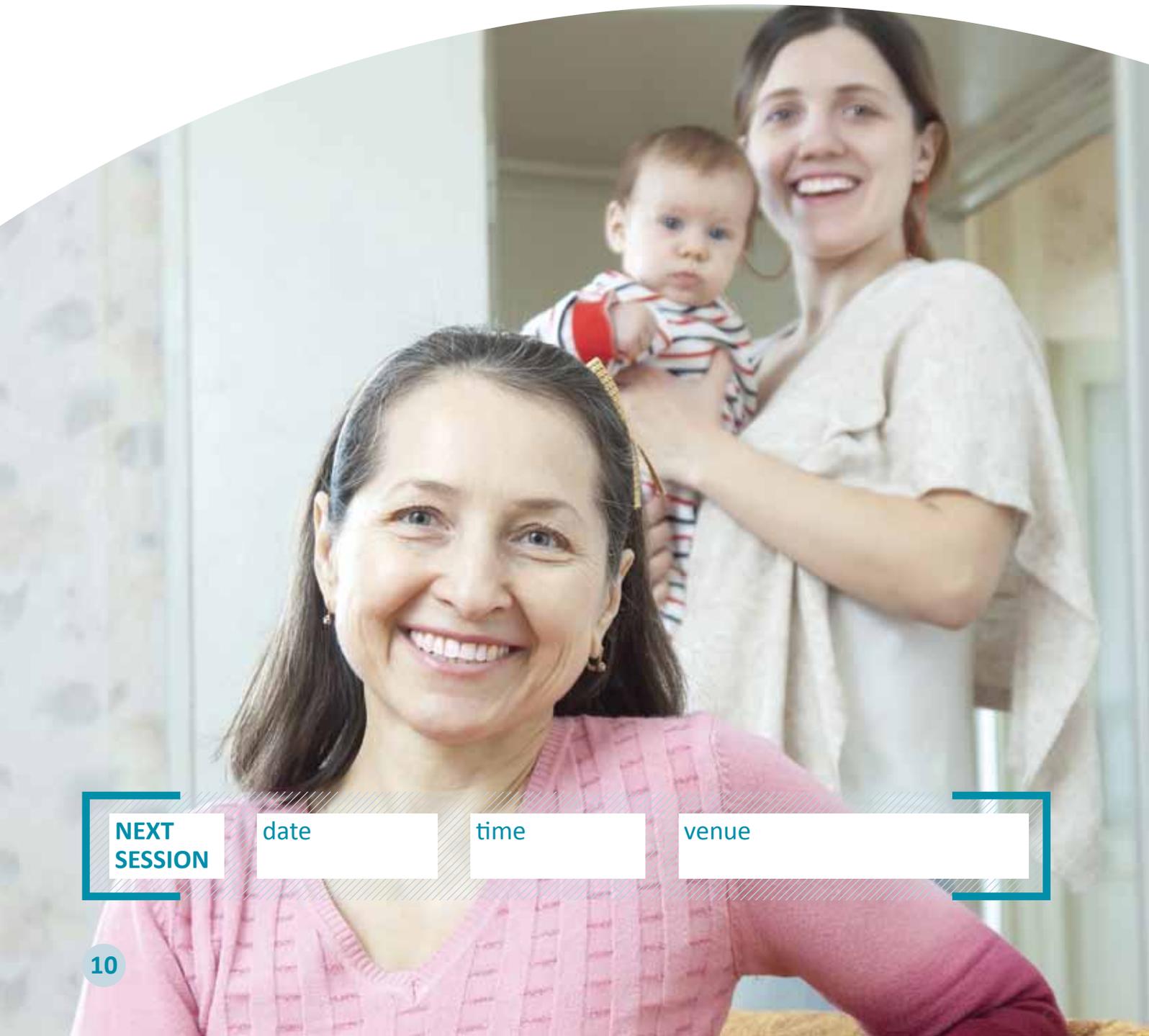
8	Task to complete for next session	5 mins	Facilitator led
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Think about a task that the participants would be happy to do over the week, e.g:

- Fill out a blank 5 aspect model for a situation that happens
- Reflect on resilience
- List the positives of ageing

9	Check-in and close	5 mins	Facilitator led
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Carry out a quick check-in around the room to ask people to sum up feelings in one word.



NEXT SESSION	date <input type="text"/>	time <input type="text"/>	venue <input type="text"/>
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Session 2

FEEL WELL:
Maintaining
a healthier you

The goal of this session is to think about the different ways we can keep our body healthy

“In order to succeed, we must first believe that we can
Nikos Kazantzakis



GOALS

- To understand the key factors that affect our physical well-being
- To explore food, alcohol, warm, physical safety, sleep, financial, medication (identify two areas with the group to develop further)
- To introduce the concept of relaxation and practice an exercise

SUMMARY OF STRUCTURE

	TOPIC	TIMING	METHOD
1	Welcome and ice breaker	10 mins	Group exercise
2	Review of last session and tasks	5 mins	Group discussion
3	What do our bodies need to survive?	15 mins	Group discussion
4	Topics for further discussion – develop 1st choice: DIET / SLEEP	20 mins	Group exercise
	BREAK	15 mins	
5	Topics for further discussion – develop 2nd choice: FINANCES / MEDICATION	10 mins	Group exercise
6	Introducing relaxation	10 mins	Facilitator led
7	Relaxation exercise	10 mins	Facilitator led
8	Task to complete for next session	5 mins	Facilitator led
9	Check-in and close	5 mins	Facilitator led

1	Welcome and ice breaker	10 mins	Group exercise
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GROUP EXERCISE: ICE BREAKER

The facilitators welcome the group back and use an Ice Breaker game to re-connect.

Ask the participants to think about what they enjoyed eating as a child (comfort food, sweets etc).

Are they still around?

How do they treat themselves now?

(See Appendix 1 for alternative.)

2	Review of last session and tasks	5 mins	Group discussion
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GROUP DISCUSSION: REVIEW OF LAST SESSION AND TASKS

The facilitators ask the group, what was remembered from last week. What did people do as a task? Is there anything that needs clarifying? Sample open questions to review previous session:

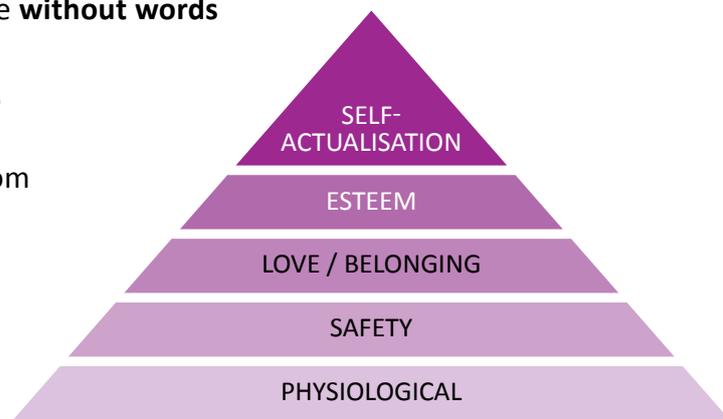
“What action, or conscious steps did you take or consider taking this week?”

“Did you discover anything?”

3	What do our bodies need to survive?	15 mins	Group discussion
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Draw Maslow's triangle **without words** on a flip chart.

Ask the group to agree what 'needs' we have, starting from the bottom of the triangle (basic) to the top (enhanced).



INFORMATION FOR FACILITATORS

In this chapter we will consider ways that can help us maintain a healthy body. Further Chapters will consider what helps maintain a healthy mind. Abraham Maslow (1943) was a psychologist who thought about what people need in life to be healthy. He proposed we have five basic needs and that we need these needs to be met.

PHYSIOLOGICAL NEEDS

These are biological needs. They consist of needs for oxygen, food, water, and a relatively constant body temperature. They are the strongest needs because if a person were deprived of all needs, the physiological ones would come first in the person's search for survival and satisfaction.

SAFETY NEEDS

When all physiological needs are satisfied and are no longer controlling thoughts and behaviours, the needs for security can become active. Adults have little awareness of their security needs except in times of emergency or unstable times

NEEDS OF LOVE, AFFECTION AND BELONGINGNESS

The next class of needs are for love, affection and belongingness. Maslow states that people seek to overcome feelings of loneliness and alienation. This involves both giving and receiving love, affection and the sense of belonging.

NEEDS FOR ESTEEM

These involve needs for both self-esteem and for the esteem a person gets from others. Humans have a need for a stable, firmly based, high level of self-respect, and respect from others. When these needs are satisfied, the person feels self-confident and valuable as a person in the world. When these needs are frustrated, the person feels inferior, weak, helpless and worthless.

NEEDS FOR SELF-ACTUALIZATION

Maslow describes self-actualization as a person's need to be and do that which the person was "born to do." "A musician must make music, an artist must paint, and a poet must write." If these needs are not met a person feels on edge, tense, lacking something and restless. Older age can provide an opportunity for a person to focus on what they want to do, as the pressures of other commitments such as work and family can be less.

4	Topics for further discussion – 1st choice	20 mins	Group exercise
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Ask the group to identify one topic to discuss.



GROUP EXERCISE: TOPICS FOR FURTHER DISCUSSION – 1st CHOICE

The group can choose their **first** topic from the list below:

DIET

SLEEP

(Further information can be found in the Appendix.)

BREAK	15 mins
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5	Topics for further discussion – 2nd choice	10 mins	Group exercise
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Ask the group to identify a second topic to discuss. This session should be shorter with emphasis on information giving rather than discussion and reflection.



GROUP EXERCISE: TOPICS FOR FURTHER DISCUSSION – 2nd CHOICE

The group can choose their **second** topic from the list below:

FINANCES

MEDICATION

(Further information can be found in the Appendix.)



TOPIC ONE: DIET

Despite what you see in some diet books and TV programmes, healthy eating can be really straightforward. A diet based on starchy foods such as potatoes, bread, rice and pasta; with plenty of fruit and vegetables; some protein-rich foods such as meat, fish and lentils; some milk and dairy foods; and not too much fat, salt or sugar, will give you all the nutrients you need. When it comes to a healthy diet, balance is the key to getting it right. This means eating a wide variety of foods in the right proportions, and consuming the right amount of food and drink to achieve and maintain a healthy body weight.

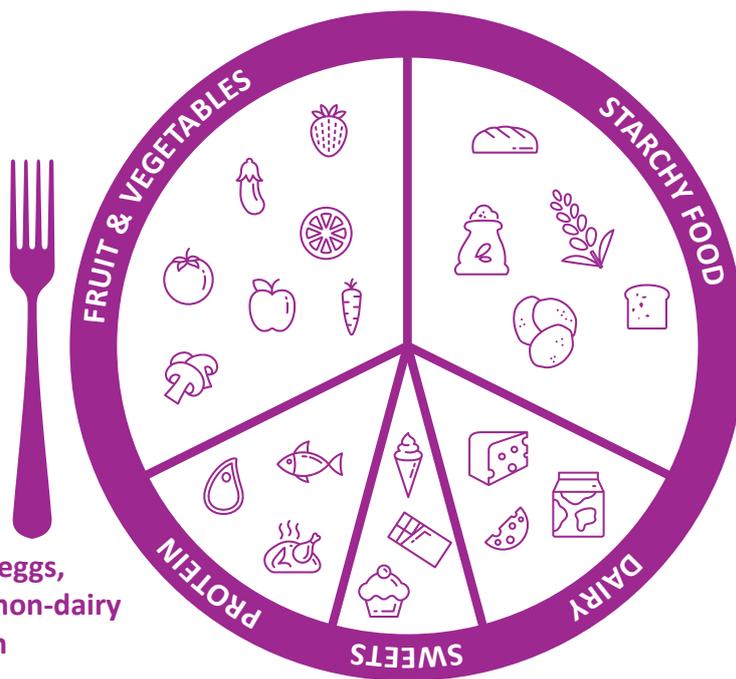
TIPS: It may be helpful to download a copy of the eat well plate from the NHS website prior to the group to hand out. (www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx)

THE EATWELL PLATE

The “eatwell plate” shows that to have a healthy, balanced diet, people should try to eat:

Plenty of fruit and vegetables

Plenty of starchy food such as bread, rice, potatoes and pasta



Some meat, fish, eggs, beans and other non-dairy sources of protein

Some milk and dairy foods

Just a small amount of food and drinks that are high in fat and/or sugar

(Source: www.nhs.uk)

KEY POINT: Older adults eat on average 4.4 servings of fruit and vegetables daily; 37% in this age group meet the recommended 5 servings daily (compared with 30% under age 65). (Source: www.ageuk.org.uk)



GROUP EXERCISE: FOOD AND MOOD

We often turn to certain foods to help us feel better, or to give us a feeling of nostalgia and security, therefore the expression 'comfort' food.

Ask the participants to go into groups and share what their 'go to' comfort foods are.

Ask them to consider: are these healthy foods, do they have any negative affects?

There is a messenger chemical in the brain called serotonin, which improves mood and how we feel. Serotonin is made with a part of protein from the diet (tryptophan), and more of this may get into the brain when carbohydrate-rich foods are eaten. This suggestion has been used to explain 'carbohydrate craving' – eating sweet, comfort foods to boost mood. However, there is not enough research to show that eating lots of tryptophan or eating a lot of carbohydrates can really support mood improvement in humans. But it may be that not consuming adequate amounts of carbohydrate (high protein/high fat diets) leads to low moods.

(Source: www.bda.uk.com/foodfacts/foodmood.pdf)

There is some evidence to show a link between healthy eating and mood.

Ask the group to consider what they would see as 'good mood' food.

There are some key vitamins and minerals important to our well-being. The table below shows what these are and where they can be found

IMPORTANT VITAMINS AND MINERALS	LACK OF LEADS TO...	SO EAT MORE...
IRON	Lethargy, and feeling weak and tired all the time	Red meat, fish, poultry
B VITAMINS	Tiredness, low mood, irritability	Whole grain cereals, meat/fish, eggs and dairy
FOLATE	Low mood, particular as we get older	Liver, green vegetables, oranges and citrus fruits, beans, marmite, some breakfast cereals (All Bran)
SELENIUM	Low mood	Brazil nuts, meat, fish, seeds and wholemeal bread

(Source: www.bda.uk.com/foodfacts)

In their handbook the participants are given some tips on eating well. Go through the tips below with them.

WHAT TO CONSIDER FOR IMPROVED MOOD WITH FOOD	
HOW REGULARLY DO YOU EAT?	If your blood sugar drops you might feel tired, irritable and depressed. You need to eat regularly to keep your sugar level steady, and choose foods that release energy slowly.
DO YOU GET YOUR 5 A DAY?	Vegetables and fruit contain a lot of the minerals, vitamins and fibre we need to keep us physically and mentally healthy.
DO YOU KEEP YOURSELF HYDRATED?	If you don't drink enough water, you may find it difficult to concentrate or think clearly. You might also start to feel constipated.
ARE YOU EATING THE RIGHT FATS?	Your brain needs fatty oils (such as omega-3 and -6) to keep it working well. So rather than avoiding all fats, it's important to eat the right ones.
ARE YOU HAVING TOO MUCH CAFFEINE?	Caffeine is a stimulant. Having too much can make you feel anxious and depressed, disturb your sleep (especially if you have it last thing at night), or give you withdrawal symptoms if you stop suddenly. (taken from Mind.org.uk)
ARE YOU DRINKING TOO MUCH ALCOHOL?	Alcohol not only affects the lining of the stomach and can also suppress appetite; it can affect the absorption of key minerals and vitamins. Alcohol is also a depressant so will affect mood.

For more information on food and mood go to:

www.getselfhelp.co.uk/docs/feedingminds_nutrients.pdf

(Source: www.get.gg)



GROUP EXERCISE: OPTIONAL ADDITIONAL EXERCISE

Ask the participants to create a cook book.

What are people's favourite recipes? Can people think of good meals for:

- Cooking for one
- Cooking for two
- Cooking on a budget
- Family recipes
- Nostalgia recipes etc.

Facilitators: Think about collating all recipes across all sites and produce a DWAW Cook Book or calendar each year.

Prompt for Facilitators:

Consider how alcohol fits into the diet? Calories? Bought instead of other food?



Large White Wine



4 Fish Fingers

185 cal



Double Vodka Tonic

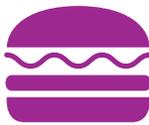


Doughnut

160 cal



Piña Colada



Big Mac Burger

526 cal



Alcopop



Slice of Pizza

192 cal



Pint of Lager



Slice Chocolate Cake

180 cal



Glass of Prosecco



2 tsp Olive Oil

89 cal



GROUP TOPIC TWO: SLEEP

Sleep, much like eating, drinking and breathing, is something that everyone does and is essential to our physical and mental health. Getting a good night's sleep allows our bodies and minds to rest, repair and re-energise. Not sleeping well can cause a range of problems, including poor concentration, low mood, irritability, and a weakened immune system. On-going sleep problems can contribute to and also be a symptom of anxiety and depression.

An NHS survey reports that nearly a third of the population are suffering from insomnia which is affecting their health. Sleep deprivation can increase the risk of mental health and relationship issues. (Source: NHS)

Ask the group to spend five minutes discussing some of the causes of sleep problems.
(Appendix 3 has some of the key problems.)

In the participants handbook they have been provided with information on sleep stages. They have also been given information on how alcohol affects sleep.

Spend some time discussing this information with the group.

(This is available in Appendix 4.)





GROUP DISCUSSION: HEALTHY SLEEPING PATTERNS

Ask the group to discuss ways of improving sleep patterns and having a healthier night's sleep.

This can be done by calling out and adding to a flip chart. Some answers below are provided.

- **Avoid chores.** Work or exercise near to bed time as this will keep you stimulated and you do not have the chance to wind down.
- **Avoid caffeinated drinks** like tea, coffee and coca cola in the afternoons and evenings.
- **Do not smoke a cigarette last thing at night.** Both nicotine and caffeine are stimulants which will keep you awake.
- **Avoid alcohol.** Drinking alcohol, even moderate amounts may make you fall asleep quicker, but it can reduce the quality of your sleep. It can make you need the toilet and also dehydrates you. Using alcohol to improve sleep can become habit forming and lead to alcohol problems.
- **Don't eat meals just before bedtime.** This wakes up the digestive system just as you want your body to wind down.
- **Don't drink lots of water or soft drinks during the evening.** A full bladder will wake you up to go to the toilet and disrupt sleep – limit your intake of fluids for two hours prior to bed.
- **Sleep in comfortable surroundings.** Make sure your room temperature is between 16-20 C and ensure you have low lighting or darkness.
- **Avoid Watching TV in bed.** TV and other electronic devices are stimulating and can keep you awake when tired. If you do fall asleep with the TV on it can wake you up and disrupt your sleep again.
- **Establish a wind-down night routine.** Run a bath, have some hot milk, read a book.



GROUP EXERCISE: SLEEP DIARY

Ask participants to complete a sleep diary for the next week.

It is helpful to complete a sleep diary to know exactly what problems they have with their sleep.

SLEEP DIARY							
NIGHT	1	2	3	4	5	6	7
When did you try to go to sleep?							
How long did it take you to fall asleep?							
How often did you wake during the night?							
How long did it take to get to sleep each time?							
When did you wake?							
When did you get up?							
How was your sleep last night?							



GROUP TOPIC THREE: FINANCES

Financial problems can create a lot of worry and stress. This section offers a practical quiz with some money advice and information on where to get help. There is a budget planner provided in the participant manual but it is recommended they do this on their own after the group.

Between £3.7 and £5.5 billion of income-related benefits are unclaimed by pensioners every year (DWP 2012). If all means-tested benefit entitlements were taken up, pensioner poverty could be reduced by around 40 per cent (Age UK, 2014).

Ask the participants to complete the money quiz in their booklet.

(On completion give them the answers in Appendix 2)

MONEY MANAGEMENT QUIZ				
TICK THE ANSWER YOU THINK IS CORRECT				
1	How much might you save over a year if you switch energy supplier?	£50	£100	£200
2	You have to pay for debt advice	True	False	Not sure
3	What age have children formed their money habits by?	5 years	7 years	11 years
4	How do you know if a website is safe for you to spend money on?	Address starts https	Padlock icon in corner	Both
5	You can save money on your bills by paying by Direct Debit.	True	False	Not sure
6	What is Universal Credit?	A type of credit card	A benefit system	A discount voucher
7	If you save £3 a day, how much would you have at the end of a year?	£400	£800	£1000
8	On average, how much interest would you pay on a £100 payday loan, assuming the loan is paid within 28 days?	£5	£25	£75

(Source: Money Advice Service website www.moneyadviceservice.org.uk)



Often the changes that we face in life can affect us financially. It is important to keep on top of your debts and finances, and the following organisations can be helpful:

www.debtadvicefoundation.org

www.moneyadviceservice.org.uk

www.citizensadvice.org.uk



GROUP TOPIC FOUR: MEDICATION

When we get older it is more likely that we will be prescribed medication for a number of reasons. In fact adults aged over 65 take an average of 7-10 medications each day. People can be prescribed medication for all different reasons e.g. for high blood pressure, water retention, high cholesterol.

Medication is a common treatment for physical health concerns. It is also used to treat anxiety and depression, as well as other mental health concerns. There are a variety of different types of antidepressant and anti-anxiety medications, and different ones work for different people. It has been shown that using medication in addition to other talking therapy, such as CBT, may help to treat anxiety and depression successfully, and reduce the likelihood that symptoms will return.

For further information about medication, please discuss this with your GP.
You can also find out more at: Royal College of Psychiatry - www.rcpsych.ac.uk

As we age our metabolism and the ability of our liver to process medications can slow down so it is very important that we carefully monitor the medications we take, and ensure we take the correct dose at the correct time. It is possible to become more forgetful so things like medication dosette boxes and a medication checklist can be helpful.

Ask the group to consider how alcohol can affect some medications. Ask them to discuss some key risks of mixing alcohol and medication. (Appendix 5 provides some information on medication and alcohol – this is also provided in the participant’s booklet.)

Other tips to consider for the group

- Consider a 6 monthly Pharmacy Review
- Ensure you follow your prescriptions instructions and if for any reason you don’t feel your medication is right for you let your GP know

6	Introducing relaxation	10 mins	Facilitator led
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INFORMATION FOR FACILITATORS

Relaxation is a valuable skill that can be learnt. There are several ways to practice relaxation, including using imagery, breathing exercises, yoga, mindfulness and meditation. It is important to practise a skill like relaxation regularly so that it can be used more easily in times of stress. This part of the session introduces participants to breathing and relaxation exercises. It is important that they understand these are like any other exercises and must be regularly practiced.

Breathing and relaxation exercises are designed to help release both physical and psychological tension, which is the body's natural response to stress. By learning and practicing relaxation and breathing techniques, you can feel more able to manage the bodily sensations of anxiety. Furthermore these techniques can also help with depression. Different techniques work for different people, its important to practice and use something that you find helpful.

BREATHING

When we are anxious or worried, the way that we breathe can change, and we tend to “over breathe” (and sometimes this can lead to hyperventilation). This means that we tend to breathe more, and take in more oxygen than we need, but the depth of breathing tends to decrease. We often identify these differences as being either chest or stomach breathing. Chest breathing is what we tend to do when we are anxious, taking frequent shallow breaths, which may also be irregular. Stomach (or diaphragmatic) breathing is when oxygen is taken into the chest by the diaphragm pulling down and opening out the chest cavity, and is better for using oxygen to produce energy, and expelling carbon dioxide. This is the type of breathing we do whilst we are asleep.

How to find if you breathe with your chest or your stomach?

Place the hand you write with on your stomach between your lower ribs and belly button (navel). Put the other hand on your breastbone, just below the collarbones. Take a deep breath and notice:

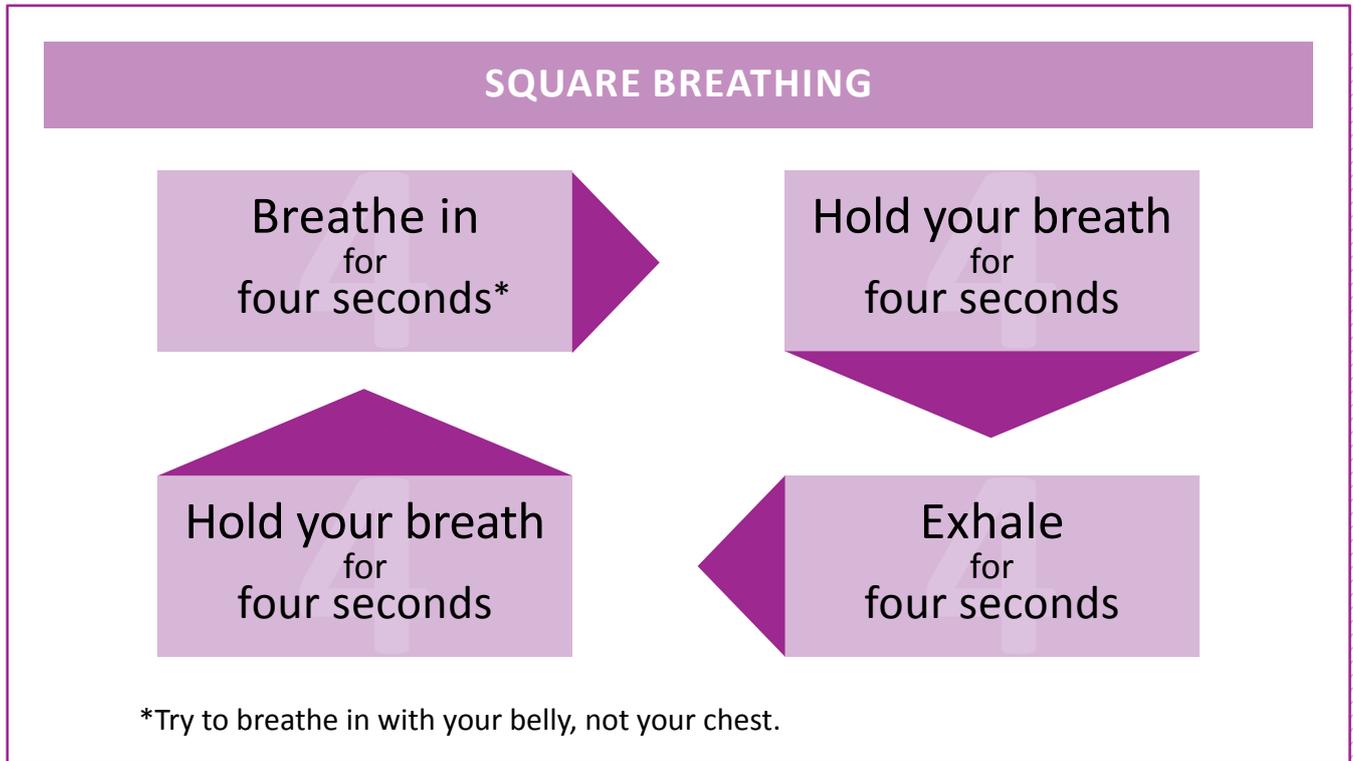
“Which hand moves the most? The hand on your chest or the hand on your stomach?”

Whichever hand moved the most indicates which style of breathing you do.

7	Relaxation exercise	10 mins	Facilitator led
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There are many kinds of breathing exercises available and different people find different exercises helpful. Below is an exercise called Square Breathing which is a simple and easy to remember exercise to control your breathing.

It is good to practice your breathing exercises regularly, try to practice for 3-5 minutes, 2-3 times a day.



For further relaxation techniques visit:

www.mentalhealth.org.uk/help-information/podcasts

www.mind.org.uk

GUIDED IMAGERY TO HELP WITH SLEEP: THE GARDEN

Another way to help participants to relax is by guided imagery. If possible try and dim the room lighting and ask all participants to get themselves into comfortable positions. Initially start doing the Square Breathing exercise (previous page) and then move into Guided imagery (below), ensuring your voice is calm and quiet.

Imagine a pleasant scene, somewhere that you feel relaxed, and at ease. Try to imagine this as vividly as you can and just focus on that place. Let the image relax you more and more deeply.

For this example our pleasant scene is going to be a garden in summertime. However, you can use any image / scene that you feel comfortable with.

There are 4 Steps to take you deeper into relaxations and deeper into your scene:

- Firstly, start by noticing all of the colours in your scene. In our garden we can focus on the bright colours of the flowers, the grass and the sky. As you notice more and more colours, focus on them and let them help you to relax.
- Once you have taken in the colours around you, start to notice the movements in your scene. In our garden, perhaps we can notice the movements of birds or the grass blowing in the breeze. Notice the leaves on the trees moving and the water rippling in the stream. Notice as many movements as possible, even the smallest details. Let them help you relax more and more.
- Next, start to notice the sounds around you. Try to take in as many as possible, from the sharp, clear noises of birds singing to fainter sounds of distant leaves rustling in the wind. Try to take in all of these sounds and let them help you relax further.
- Lastly, start to notice the feelings all around you. Perhaps it is the sun on your face, the breeze brushing over you, the feeling of you feet on the grass. Notice all of the feelings in the garden in detail, and let these help you become more deeply relaxed.

Once you have taken in as many details as possible from your scene, find a place where you would like to sit or lie down, somewhere safe and relaxing. Allow yourself to simply enjoy the scene, whilst still focussing on the details around you. Try to simply sit there and allow yourself to sink into a deeper and deeper feeling of relaxation.

Try to focus all of your mental energy on this scene, keeping the focus even if other thoughts or images try to enter your head. If you find yourself thinking about something else, return to your image of your pleasant scene as quickly as possible.

This exercise can help you to fall to sleep in a calm way, and can allow you to distract yourself from the thoughts or worries that may usually enter your head around bedtime.

However, you can do this exercise at any time during the day, whenever you might feel anxious or overwhelmed. If you complete this exercise during the day time, you can return to your daily life by calmly counting backwards from 4 to 1. As you count backwards you will begin to feel more alert and able to concentrate whilst still feeling at ease. At 1, and when you are ready to open your eyes, stretch out and try to continue on your day carrying with you that feeling of relaxation you achieved during the exercise.

PROGRESSIVE MUSCLE RELAXATION (PMR)

Please do not use this technique if you are suffering from conditions that affect your muscle or joint function (such as arthritis or chronic muscular pain).

PMR is a technique that has been shown to help reduce anxiety, and muscle tension. It works by teaching you to tense and relax different muscle groups in the body in a systematic way. Below is an exercise which you can work through, but there are also many audio versions if you would prefer to have it read out to you until you're used to doing it.

This technique should take around 20 minutes to complete – remember the aim is to feel relaxed NOT to fall asleep!

Find a warm, quiet place with no distractions. Get completely comfortable, either sitting or lying down. Close your eyes and begin by focusing on your breathing; breathing slowly and deeply, as described above.

If you have pain in certain muscles, or if there are muscles that you find it difficult to focus on, spend more time on relaxing other parts.

You may want to play some soothing music to help relaxation. As with all relaxation techniques, deep muscle relaxation will require a bit of practice before you start feeling its benefits.

For each exercise, hold the stretch for a few seconds, then relax. Repeat it a couple of times. It's useful to keep to the same order as you work through the muscle groups:

- Face: push the eyebrows together, as though frowning, then release.
- Neck: gently tilt the head forwards, pushing chin down towards chest, then slowly lift again.
- Shoulders: pull them up towards the ears (shrug), then relax them down towards the feet.
- Chest: breathe slowly and deeply into the diaphragm (below your bottom rib) so that you're using the whole of the lungs. Then breathe slowly out, allowing the belly to deflate as all the air is exhaled.
- Arms: stretch the arms away from the body, reach, then relax.
- Legs: push the toes away from the body, then pull them towards body, then relax.
- Wrists and hands: stretch the wrist by pulling the hand up towards you, and stretch out the fingers and thumbs, then relax.

Spend some time lying quietly after your relaxation with your eyes closed. When you feel ready, stretch and get up slowly.

(Source: NHS Choices www.nhs.uk)

8	Task to complete for next session	5 mins	Facilitator led
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Think about a task that the participants would be happy to do over the week, e.g:

- Try a task related to the topic e.g. sleep diary, planning a meal
- Agree one relaxation exercise to practice

9	Check-in and close	5 mins	Facilitator led
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Carry out a quick check-in around the room to ask people to sum up feelings in one word.



NEXT SESSION	date	time	venue
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Session 3

THINK WELL: Maintaining a healthier mind

The goal of this session is to investigate the way we think and to develop ways to create more balanced thinking styles

“Get comfortable being uncomfortable

Jillian Michaels



GOALS

- To understand how thinking can affect our mood and behaviour
- To understand thoughts as automatic and habitual (fact vs opinion, unhelpful thinking styles)
- To understand it is possible to ‘let go’ of thoughts
- Introduction to the concept of Mindfulness with practice

SUMMARY OF STRUCTURE

	TOPIC	TIMING	METHOD
1	Welcome and ice breaker	10 mins	Group exercise
2	Review of last session and tasks	5 mins	Group discussion
3	Introduction to thoughts / road blocks Recap of 5 aspect model session 1	5 mins	Facilitator led
4	Fact / Opinion	15 mins	Group exercise
5	Unhelpful Thinking Styles	15 mins	Facilitator led / group discussion / case study
BREAK		15 mins	
6	Letting go of thoughts Worry exercise / poisoned parrot	10 mins	Facilitator led / group discussion
7	Mindfulness	20 mins	Facilitator led
8	Task to complete for next session	5 mins	Facilitator led
9	Check-in and close	5 mins	Facilitator led

Resources: Balloons, markers, Post-it®Notes, packet of raisins

1	Welcome and ice breaker	10 mins	Group exercise
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The facilitators welcome the group back and use an Ice Breaker game to re-connect the group.



GROUP EXERCISE: ICE BREAKER

Facilitator writes '**bow**' on the flip chart and asks the group what it says.
Two different pronunciations are possible.

Underneath the word '**bow**' the facilitator will write 4 sentences. (see below).

After each sentence the facilitator will ask the group what pronunciation the word has.

Group participants can either put their hands up with each pronunciation they think is correct, or move across the room if it is appropriate to be more active.

At the end discuss how words can change with more information.

- The archer took a **bow**
- **Bow** before the audience
- Having fired a **bow** and arrow
- Place a **bow** upon the present

(Alternative ice breakers can be found in Appendix 1.)

2	Review of last session and tasks	5 mins	Group discussion
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The facilitators ask the group, what was remembered from last week. What did people do as a task? Is there anything that needs clarifying?



GROUP DISCUSSION: REVIEW OF LAST SESSION AND TASKS

Sample open questions to review previous session:

"What stands out about our last session?"

"What actions or conscious steps did you take or consider taking this week?"

"Did you discover anything?"

3	Introduction to thoughts / road blocks Recap of 5 aspect model session 1	5 mins	Facilitator led
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HOW OUR THOUGHTS CAN STOP US FROM LIVING A BETTER LIFE

This section will develop the understanding of the 5 Aspect Model that was introduced in section 1. The aim is to help people to become more aware of their thoughts. Once a person is more aware of their thoughts they can then start to understand how their thoughts impact on their emotions and their behaviours.



INFORMATION FOR FACILITATORS

Within CBT there are two approaches to help us with negative thoughts.

Traditional CBT set about trying to challenge thoughts by looking at evidence for and against distressing thoughts and then coming up with a balanced perspective. This process would be too long to teach in this section. If participants would like to learn this technique, please signpost them to the Low Mood books on Page 58 of the Participants Manual.

The 'new wave' of CBT focuses on teaching a person to allow the thoughts to exist, but to stop the thoughts from negatively influencing a person's behaviour. The practice of Mindfulness is a way of a person learning to distance themselves from their thoughts.

It can be difficult making changes, especially when we have to think about doing something new that we have never done before, or something that we have not done for a long time. Sometimes even though we want to make the changes, for some reason it seems difficult. Often we can have unhelpful thoughts that stop us, for example, 'what's the point?', 'It won't work'. We can also worry about what would happen if we did make the changes and imagine difficult consequences.

WHAT ARE UNHELPFUL THOUGHTS ?

A thought is something that helps us to interpret the world around us. Thoughts can take the form of a sentence as if we are writing it or they could be an image that we can see in our minds eye. Each of us has hundreds of thoughts every day.

The way we think about things impacts on how we feel emotionally, how we feel physically in our body, and how we behave. If we have negative, self-critical or hopeless thoughts this will make us feel sad or anxious. Thoughts can influence our behaviour: we may decide to stop doing things, or we may avoid people. These behaviours in turn influence our thoughts.

Remember: In Session 1 the 5 aspect model showed the relationship between Thoughts, Emotions, Behaviour and the Body.

Overall thoughts have a very powerful influence on how we feel and how we behave. BUT not all thoughts are helpful, balanced, reliable, accurate or factual. Before we allow thoughts to influence us in this way it is helpful to check them out.

It is important to understand 'A thought is not a fact; a belief is not a truth'.

Prompt for facilitators: Refer back to the 5 aspect model discussed in Session 1.

4	Fact / Opinion	15 mins	Group exercise
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The purpose of this exercise is to illustrate how we automatically believe our thoughts to be true. By encouraging the participants to see their thoughts as opinions rather than always as facts, it allows us to have a different relationship with our thoughts and they have less of a 'hold' over us. Think about how for a key event in the past, there have probably been over 100 books written on the subject. Each presents a different opinion about the same fact. Opinions are based on how we see the world, and they may have biases in them. The biases are less controlling when they are accepted as they are.

Give each participant a piece of paper. Ask them to write 'Fact' on one side and 'Opinion' on the other. The facilitator reads a list of statements. For each statement the participants display whether they think the statement is a fact or an opinion by holding up their paper.

FACT Vs OPINION STATEMENTS

These are ideas, the facilitator can make them regionally or seasonally appropriate.

- The car was blue.
- The man had lost his coat.
- Chester City are the best football club in the world.
- It's not a very good television programme.
- The Spice Girl's album was the most popular at Christmas.
- I believe that he can win.
- Andy Murray is the best tennis player in the world.
- Andy Murray, the tennis player, is the World number 1.
- We think Mark stole the car.
- I didn't have a coat.
- The church is the tallest building in the town.
- You might get wet if you forget your coat.

Group Discussion Prompts:

Some were easy to identify as Facts or Opinions.

Others were more difficult, and we need to think about other factors such as whether a statement was a Fact at a point in time, but things change e.g. Is Andy Murray still World Number 1?

Also making the question more specific? Which town, which church?

If there is a discussion in the group: reflect on whether people spend as much energy challenging their own thoughts?

5	Unhelpful Thinking Styles	15 mins	Facilitator led / group discussion / case study
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AUTOMATIC THINKING

The purpose of this exercise is to be able to understand that the way we think can be a habit. We all know of people who have behaviours that are ‘bad’ habits, for example biting finger nails. We can also think about how we have ‘bad habits’ thoughts. If a person is able to identify a thought as a ‘bad habit’ (e.g. I always think the worst when I am nervous), this is another step towards distancing themselves from their thoughts, and therefore being able to evaluate them as not being helpful or not acting on them. It is important to remember that we are focusing on thoughts that are AUTOMATIC, which means that they are outside of the persons control and can come randomly into your head.

Just as we are not always conscious of the way we walk or drive a car, we are often not aware of the way we think. Some of our thoughts are automatic, which means that they pop into our head without any effort on our part. Automatic thoughts can be neutral: “I think I’ll go to the shop today”, positive: “I had a really good day today”, or negative: “I can never remember how to do this, I must be really stupid”.

However, we can also think of thoughts as being helpful or unhelpful, as not all negative thoughts are unhelpful. For example some thoughts are both negative and unhelpful, such as “last time I saw John I got really embarrassed, I’ll try to avoid him”. Whereas “this traffic is terrible, I’ll take the long way around” is a negative thought that helps us to come up with another solution.

Automatic thoughts often reflect people’s worries or concerns; however they can be about everything and anything you have ever experienced, seen, heard or learned. When people are depressed or anxious they tend to have more unhelpful thoughts about themselves, the future and the world around them.

There is often a pattern to our unhelpful thoughts, and these are usually referred to as “unhelpful thinking styles”. There are many different types of unhelpful thinking styles, but some examples are listed in the table opposite.

Referring to the table on page 36, call out an unhelpful thinking style and ask the group to give an example of how we would do this e.g. catastrophising: always thinking about the very worst thing that could happen.

<p>MENTAL FILTER When we notice only what the filter allows or wants us to notice, and we dismiss anything that doesn't 'fit'. Like looking through dark blinkers or 'gloomy specs', whilst anything more positive or realistic is dismissed.</p>	<p>Am I only noticing the bad stuff? Am I filtering out the positives? Am I wearing those 'gloomy specs'? What would be more realistic?</p> 
<p>EMOTIONAL REASONING I feel so bad so it must be bad! I feel anxious, so I must be in danger.</p> 	<p>Just because it feels bad, doesn't necessarily mean it is bad. My feelings are just a reaction to my thoughts and thoughts are just automatic brain reflexes.</p>
<p>FORTUNE TELLING Believing we know what's going to happen in the future and predicting outcomes (usually we focus on negative outcomes).</p> 	<p>Am I thinking that I can predict the future? How likely is it that that might really happen?</p>
<p>MOUNTAINS AND MOLEHILLS Exaggerating the risk of danger, or the negatives. Minimising the odds of how things are most likely to turn out, or minimising positives.</p>	<p>Am I exaggerating the bad stuff? How would someone else see it? What's the bigger picture?</p> 
<p>MIND READING Assuming we know what others are thinking (usually about us).</p> 	<p>Am I assuming I know what others are thinking? What's the evidence? Those are my own thoughts, not theirs. Is there another, more balanced way of looking at it?</p>
<p>CATASTROPHISING Imagining and believing that the worst possible thing will happen.</p> 	<p>OK, thinking that the worst possible thing will definitely happen isn't really helpful right now. What's most likely to happen?</p>
<p>CRITICAL SELF Putting ourselves down, self-criticism, blaming ourselves for events or situations that are not (totally) our responsibility.</p> 	<p>There I go, that internal bully's at it again. Would most people who really know me say that about me? Is this something that I am totally responsible for?</p>
<p>BLACK AND WHITE THINKING Believing that something or someone can be only good or bad, right or wrong, rather than anything in-between or 'shades of grey'.</p> 	<p>Things aren't either totally white or totally black – there are shades of grey. Where is this on the spectrum?</p>
<p>SHOULD AND MUSTS Thinking or saying 'I should' (or shouldn't) and 'I must' puts pressure on ourselves, and sets up unrealistic expectations.</p> 	<p>Am I putting more pressure on myself, setting up expectations of myself that are almost impossible? What would be more realistic?</p>
<p>MEMORIES Current situations and events can trigger upsetting memories, leading us to believe that the danger is here and now, rather than in the past, causing us distress right now.</p> 	<p>This is just a reminder of the past. That was then, and this is now. Even though this memory makes me feel upset, it's not actually happening again right now.</p>



GROUP EXERCISE: UNHELPFUL THINKING STYLES QUIZ

Prompt for facilitators:

Prepare cards with the situation and thought below on individual cards to hand out. However this exercise is also in the participants manual to complete.

The Purpose of this exercise is to help the participants understand how we have automatic thinking habits and to categorise these.

The Facilitator will put up the Situation and Thoughts on a Flip Chart. On 10 sticky labels write each of the thinking habits. Either encourage participants to put the labels on the situations and thoughts, or conduct as a group exercise with voting.

SITUATION	THOUGHT	UNHELPFUL THINKING STYLE
Bill has a nice day visiting his daughter. On the way home the bus breaks down.	Today has been awful.	Mental filter
Sally feels anxious when the lights get turned down when she is in the cinema.	I feel anxious, that must mean something bad is going to happen / I'm in danger.	Emotional reasoning
David had been invited to a Resilience Group.	I bet I won't like it. It's going to be boring and pointless.	Fortune telling
Molly meets up with her friends to have a cup of tea. She accidentally spills some milk when serving.	This is a complete disaster. The whole outing has been ruined.	Mountain out of molehills
John goes to his GP to ask for help about his swollen finger after he got it caught in a door.	They will think I'm stupid.	Mind-reading
Joan forgets to put her rubbish out.	I'm going to get overrun with rats and then be evicted from my home.	Catastrophising
Steve drops a jar of chutney when he is trying to open it.	I'm useless, I'm rubbish, I can't even do the basic things.	Critical self
Bob has started a basic computer class at the local library.	I'm the worst in the class, everyone is better than me.	Black and white
Jan has hurt her back and can no longer vacuum without it causing her pain.	I should be able to do this. I could do it when I was younger.	Shoulds and musts
Edith is concerned about joining the local resilience group.	I was never good at school / sees an image of her cross teacher.	Memories

BREAK	15 mins
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6	Letting go of thoughts	10 mins	Facilitator led
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The purpose of this exercise is to move on to the next step of helping the participants distance themselves from their thoughts. ‘Letting go’ of thoughts is about moving away from unhelpful thoughts that can lead to unpleasant emotions or harmful behaviours.

As discussed earlier it is seen as an alternative to the traditional thought challenging techniques within CBT. The analogies below can be a helpful way to share this concept.

Share one of the following metaphors with the group:

THE POISONED PARROT: THE EFFECT OF UNHELPFUL THINKING STYLES

How does the unhelpful thinking affect us? Let’s imagine we have a parrot on our shoulder all the time who just repeats things back to us. It recites things without any understanding because it is a bird after all. If all this parrot can say is negative and unhelpful comments how would it affect you? For example, the bus gets stuck in a traffic jam, and you arrive at work 5 minutes late. The parrot sits there saying: “There you go again. Late. You just can’t manage to get there on time can you. So stupid. If you’d left the house and got the earlier bus you’d have arrived with loads of time to spare and the boss would be happy. But you? No way. Just can’t do it. Useless. Waste of space. Absolutely pathetic!”

How long will you listen to the parrot before getting rid of the parrot?

Sometimes we put up with this inner bully for long periods of time. We might even start believing the parrot, and the things the parrot repeats are upsetting, which then affects the way we live and behave towards others. It also changes the way we think about ourselves.

Can we learn to ignore the parrot instead? What if we notice the parrot but choose not to listen to it and carry on none the less with our task. If we focus our attention away from the parrot, on something other than what the parrot is saying eventually the parrot might get tired of our non-response. It might then give up or even fly away.

PASSENGERS ON THE BUS

Imagine your life is like a bus. You are the driver of this bus. And from the moment your life begins on the road of life, you begin to pick up passengers. Passengers come from all of our unique life experiences, and form constellations of feelings, beliefs, bodily sensations, impulses, etc. In other words, we can think of passengers as everything that goes on inside us. The road, on the other hand, represents the situations and people we encounter. These things are on the outside. Some passengers are benign, which don't affect us very much. But some experiences and people on the road leave indelible marks on us. They form our ideas about what we can expect from the world. Ideas related to whether or not others treat us well. Ideas about what we can or should expect from the world, our ability, etc. So, while some of these passengers sit quietly, others can be like scary thugs that influence the way we drive our bus. Passengers tend to come into awareness whenever we need to move in the direction of something of importance to us; a new relationship, health concerns, any type of change. They make us quite uncomfortable when they come into awareness. So, we develop strategies to ensure that these passengers stay at the back of the bus, and out of our awareness. It is as if we develop a deal with the passengers, "You guys stay at the back of the bus, and I'll go where ever you want."

Strategies are actions and ways of thinking that protect us from the uncomfortable internal experiences. These strategies become our solution to the problem of difficult internal experience. And they can be very helpful. After all, we began using them for a reason! But as the road of life changes, or strategies become over used, they begin to be less effective. Often times, this is because we are reacting to old programming (passengers) rather than the road itself. The problem is, these ways of thinking and behaving become reinforced because they reduce discomfort. Now this metaphor does not suggest that your experience is not happening, that your experience is not real. In fact, in most cases, there is genuinely something objective in the world (on the road), which triggers these thought and feeling passengers. The question is to ask what is an objective fact (on the road), and what is a passenger? Then drive (behave) as skilfully and effectively as possible to reach your ambitions!

Question: Who is driving your bus?



GROUP EXERCISE: LETTING GO

Exercise to demonstrate letting go of thought:

Ask the group to think about a current situation they are experiencing where they have an unhelpful thinking style. Ask them to define what the style is. Ask them to consider if this thinking can be changed, or if they can 'let go' of the thought. Ask if they are happy to share with the group or prefer to keep to their self.

OR

One participant stands / sits in front of the group. Using balloons that have been blown up, each group member writes on an automatic thought with a marker. The central participants have to hold as many thoughts / balloons as possible. Reflect on the releasing of balloons to reflect 'letting go'.

7	Mindfulness	20 mins	Facilitator led
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The next part of the session is to introduce the participants to mindfulness. **Please advise that this is only a brief introduction and point them in the right direction to find out more about the subject.** (There are some resources on page 58 of the participants manual.)

Mindfulness is a practice that can help a person change the relationship that they have with their thoughts and it focuses a persons awareness on the present moment, helping to calmly acknowledge and accept feelings, thoughts, and bodily sensations. It uses meditation and self-awareness to enhance our ability to cope with challenging circumstances and psychological tensions.

The leading teacher of Mindfulness, Jon Kabat-Zinn, describes it as “a simple Buddhist practice, which involves paying attention in a particular way: on purpose, in the present moment, and non-judgementally”. This practice can increase awareness, clarity and acceptance of our present-moment reality. It can also be helpful to develop a kinder and wiser understanding of challenging situations.

To learn more about Mindfulness go to www.bemindful.co.uk

Go through one Mindfulness exercise. Afterwards reflect on the experience.



MINDFULNESS EXERCISE 1: A GAME OF FIVES

Ask the participants to either close their eyes or focus their attention on one spot. Ask them to practice the relaxed breathing (Session 2). Ask the participants to think about their day so far.

All you have to do is notice three things in your day that usually go unnoticed and unappreciated. These could be things you hear, smell, feel or see.

For example, you might see the walls of your front room, hear the birds in the tree outside in the morning, feel your clothes on your skin as you walk to work, or smell the flowers in the park, but are you truly aware of these things and the connections they have with the world?

When they have thought of three, ask them to think of two more.

When thinking of these five things, ask

- Are you aware of how these things really benefit your life and the lives of others?
- Do you really know what these look and sound like?
- Have you ever noticed their finer, more intricate details?
- Have you thought about what life might be without these things?
- Have you thought about how amazing these things are?

Let your creative mind explore the wonder, impact and possibilities these usually unnoticed things have on your life. Allow yourself to fall awake into the world and fully experience the environment.

By becoming mindful of who we are, where we are, what we are doing and the purpose, if any at all, and how everything else in our environment interacts with our being, we cultivate a truer awareness of being. This helps us learn to identify and reduce stress and anxiety and difficult, painful and perhaps frightening thoughts, feelings and sensations.



MINDFULNESS EXERCISE 2: THE RAISIN EXERCISE

Resources – packet of raisins

This exercise will help participants to tangibly understand the concept of Mindfulness. It goes through all the senses and the body and minds response to each.

Ask each participant to take a Raisin, and not to do anything until instructed by the Facilitator.

Eating One Raisin: A First Taste of Mindfulness

HOLDING First, take a raisin and hold it in the palm of your hand or between your finger and thumb. Focusing on it, imagine that you've just dropped in from Mars and have never seen an object like this before in your life.

SEEING Take time to really see it; gaze at the raisin with care and full attention. Let your eyes explore every part of it, examining the highlights where the light shines, the darker hollows, the folds and ridges, and any asymmetries or unique features.

TOUCHING Turn the raisin over between your fingers, exploring its texture, maybe with your eyes closed if that enhances your sense of touch.

SMELLING Holding the raisin beneath your nose, with each inhalation drink in any smell, aroma, or fragrance that may arise, noticing as you do this anything interesting that may be happening in your mouth or stomach.

PLACING Now slowly bring the raisin up to your lips, noticing how your hand and arm know exactly how and where to position it. Gently place the object in the mouth, without chewing, noticing how it gets into the mouth in the first place. Spend a few moments exploring the sensations of having it in your mouth, exploring it with your tongue.

TASTING When you are ready, prepare to chew the raisin, noticing how and where it needs to be for chewing. Then, very consciously, take one or two bites into it and notice what happens in the aftermath, experiencing any waves of taste that emanate from it as you continue chewing. Without swallowing yet, notice the bare sensations of taste and texture in the mouth and how these may change over time, moment by moment, as well as any changes in the object itself.

SWALLOWING When you feel ready to swallow the raisin, see if you can first detect the intention to swallow as it comes up, so that even this is experienced consciously before you actually swallow the raisin.

FOLLOWING Finally, see if you can feel what is left of the raisin moving down into your stomach, and sense how the body as a whole is feeling after completing this exercise in mindful eating.

What were the participants senses feeling? What did it feel like to truly be 'in the present' of eating a raisin!!

(Reference: Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn (2007). The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness. New York: Guilford Press.)

REFLECTION ON MINDFULNESS EXERCISE

What five things did you think about?

What did you feel?

Did you look at them differently?

8	Task to complete for next session	5 mins	Facilitator led
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Think about a task that the participants would be happy to do over the week, e.g:

- Practice identifying automatic thoughts
- Thinking about thoughts as facts or opinions
- Identifying unhelpful thinking styles
- Think about challenging or letting go of thoughts
- Practice mindfulness – particularly encourage the Magic Moment Technique

9	Check-in and close	5 mins	Facilitator led
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Carry out a quick check-in around the room to ask people to sum up feelings in one word.



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Session 4

PLAN WELL: Having goals and keeping active

The goal of this session is to think about the different ways we can keep ourselves active

“Champions aren’t made in gyms. Champions are made from something deep inside of them: a desire, a dream, a vision

Muhammad Ali



GOALS

- To understand the importance of keeping active
- To help participants set goals
- Identify areas where people can be active
- Introduce behavioural activation techniques

SUMMARY OF STRUCTURE

	TOPIC	TIMING	METHOD
1	Welcome and ice breaker	10 mins	Group exercise
2	Review of last session and tasks	5 mins	Group discussion
3	Living with meaning	10 mins	Group exercise
4	Goal setting / Planning an activity	20 mins	Facilitator led / group discussion
BREAK		15 mins	
5	Keeping active	10 mins	Group exercise
6	Establishing a routine	25 mins	Facilitator led / group discussion
7	Task to complete for next session	5 mins	Facilitator led
8	Check-in and close	5 mins	Facilitator led

1	Welcome and ice breaker	10 mins	Group exercise
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GROUP EXERCISE: ICE BREAKER

The facilitators welcome the group back and use an Ice Breaker game to re-connect.

Ask the participants to think about themselves stranded on a desert island after a shipwreck. What one item would they take to the island which represents something about them, or something they enjoy.

2	Review of last session and tasks	5 mins	Group discussion
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GROUP DISCUSSION: REVIEW OF LAST SESSION AND TASKS

The facilitators ask the group, what was remembered from last week. What did people do as a task? Is there anything that needs clarifying? Sample open questions to review previous session:

“What action, or conscious steps did you take or consider taking this week?”

“Did you discover anything?”

3	Living with meaning	10 mins	Group exercise
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This chapter explores meaningful activity and goal setting. However as a starting point it is important for people to understand what is important and meaningful to them. Understanding our values can help with this.

The following exercise allows participants to reflect on their values in key aspects of their lives.

Ask the group to get into pairs, look at the compass areas and discuss what values are important to them. All the areas may not be relevant to them e.g. parenting. They can work on the compass in more detail on their own later as it is in their handbook.



GROUP EXERCISE: VALUES

Use the Values Compass to think about what gives you meaning in life.

Values are what we find meaningful and consider to be important. Each of us have different values and values can change over time. Values are different from goals, whereas goals are a specific end result that are usually achievable, our values act more like a compass that influence our goals and bigger life decisions. For instance most of us value being a good human being and a goal is to be helpful and generous to the needy or we value good health and a goal is to eat healthier meals. Given below are some domains in our lives. Think about what is important to you and what makes for a meaningful life that you can value.

Family relations

What kind of relationships do you want with your family?

What kind of mother/father/brother/sister/uncle/aunt do you want to be?

Physical wellbeing

What kind of values do you have regarding your physical wellbeing?
How do you want to look after yourself?

Marriage / couple / intimate relations

What kind of husband / wife / partner do you want to be? What quality of relationship do you want to be part of?

Citizenship / community

What kind of environment do you want to be a part of? How do you want to contribute to your community?



Parenting

What sort of parent do you want to be? What qualities do you want your children to see in you?

Spirituality

What kind of relationship do you want with God / nature / the earth?

Recreation

How would you like to enjoy yourself? What relaxes you? When are you most playful?

Friendship / social relationships

What sort of friend do you want to be?
What friendships is it important to cultivate? How would you like to act towards your friends?

Employment

What kind of work is valuable to you?
What qualities do you want to bring as an employer? What kind of work relationships would you like to build?

Education / training / personal growth

How would you like to grow?
What kind of skills would you like to develop?
What would you like to know more about?

4	Goal setting / Planning an activity	20 mins	Facilitator led / group discussion
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Now that we have explored your values and what is important to you in life, you may find it easier to start setting some achievable goals. The following exercises allows you to identify goal areas and put a practical plan in place.

SETTING GOALS

Setting goals is an important part of your well being, as it can help you to focus on what you need, or would like to work towards. It also helps to give you a sense of achievement when you accomplish what you have been working towards. Before you set your goals, it is helpful to think about your lifestyle and what changes you would like to make to help you make the most of your life, or overcome your problems. Below are some important facts about goals.

VARIETY

It can be helpful to have a variety of goals to work towards, so that your life becomes balanced, and not just focussed on one area (such as work, housework, or exercise). Remember, pleasurable activities are just as important as work!

SMART

Goals should be SMART:
Setting yourself SMART goals will make it easier for you to complete them, and therefore gain a sense of achievement. Goals that are not clearly defined can be difficult to track and therefore unhelpful.

For example:

“I am going to exercise more”,
“I want to eat less junk food”

Alternative more helpful examples might be:

“To go swimming for 30minutes around midday on Monday, Wednesday and Friday this week”,
“To cook myself an evening meal every night this week”.

- S** = **SPECIFIC**
What do you want to do?
- M** = **MEASURABLE**
How will you know you've done it?
- A** = **ACHIEVABLE**
Can you expect to achieve it?
- R** = **REALISTIC & RELEVANT**
Is it realistic for you to do this & relevant to your problem?
- T** = **TIME-LIMITED**
When would you have liked to achieve it by?

These goals are SMART because: they are specific about what you need to do, you can measure when you have done it, it is achievable and realistic, it is relevant to the problem, and you have a time limit for when the goal will be met.

It can also be useful to think about goals for the long, medium and short term.

Have a go at writing out some SMART goals for yourself, using a separate page if necessary, and try thinking about the area of your life the goal relates to (work, social, pleasure, exercise).



GROUP EXERCISE: SMART GOALS

To get you started, set yourself a goal of what you would like to achieve by the end of the course: (short term), in the near future and longer term.

SHORT TERM	
GOAL AREA	
SMART	
MEDIUM TERM	
GOAL AREA	
SMART	
LONG TERM	
GOAL AREA	
SMART	

It may also be helpful to think about what you would need to do to achieve your goal, and break it down into steps, grading them from easy to difficult. Take a look at the example:

EXAMPLE	
GOAL	SMART STEPS TO ACHIEVE GOAL
To go swimming for 30 minutes three times a week	<ol style="list-style-type: none"> 1 Find out where my local swimming pool is 2 Contact the swimming centre and find out about membership requirements 3 Go and buy swimwear 4 Arrange a visit to the swimming centre and buy a membership 5 Plan a graded schedule to build up to 30 minutes, 3 times a week (e.g. 20 mins 3 times a week, or 30 mins twice a week to begin with)

PLANNING AN ACTIVITY

Planning activities can be a daunting process. New tasks can seem overwhelming and if we try to do too much too soon, we can feel as if everything is too hard and we may stop trying. This will reinforce our cycle of reduced activity and low mood.

PLANNING AN ACTIVITY	
STEP 1	What activities could you do?
	<p>Meet a friend for a coffee. Contact a friend who I haven't spoken to for a while. Walk to the local shop to buy a paper. Go on a day trip somewhere. Take the neighbour's dog for a walk.</p>
STEP 2	Which one are you going to do?
	<p>Meet a friend for a coffee</p>
STEP 3	How are you going to do it? What do you need to do it?
	<p>Decide which friend to contact. Contact friend to arrange place / date / time. Directions to café / public transport details. Appropriate clothes for the weather. Money to buy coffee.</p>
STEP 4	Carry out the activity
	<p>Met friend for a coffee at agreed time / place.</p>
STEP 5	How did it go?
	<p>Better than expected, enjoyed catching up with friend. Using public transport to get there was easier than expected. Arranged another meeting</p>

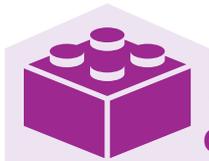
Ask the participants to take out their blank version of this form and work through the questions with the group.

BREAK	15 mins
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5	Keeping active	10 mins	Group exercise
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KEEPING ACTIVE

So far we have considered our body's needs and developing a healthy mind. Keeping active can take many forms and is a practical way of thinking about keeping a healthy body and a healthy mind. As we age, the opportunities that are available to us to keep active can change. The key to keeping active is to adapt to what we can do. Consider activities in the home, activities in the community, planning trips / days out.



GROUP EXERCISE:

Break into smaller groups and give each participant a scenario from below to discuss

Consider what each of the individuals could do to increase their activity.

Diane is a 58 year old who is using alcohol as a coping mechanism following the death of her husband. She has 2 young daughters aged 22 and 17, both in full time education. Diane had a fall earlier this month and broke her leg. She is currently in a plaster cast and will be for another 6 weeks. Diane has felt quite down due to her immobility but feels that some activities would help her mood and her physical wellbeing.

Bob is 62 and lives alone. He has worked most of his life and has recently retired due to ill health. He has lost all contact with his social network since leaving his job. He has restricted movement and has a back problem. He feels he is ready to become a part of the community and improve his mobility. What would be some of the suggestions you make to Bob to become a part of the community and improve his mobility ?

Joyce is 74, and lives with her partner Sonya (70). They live in sheltered accommodation and are quite active but don't feel part of the community. They don't engage in the social activities at the residential home as they don't feel accepted as a couple. They would like to become more active in the community and would enjoy new challenges. What suggestions would you make to Joyce and Sonya to become more active in the community.

6	Establishing a routine	25 mins	Facilitator led / group discussion
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Feelings, thoughts, behavior and the body are all linked. When we feel low we can end up in a vicious cycle where we withdraw or avoid doing things.

TYPES OF ACTIVITIES

We can think about the activities we do in different ways. Some of the things we do are regular, **routine activities** such as cleaning the house, washing up, cooking a meal, etc.

With changes, our routines can become disrupted. We change the time we go to bed or get up, when we eat and how we cook and care for ourselves. Although we can moan about our daily routines they can make us comfortable in our surroundings.

Other activities are the things we do for **pleasure**. These can include seeing friends, enjoying a day out with our families, reading or doing whatever interests we have. These are the things that in normal circumstances we find pleasurable. They are the necessary breaks from our routines.

The third type of activity we can find difficult are the **necessary** things such as paying bills or booking a GP appointment. Although we might not enjoy doing these tasks, it can give us a sense of achievement when we get them done.

Behavioural activation is a technique where we focus on re-establishing our daily routines, increase our pleasurable activities and do the things that are necessary for us.

ACTIVITY TASK 1	
LIST SOME ROUTINE ACTIVITIES	
e.g. washing up, cleaning etc.	
LIST SOME PLEASURABLE ACTIVITIES	
e.g. going out with friends & family etc.	
LIST SOME NECESSARY ACTIVITIES	
e.g. paying bills etc.	

ACTIVITY TASK 3

WRITE YOUR ACTIVITIES IN THE DIARY BELOW

		MORNING	AFTERNOON	EVENING
	What			
	When			
	Where			
	Who			
	What			
	When			
	Where			
	Who			
	What			
	When			
	Where			
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	What			
	When			
	Where			
	Who			

(Appendix 6 has some information on exercise and staying active. There are also some group exercises if you feel the group requires some more activity and interaction in this session.)

7	Task to complete for next session	5 mins	Facilitator led
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Think about activities that the participants would like to do or wish to start doing again. Some of these things will be routine, some pleasurable and some will be necessary tasks.

8	Check-in and close	5 mins	Facilitator led
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Carry out a quick check-in around the room to ask people to sum up feelings in one word.



NEXT SESSION	date	time	venue
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Session 5

CONNECT WELL: Healthier relationships and the circle of support

The goal of this session is to consider the importance of support networks within resilience. It will also look at what helps us communicate better in our relationships

“Social support is everything
Jordan Knight



GOALS

- To appreciate the importance of support
- To improve support networks
- To improve communication styles

SUMMARY OF STRUCTURE

	TOPIC	TIMING	METHOD
1	Welcome and ice breaker	10 mins	Group exercise
2	Review of last session and tasks	5 mins	Group discussion
3	Social support – changes and importance	15 mins	Group exercise
4	Where to get help / what is available	15 mins	Group exercise
	BREAK	15 mins	
5	Communication difficulties	10 mins	Group exercise
6	Assertiveness	10 mins	Group exercise
7	Task to complete for next session	5 mins	Facilitator led
8	Check-in and close	5 mins	Facilitator led

Resources:

Ball of wool.

Case study of Bob, Diane and Joyce on separate sheets.

1	Welcome and ice breaker	10 mins	Group exercise
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The facilitators welcome the group back and use an ice-breaker exercise that gets all the participants talking with each other and helps them to identify similarities between themselves.



GROUP EXERCISE: ICE BREAKER

Ask the participants to stand or sit in a circle. The facilitator holds one end of a ball of wool, and then asks questions. Examples below. Each person who then says yes gets thrown the ball of wool. Stop when the wool runs out or all participants have been included and are joined with someone else.

Example questions:

- I have a sweet tooth
- I can play an instrument
- I have played a sport
- I have been in the services
- I can ride a bike
- I can swim

2	Review of last session and tasks	5 mins	Group discussion
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The facilitators ask the group, what was remembered from last week. What did people do as a task? Is there anything that needs clarifying?



GROUP DISCUSSION: REVIEW OF LAST SESSION AND TASKS

Sample open questions to review previous session:

“What stands out about our last session?”

“What actions or conscious steps did you take or consider taking this week?”

“Did you discover anything?”

3	Social support – changes and importance	15 mins	Group exercise
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INFORMATION FOR FACILITATORS

WHAT DO WE MEAN BY RELATIONSHIPS?

Relationships are the connections that we have with other people. We often have more intimate relationships with people we are closer to, for example our husbands, wives or partners. We then have relationships with family, including children, grandchildren and siblings. Our friendships can be people we are close to, people like our neighbours or other acquaintances. Relationships are important as they can provide us with a sense of identity (who we are) and a means of giving and receiving support, as well as meeting our needs of companionship.

LONELINESS

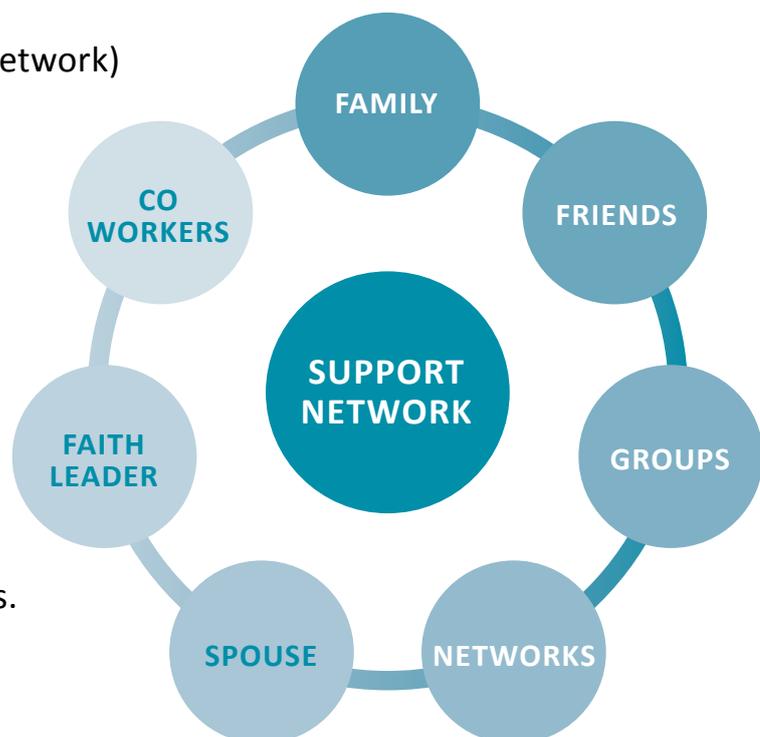
Most people are not lonely in later life but loneliness does affect some people as they get older. This is often as a result of changes in our relationships. There may have been losses either bereavement or people moving out of the area, changes in employment / activities. This could have been due to ill health or care giving commitments. Loneliness can also come from existing relationships not being positive or offering a sense of connection. Loneliness can often lead to low mood, or increased anxiety in social situations when they do go out.

SOCIAL SUPPORT

The circle of support (support network) is a way of thinking about the relationships in a person's life.

Building and developing relationships in different areas of a person's life can help build resilience.

It provides the opportunity to give and receive support as well as participating in sociable and enjoyable activities.





GROUP EXERCISE: EXPLORE SOCIAL RELATIONSHIPS

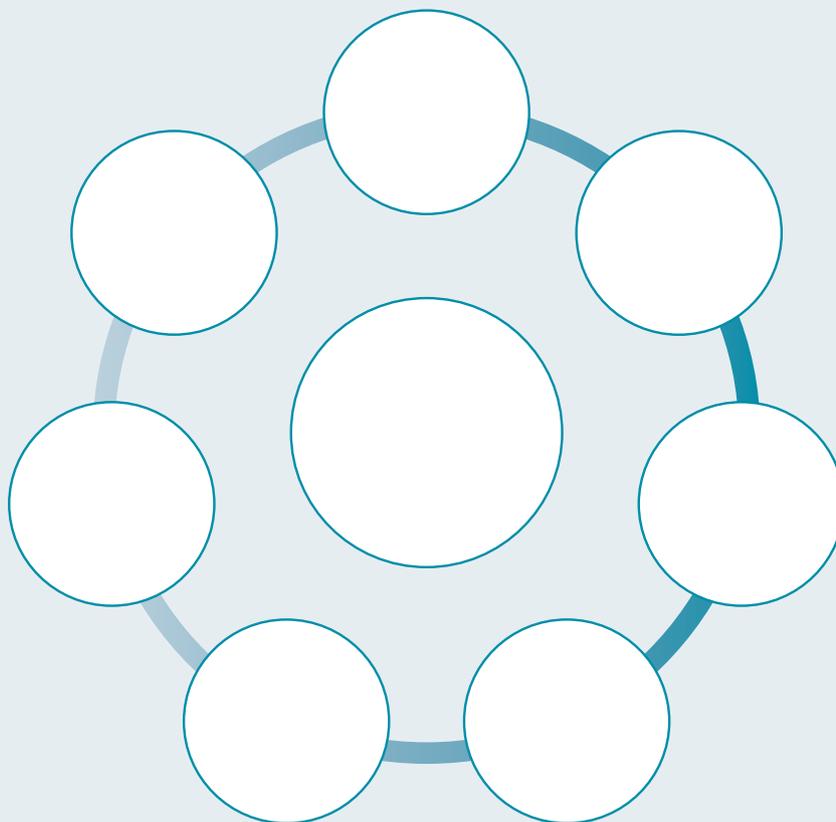
Reintroduce Diane, Bob and Joyce from the previous session.

This activity allows participants in a safe way to think about social supports and connections for the people in the case studies. Hopefully though it will help them think about their own connections.

Case studies for discussion from Session 4:

- Diane is a 58 year old who is using alcohol as a coping mechanism following the death of her husband. She has 2 young daughters aged 22 and 17, both in full time education. Diane had a fall earlier this month and broke her leg. She is currently in a plaster cast and will be for another 6 weeks. Diane has felt quite down due to her immobility but feels that some activities would help her mood and her physical wellbeing.
- Bob is 62 and lives alone. He has worked most of his life and has recently retired due to ill health. He has lost all contact with his social network since leaving his job. He has restricted movement and has a back problem. He feels he is ready to become a part of the community and improve his mobility. What would be some of the suggestions you make to Bob to become a part of the community and improve his mobility ?
- Joyce is 74, and lives with her partner Sonya (70). They live in sheltered accommodation and are quite active but don't feel part of the community. They don't engage in the social activities at the residential home as they don't feel accepted as a couple. They would like to become more active in the community and would enjoy new challenges. What suggestions would you make to Joyce and Sonya to become more active in the community.

In smaller groups chose one of the examples and draw out their potential support network. Use the blank support network figure to put in the responses.



4	Where to get help / what is available	15 mins	Group exercise
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INFORMATION FOR FACILITATORS

WIDENING SOCIAL CONNECTIONS SUPPORT

Meeting new people can be a daunting thought, but there are lots of organisations that are available. It may be that you can develop an interest, continue with education, or volunteer for a local charity.

Organisations that offer social activities are:

- Royal Voluntary Service
- Ramblers
- University of Third Age
- Age UK
- Contact the Elderly
- Park Run UK

There are also organisations that offer a befriending service including:

- Royal Voluntary Service
- Age UK
- Befriending Networks
- The Silver Line, helpline support
0800 4 70 80 90



GROUP EXERCISE: SCENARIO EXERCISE

What is available in the local area?

Here are a few scenarios that can be put forward to the whole group. Facilitators can develop more area specific scenarios. The objective of this exercise is to start increasing the knowledge of the area and if the group is willing to develop an area specific resource book which can include access to local resources, for DIY projects, house hold chores and also hobby and special interest groups.

- Bob has recently moved to the area. He is interested in meeting people with similar interests, where can he go?
- Maureen has recently lost her mother, who she was a full time carer for. Where could she go to meet new people?
- Aileen and her husband are preparing their house for winter. Who can Aileen and her husband contact for help?
- Hobart loves to read but since moving in to the care home the library is more than a bus ride away. How can he access books more easily? Can anyone help him?
- Sue used to love sewing and knitting and crochet and is looking for a new project, are there any groups that she can access to keep in practice?
- Paul has always been physically active and misses playing football, he wants to start his own walking football team, where can he start?

BREAK	15 mins
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5	Communication difficulties	10 mins	Group exercise
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GROUP EXERCISE: COMMUNICATION

How we use communication skills to get what we need.

- Facilitator should hand out the Q&A cards (Appendix 8) to everyone in the room, face down.
- Facilitator should advise people they should not turn these over yet.
- Explain to the group they will shortly be asked to turn over their cards and that some people will have questions and some will have answers.
- Advise the group they must identify the question/answer which matches their card and then find the person who has the other half of this around the room.
- These pairs should then sit together and find out each others favourite way to communicate i.e. face to face conversation, talking on the phone etc.
- Participants should be given approx. 5 minutes for this exercise.
- Group should come together to discuss how they communicated / found their partner during the exercise i.e. did they get up and move around, asking everyone, did they wait for someone to come to them etc.
- Facilitator should then introduce the concept of communication, giving a definition of this as, "The imparting or exchanging of information by speaking, writing or using some other medium..." (Source: www.oxforddictionaries.com).

IMPROVING RELATIONSHIPS

If you experience difficulties in communicating with others, this might increase your feelings of loneliness. Difficulties with communication can cause issues in resolving practical problems and in relationships with others.

The kinds of problems can have with communication can include:

- Not saying to others what we want and need.
- Saying 'yes' to requests from others when we don't want to do what they are asking.
- Going along with a situation even if it makes you feel uncomfortable.
- Being aggressive towards others to get what you want.
- Ignoring what other people have to say.
- Making comments or statements which others find offensive.
- Doing things which make other people feel uncomfortable or threatened.



GROUP EXERCISE: COMMUNICATION

Ask the group to call out what they think are barriers to communication as we get older and write them on the board/flip chart. Below we explore what some of these barriers are

COMMUNICATION

In this section we are going to look at what some of the barriers for communication are and look at ways of improving communication. Remember communication can take many forms; verbal, non-verbal, written and technological.

As we get older communication can sometimes become more difficult due to changes in the environment, changes within our bodies and changes in our thoughts and beliefs. As we age, the world around us changes. For example, how people communicate with each other has changed.

- We now live in a world where technology has meant that the way we share information with each other can differ greatly (mobile phones, texting, internet, email). Also language has changed, different words have taken on different meanings and there are new words regularly added to our vocabulary.
- Communication can be impacted by physical sensory changes such as poorer hearing and impaired eyesight. The ability to listen, maintain eye contact and read can be very important when speaking to others.
- Hearing loss can cause decreased speech and misunderstanding of speech. It can make it difficult to use the telephone and may impair face-to-face interaction, making it feel inappropriate or awkward. Hearing loss can lead to 'selective' hearing and daydreaming which makes the individual less likely to interact with others due to becoming more introverted. This can then cause social isolation which then limits the opportunity to practice social skills on a regular basis. If social skills aren't practiced one may experience a deterioration in speech and voice quality.
- Our thoughts and beliefs can impact on the way we communicate with others. Often we hold onto beliefs that as we age are not shared by younger people. This can impact on our ability to communicate with different generations as these beliefs and thoughts can lead to feelings of anger and frustration.

Effective communication skills require practice and feedback from another person to be sure that communication is occurring.

The short checklist that follows may be useful in assessing your need for help in developing better skills and your progress in enhancing your ability to communicate. Ask the group to consider what statements apply to them.

COMMUNICATION BASICS CHECKLIST (tick the boxes that apply to you)			
I speak in descriptive terms	<input type="checkbox"/>	I own my feelings ("I" messages)	<input type="checkbox"/>
I discuss positive feelings	<input type="checkbox"/>	I speak clearly and specifically	<input type="checkbox"/>
I discuss negative feelings	<input type="checkbox"/>	I use good timing	<input type="checkbox"/>

This next section provides some tips on how to communicate more effectively. This is in the participants manual so go through them as a group.

10 WAYS TO LISTEN WELL AS PART OF COMMUNICATING EFFECTIVELY

Communicating effectively involves not only speaking well, but listening well, too. Active-listening tools, such as those in the following list, help you hold up your end of a successful conversation or discussion.

Concentrate on what the speaker has to say

Listen for content and emotion to understand the entire message

Maintain steady eye contact so speakers know your attention is with them

Reflect back with verbal feedback to confirm your understanding of the message

Stay patient when people talk to you

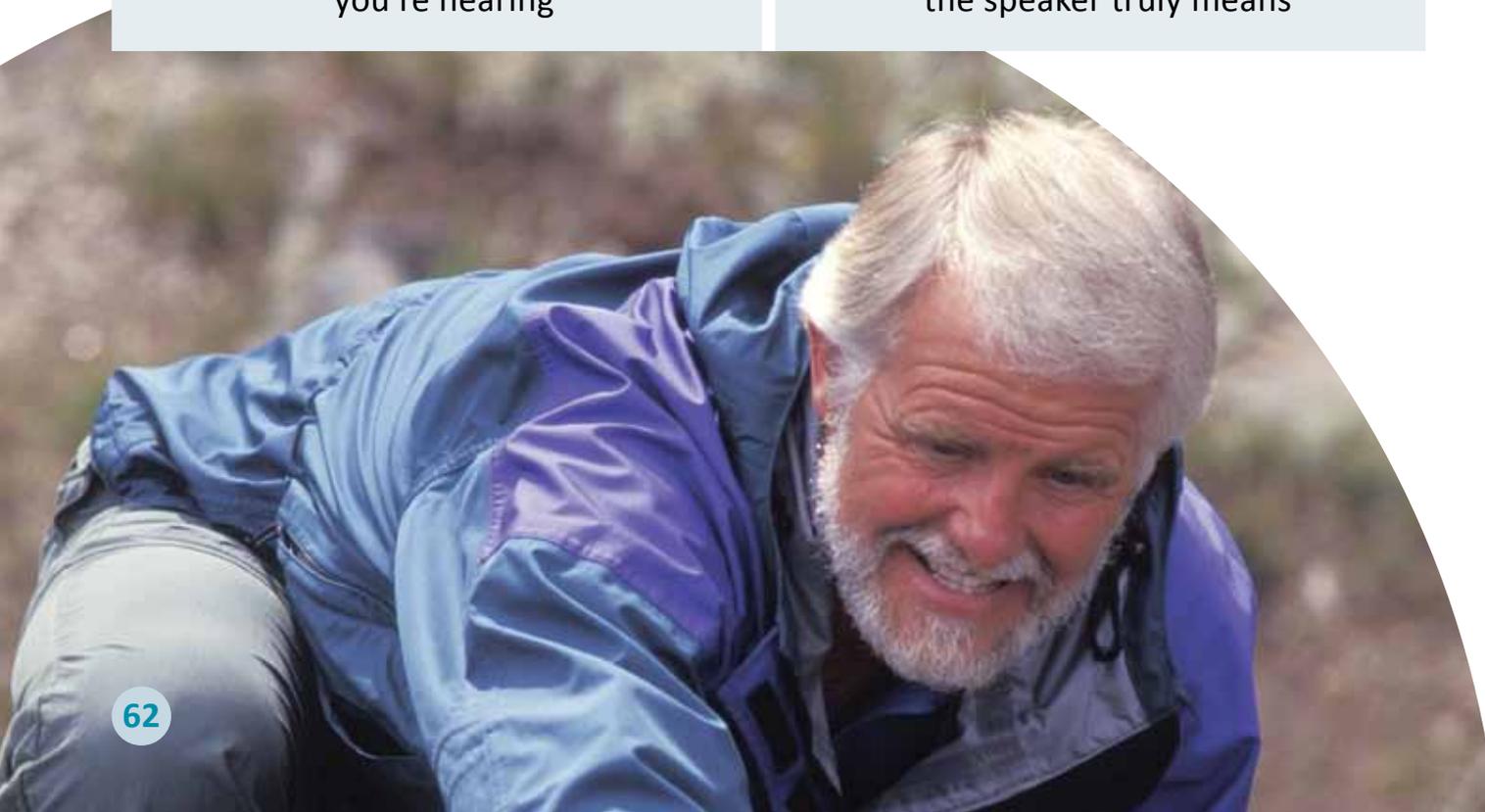
Keep your tone sincere and non-judgmental when you listen

When you give feedback to check understanding, do so in one sentence

Tune in to how the message is being said, not just what the words are

Acknowledge feelings that are important to the message you're hearing

Make your goal in conversations to show understanding of what the speaker truly means



6	Assertiveness	10 mins	Group exercise
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This section introduces assertiveness and how it can support improved communication. We start off with an exercise to help participants grasp when assertiveness skills are needed.



GROUP EXERCISE: ASSERTIVENESS

The following scenarios can be role played in pairs in the group. Or use a situation that is more relevant to the group members.

- 1 Saying “NO” to a telephone sales representative who is raising money for charity.
- 2 Carla is slightly shy and although she gets on well with her GP she does not understand the complexities of medications and side effects. At a GP appointment, Carla wants ask her GP if the sudden increase in heart burn and appetite has anything to do with the steroid based medication she has been prescribed to manage a bad chest infection that she has had for over 3 months. If you were Carla how would you bring this up with your GP?



INFORMATION FOR FACILITATORS

Facilitators should read through this section to describe different types of communication behaviour.

WHAT IS ASSERTIVENESS?

Assertiveness is a type of behaviour which can improve communication with others. Being assertive is a communication skill. Other types of communication include being aggressive and being passive. We all behave in different ways in different situations. Passive and aggressive are two ends of a spectrum and assertive is the more balanced way of responding to others.

PASSIVE

When you are passive, you do not express your feelings or needs, or you express them in an apologetic way. This can lead you to feel helpless, disrespected and taken advantage of. People who are behaving passively might apologise, avoid eye contact, speak quietly, say ‘yes’ when they don’t want to and dismiss their views and opinions.

ASSERTIVE

When you are assertive you express your views and opinions in a respectful and honest way. You take responsibility for your actions, discuss differences of opinions and treat people as equals. You maintain eye contact, use “I” statements, display emotion appropriately and distinguish between facts and opinions.

AGGRESSION

When you are aggressive, you express your feelings and needs in a way which is inappropriate or violates the rights of others. When you behave aggressively you might dominate, punish and put others down. This behaviour is identifiable as you will intrude into someone’s space, be sarcastic, finger point, speak loudly, threaten and blame.

WHY IS ASSERTIVENESS IMPORTANT?

Assertiveness is important because people who do not assert themselves not only fail to get what they want but they also tend to feel bad about themselves. They may go over a situation in their mind time and time again thinking, “Why didn’t I say that?” or “If only I’d done this”. This can lead to feelings of blame, low self-esteem, depression and anxiety.

The following table is in the participants handbook. Go through each step with them on how to be more assertive.

HOW TO BE MORE ASSERTIVE	
STAY CALM	Use relaxation techniques to help you.
TAKE YOUR TIME	Take time to think and make an assertive decision.
PREPARE YOURSELF	Think your argument through in advance. It may be helpful to script your argument to incorporate an explanation of what you want, together with a description of how you feel about the topic and why it is important to you.
BE POSITIVE	It may be useful to start off with a positive comment e.g. “that is a very good idea, but I don’t think it would work here”.
BE OBJECTIVE	Don’t get involved in personal criticism, but do explain the situation as you see it. Never criticise the person, on the behaviour. e.g. “you have not paid the bill I asked you to pay”.
BE BRIEF	To avoid the other person switching-off, side-tracking you or butting in, state your case clearly and concisely. Just describe the facts.
PLAN FOR DEALING WITH OPPOSITION	Although often you may reach a satisfactory agreement, others will not always cooperate with you.

7	Task to complete for next session	5 mins	Facilitator led
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Think about a task that the participants would be happy to do over the week, e.g:

- Find out about a group
- Practice a technique
- Plan to go to a social event
- Practice a communication / assertiveness skill

8	Check-in and close	5 mins	Facilitator led
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Carry out a quick check-in around the room to ask people to sum up feelings in one word.



**NEXT
SESSION**

date

time

venue



Session 6

LIVE WELL:
Travelling
forward

The goal of this session is to think about how to cope with worry and to focus on moving forward

“Mistakes are the portals of discovery

James Joyce



GOALS

- To learn how to manage worries
- To practice strategies that will reduce worrying
- To learn problem solving techniques
- To identify values and build on your strengths

SUMMARY OF STRUCTURE

	TOPIC	TIMING	METHOD
1	Welcome and ice breaker	15 mins	Group exercise
2	Introduce worry, Techniques for managing worry, Worry tree	30 mins	Facilitator led / group discussion / case discussion
	BREAK	15 mins	
3	Problem solving approach	20 mins	Facilitator led / group discussion
4	Recap of learning Revisit goals / Plans for the future	15 mins	Facilitator led / group discussion / group exercise
5	Evaluation, check-in and close	5 mins	Facilitator led

Resources:

Markers, post-its and a bowl or hat.
SAE's for returning evaluation forms.

1	Welcome and ice breaker	15 mins	Group exercise
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GROUP EXERCISE: ICE BREAKER – TWO TRUTHS OR A FIB

Ask each of the participants to tell two truths about themselves and one fib. Reiterate that this should be a light exercise rather than serious disclosure. Then the group decide which statements are the fib.

2	Introduce worry, Techniques for managing worry, Worry tree	30 mins	Facilitator led / group discussion / case discussion
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INFORMATION FOR GROUP: WORRY AS A ROAD BLOCK

Worry is a normal process.

It is normal to worry about something that you or somebody else will have to do at some point, or to worry about concerns e.g. family, health, finances.

Often we worry when we do not know the outcome, and the worry can be in the form of 'What if...'

There are two main types of worry, either worrying about real events, or worrying about possible or hypothetical events.

When we worry we tend to think about potential negative situations, and this can make us feel anxious or scared. The negative situations and the fear can then stop us from doing things, as we focus on all the negative things that can happen, rather than the possible positive outcomes.

TECHNIQUES FOR MANAGING WORRY

Letting go of worry

This is different from suppressing our worries. The aim isn't to force the worries out of our mind, but to gently let them go. We do this in four stages:

1 – Notice the worry

The first step is to notice the worries that you are experiencing, you may do this by saying to yourself something like “I have noticed a worry...”.

2 – Don't respond

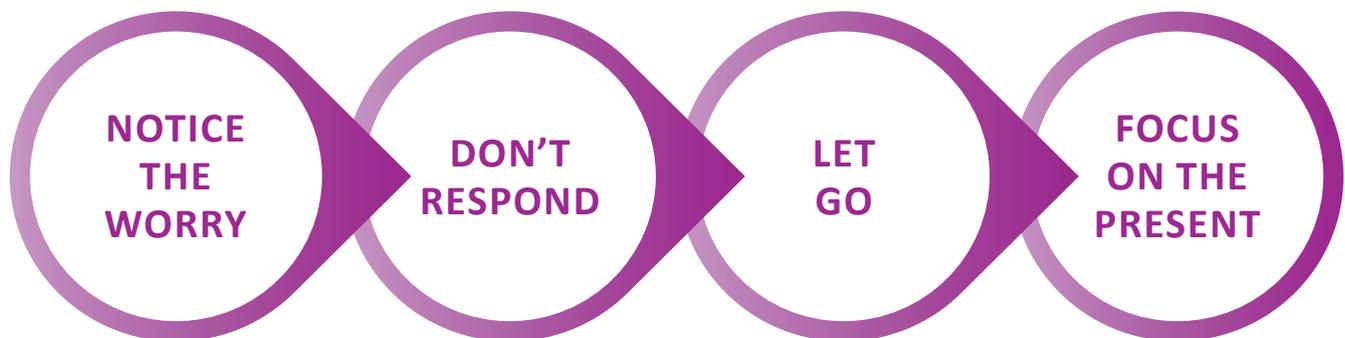
Normally we engage with our worries, we try to control them, challenge them or rationalise them in some way. Instead, try to just observe the worries, don't judge them, or react to them, merely notice that they are there.

3 – Let go

Once you have observed and recognised the worries, try to let them go. This is difficult to begin with, and sometimes a visual aide can help. Some people like to imagine their worries on clouds floating by, or leaves drifting down a stream gently. You may also find it helpful to say a statement to yourself, such as “My worries are not facts, they are just thoughts, they aren't helpful to me, so I'll just let them go.”

4 – Focus on the present

Once you have let the worries go, return your attention back to the present moment. Focus on your breathing, what small things are going on around you, what can you see, what can you feel?



Often people find that when they are letting their worries go, their mind will wander back to the worrisome thoughts. This is ok! Just remind yourself that you are worrying, and gently bring your focus back to the present.

Again, don't judge yourself, or get annoyed, just gently bring yourself back. This can feel very strange and difficult to do at first, as when we worry or ruminate our minds are often in the future or the past, and not in the present.

Increasing your awareness, and focusing your attention to stop and take notice of what is going on in the present (something we don't do very often), can help your worries to pass by.

Remember your Mindfulness exercise.

WRITING WORRIES DOWN

Writing down worries can also be a helpful 'letting go' strategy. It can help take them out of your head and can help to look at them for what they are. You can use a diary or a list. Sometimes it can be helpful to put them in a box. This will allow you to close the lid and walk away from them.

WORRY TIME

When we try to manage each worry when it arrives, we can soon find our worries overlapping and before we know it, we are worrying all of the time and don't feel like we are getting anywhere.

Worry time is a technique by which you set aside some time each day to focus on your worries.

The aim is to give yourself an allocated period of time to focus solely on your worries, with no other distractions around. This means that for the rest of the day you need to put your worries to one side and remind yourself that you can worry about them during your worry time. Schedule yourself around 15 minutes each day to do this, and set a timer, so that once the time is up, you make sure that you stop worrying until your worry time the following day. It may also help to write down your worries during this time.

Often people find that by the time their 'worry time' arrives, many of their worries may not matter any more. It is common to worry that you won't remember your worries during this time but if you forget them, it doesn't matter.

TIPS: Make sure you use this time ONLY to think about your worries.
When the time is up, put the worries away and do something else.

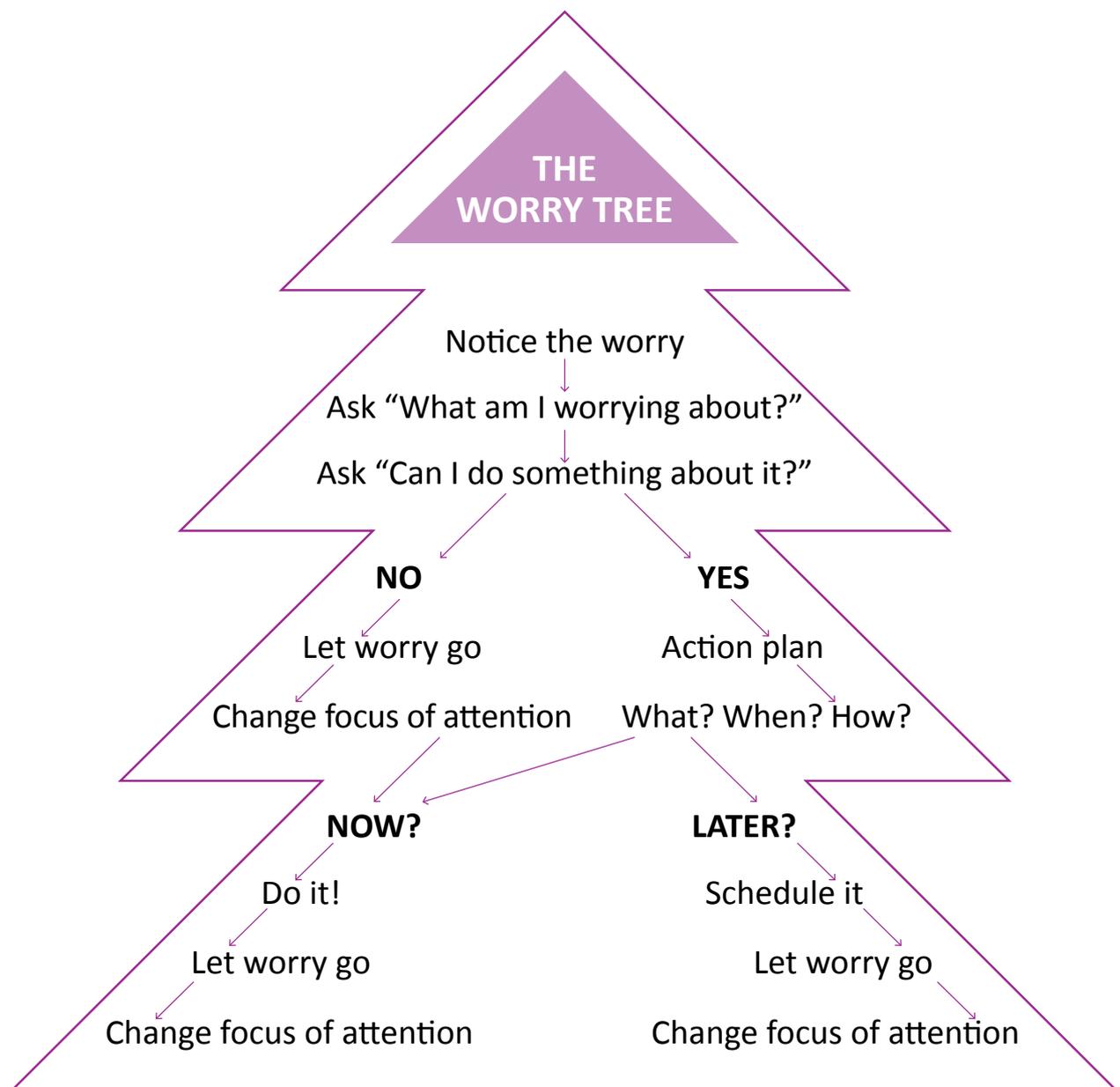
WORRY TREE

A Worry Tree provides a structure for helping to think through your worries and the most helpful way to manage them. First, it is important to notice when you are worrying, and then question 'What am I worrying about?' and 'Can I do something about it. If you can't do anything, the focus will be to let the worry go. If something can be done, a more problem solving approach can be taken.



GROUP EXERCISE: THE WORRY TREE

Ask the group to get into pairs then write a worry on a piece of paper and fold it up (ensure they are comfortable with sharing this worry). Swap the worry with their partner. The partner will then lead the way in using the worry tree below to address the worry, and collaborate with the person who has the worry.



(Source: Adapted from Butler & Hope, 2007)



BREAK	15 mins
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3	Problem solving approach	20 mins	Facilitator led / group discuss
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PROBLEM SOLVING

Sometimes our problems and difficulties can feel overwhelming, and we don't know how to deal with them. Problem solving is a logical process which makes these problems easier to manage by clearly defining the problem, breaking down larger difficulties into more manageable pieces and approaching each step one at a time.

TIP: Problem solving is different to worrying! Problem solving allows us to do something about our problems, rather than just thinking about them.

THE SEVEN STEPS OF PROBLEM SOLVING

1	<p>Identify and clearly define the problem Decide on the current problem that needs solving, asking yourself, is this a clear and focussed problem? For example, "I cannot afford to pay my credit card bill".</p>
2	<p>Think up as many potential solutions as possible Think of as many possible solutions to your problem, even if they seem far-fetched – the more solutions you generate, the more likely it is that you will be able to solve your problem. Useful questions to ask yourself include "what advice would I give a friend?", "what have I done in similar situations in the past?", "what would my family / friends tell me to do?"</p>
3	<p>Weighing up the advantages and disadvantages of each solution Compare the good and bad points of each solution that you have identified in step 2.</p>
4	<p>Choose the best solution Pick the solution that is best for your current situation, this should be helpful and achievable.</p>
5	<p>Plan the steps to carry out the solution Think about what is needed to carry out the plan to solve your problem, and break it down into small steps. Try to ensure that your plan is a specific task that you can do, is realistic, clearly defines what you will do and when, and accommodates any possible obstacles.</p>
6	<p>Carry out your plan!</p>
7	<p>Review the outcome Once you have carried out your plan, think about what was successful and what didn't work as well. It can be helpful to ask yourself the following questions: Was the solution successful? Did the solution solve my problem? Were there any disadvantages to this approach? If you didn't fully achieve your goal, it may be helpful to go back to steps 3 and 4 and choose another possible solution.</p>



GROUP TASKS:

Go through the Problem solving steps with a concern you have?

OR Use the case study of Diane to consider with a problem solving approach.

4	Recap of learning Revisit goals / Plans for the future	15 mins	Facilitator led / group discussion / group exercise
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GROUP TASKS:

Go through the booklet. What points have been the most important for you?

What points have been highlighted that you may wish to consider in the future?

- What have you learnt from the sessions ?
- What did you learn about yourself ?
- What did you learn about other people in the group?
- What are some of the coping strategies that you learnt that you wouldn't like to forget?
- What are your goals for the next month, 6 months and 1 year ?
- What does Resilience mean to you now?

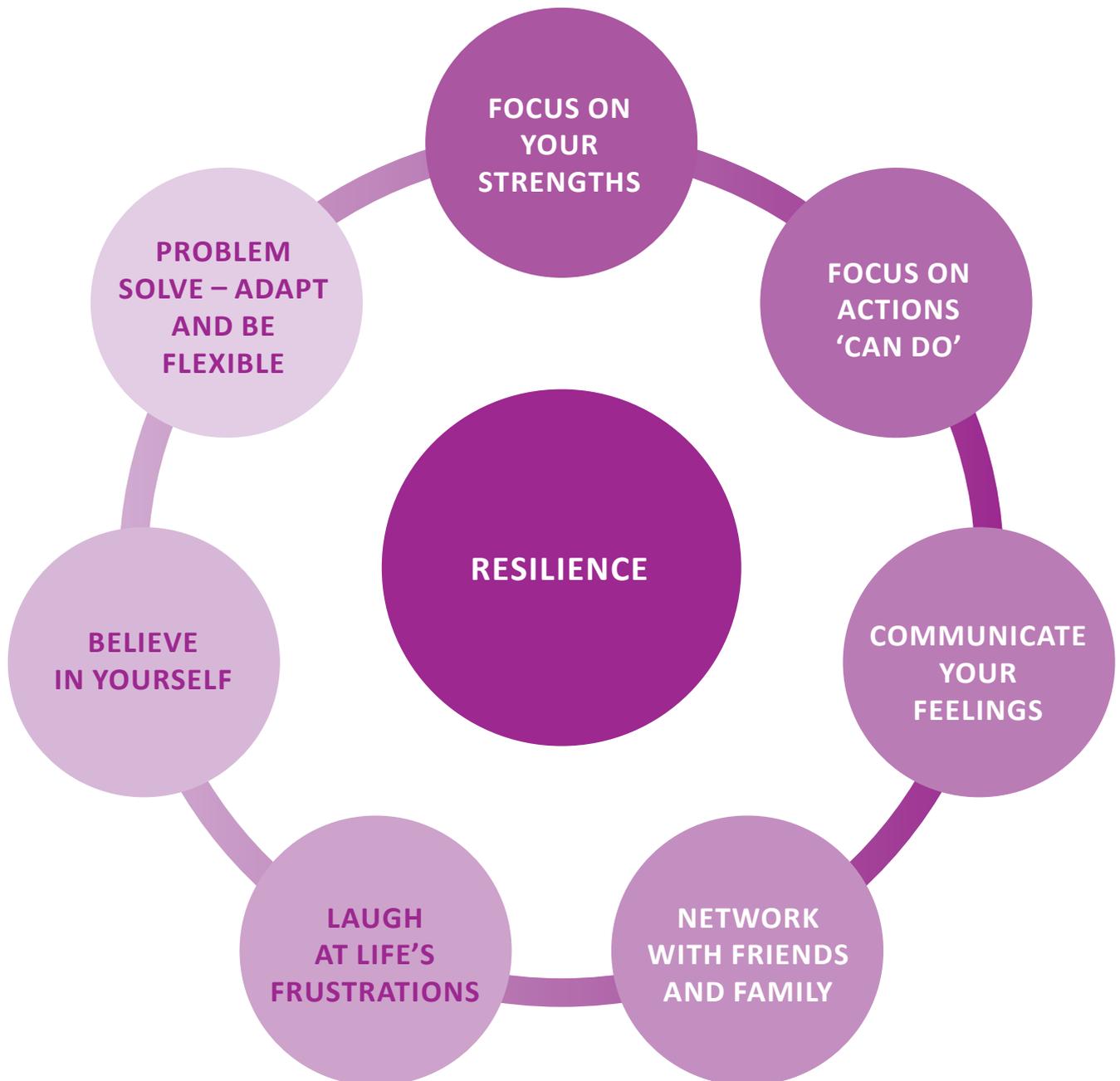
Review progress towards the goals that were agreed in Session 4.

OVERVIEW OF RESILIENCE

In this programme, the participants were introduced to and discussed the concept of Resilience. It was presented as an individual's capacity to cope with stress and adversity.

It can be enhanced by providing strategies that improve activities, social networks and challenge unhelpful thinking habits and behaviours.

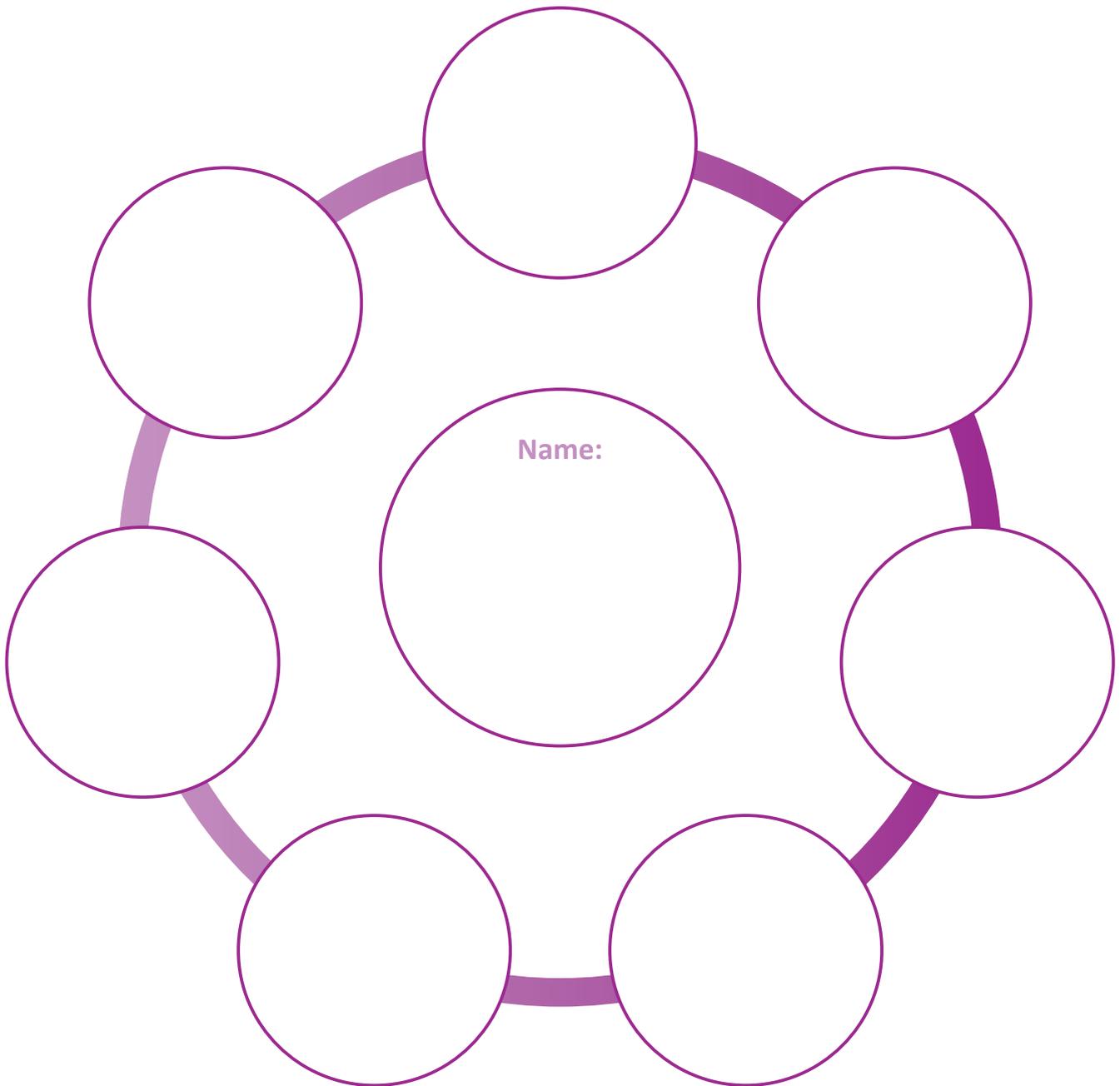
Ask participants to use the diagram below as a guide to identify where their resilience can be developed and strengthened.



(Source: www.content.iriss.org.uk/fosteringresilience/assessing.html)

RECAP OF LEARNING

In the figure below, ask each participant to write down the important changes that they want to continue to work on to ensure that they continue to nourish their resilience to different life situations.



5	Evaluation, check-in and close	5 mins	Facilitator led
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Do a final check-in around the room and thank everyone for their participation and attendance.

NB: Please ask the members to participate in any evaluation process for the group so we can review how well the group works and measure its impact.



APPENDIX 1 ALTERNATIVE ICE BREAKER EXERCISES

Suggested for each session:

1. People Bingo

Each participant is given a card with questions on. They are set a challenge that they have to find other members of the group who have achieved something on the list. The first person to complete their list wins!

Possible questions include:

- Somebody who has a dog
- Somebody who has lived abroad
- Someone with a sporting talent
- Someone who cares for a relative
- Someone who volunteers for a charity

2. Getting to Know You

Ask the participants to get into pairs and each person to ask the other if there is an achievement or something interesting they have done. Each person then introduces their partner to the group with the fact.

3. Hopes and Dreams

Ask the participant to think about when they were younger, what did they want to be when they grew up? Is there anything they still want to do now?

APPENDIX 2 MONEY MANAGEMENT QUIZ ANSWERS

MONEY MANAGEMENT QUIZ ANSWERS (taken from the Money Advice Service)				
1	<p>How much might you save over a year if you switch energy supplier?</p> <p>According to Citizens Advice, householders could benefit from savings of up to £320 from energy efficiency measures. They could also save up to £200 by shopping around and switching supplier, which can be easily done by looking at comparison tables online.</p>	£50	£100	£200
2	<p>You have to pay for debt advice.</p> <p>There is lots of free, confidential help and advice available, so there's no need to pay a debt management company to sort out your money worries. For a selection of genuine sources of free, independent and confidential help visit the Money Advice Service.</p>	True	False	Not sure
3	<p>What age have children formed their money habits by?</p> <p>Research by the Money Advice Service and Cambridge University shows that by the age of seven most children have grasped how to recognise the value of money and to count it out; and by this age they will also have come to understand that money can be exchanged for goods, as well as what it means to earn money and what income is. Parents should not underestimate the effect their own good (and bad) money habits will have on their children. It is never too early to start talking to your children about good money behaviours.</p>	5 years	7 years	11 years
4	<p>How do you know if a website is safe for you to spend money on?</p> <p>An https (as opposed to http) at the start of a web address tells your web browser to secure the connection by checking the website's SSL certificate. This allows your browser to confirm that the website is what it says it is and ensures that all data transferred is encrypted, and therefore can not be intercepted and used by third parties. When a padlock appears in your browser's address bar you can be confident that your connection is secure. If there is no padlock, a red padlock, or the padlock shows a broken symbol, the page is not secure and you should be wary of entering any sensitive information.</p>	Address starts https	Padlock icon in corner	Both
5	<p>You can save money on your bills by paying by Direct Debit.</p> <p>Many utility providers (like phone companies) will give you a discount for paying by Direct Debit – up to an average of £100 across all suppliers. Direct Debits are a great way to make sure your bills are paid automatically and on time.</p>	True	False	Not sure
6	<p>What is Universal Credit?</p>	Credit card	Benefit system	Discount voucher
7	<p>If you save £3 a day, how much would you have at the end of a year?</p> <p>Putting aside £3 a day over a year would mean you would have £1,095, which would provide a cushion for any unexpected costs, some of which are car repairs, washing machine breakdown or even a new pair of glasses.</p>	£400	£800	£1000
8	<p>On average, how much interest would you pay on a £100 payday loan, assuming the loan is paid within 28 days?</p> <p>According to Which? the average payday lender charges £25 interest for every £100 you borrow if you pay it back within 28 days. That's an APR of 1,737% (APR means the rate of interest you'd pay over a year, sometimes including other charges.) If you can't pay back the loan on time, you may have to pay a late payment fee of between £12 and £25 as well as the interest each time this happens. Never take out a payday loan unless you're 100% certain you can repay it on time and in full.</p>	£5	£25	£75

APPENDIX 3 COMMON SLEEP PROBLEMS

WHAT CAUSES SLEEP PROBLEMS?

As we get older most of us will need less sleep and sleep less deeply, but for some there maybe additional problems.

MEDICAL / PHYSICAL HEALTH REASONS

MORE LOO TRIPS

The need to go to the toilet during the night occurs more in later life. Getting out of bed at night isn't always a great problem, but can be frustrating if it is difficult to get back to sleep.

PHYSICAL PAIN

This can be common in older age with joint pains such as arthritis. Other health problems can also affect sleep, for example diabetes, high blood pressure and breathing difficulties.

EMOTIONAL AND MENTAL WELL-BEING

STRESS, ANXIETY AND WORRY

Sleep is easily affected by how someone is feeling. If someone is worrying about something or suffering from stress, very often they will find it hard to get off to sleep. If you have recently had a stressful life event, for example, losing a loved one, the end of a relationship or moving home, your sleep may be disturbed. Generally your sleep will go back to normal once the stress has reduced, but some people will continue to have difficulty sleeping.

DEPRESSION AND LOW MOOD

When someone is feeling depressed, disturbed sleep is common. It is quite usual for a person who is depressed to wake up early in the morning and find it hard to get back to sleep, or alternatively to have difficulty getting off to sleep.

SURROUNDINGS & BEDTIME ROUTINE

Poor bedtime routine can also cause sleep problems. If you nap during the day, it is very likely that you will not sleep well at night. Going to bed too early may result in you lying in bed awake for a long time before falling asleep or waking up early and feeling tired later in the day. Environmental factors can also cause sleep problems, for example, if you live on a noisy street, have an uncomfortable bed, or curtains that let light in.

DISRUPTED SLEEP ROUTINE

Working shifts which change frequently or frequently flying across time zones can affect your sleeping pattern.

UNHEALTHY LIFESTYLE

A poor diet or unhealthy lifestyle can lead to sleep problems. Drinking sugary or caffeinated drinks or eating a large meal before bed can stop you from falling asleep. While it has been shown that exercise can help you sleep, working out before bed will stop you from falling asleep due to the adrenaline moving around your body.

ALCOHOL

Even a couple of drinks can interfere with the normal sleep process. Drinking alcohol before bed will decrease the amount of REM sleep; REM sleeping is important in the repairing and restoring our bodies during sleep. A lack of REM sleep will also impact your body over the next day. Depending on the amount of alcohol you drink you can cause further fragmentation of your sleep cycles, which can have daytime symptoms of decreased concentration, fatigue and dizziness. Excessive drinking can also cause a 'hangover', leading to other physical symptoms as well as irritability and low mood.

When you drink more than usual, you may have to get up in the night to go to the toilet. Alcohol is a diuretic, which means it encourages the body to lose extra fluid (on top of what alcohol you have been drinking) through sweat and urine too, making you dehydrated and feeling worse the next day. Drinking can also make you snore loudly as it relaxes the muscles in your body. This means the tissue in your throat, mouth and nose can stop air flowing smoothly, and can create the snoring noise through vibration.

APPENDIX 4 SLEEP FACTS AND TIPS

WHAT HAPPENS DURING SLEEP?

Sleep allows our bodies and minds to rest, repair and restore. Sleep is not like a light bulb which is either on or off, but has different stages, varying from light to deep sleep. At least five different types or stages of sleep have been identified. Broadly, sleep is divided into what is called REM (Rapid Eye Movement) and non-REM sleep. REM sleep occurs several times during the night and is where most dreaming is thought to take place. Non-REM sleep is divided into four stages, each stage being a bit deeper, almost like a staircase of sleep.

Stage 1* Very light sleep, muscle activity slows down and the body begins to relax. People can be easily awakened at this stage.

Stage 2* Light sleep, breathing pattern and heart rate slows down. There is a slight decrease in body temperature.

Stage 3* Deep sleep begins, heart rate, blood pressure and body temperature continues to fall. It becomes difficult to awaken someone at this stage.

Stage 4* Very deep sleep, rhythmic breathing & limited muscle activity.

Stage 5 (REM) REM sleep (Rapid Eye Movement). Muscles relax, heart rate increases, breathing is rapid and shallow. We may experience dreams during REM sleep.

* Stages 1–4 are Non-REM

It is estimated that we go through the 5 stages of sleep 4–5 times a night and that each sleep cycle lasts for roughly 90 minutes. People who suffer from sleep problems spend less of their sleep cycle in Stage 4 and the REM stage of sleep, meaning that they are not getting the deepest levels of sleep needed to rest, repair and restore our body.

HOW MUCH SLEEP IS ENOUGH?

On average, people sleep between 7–9 hours a night. This doesn't mean that everyone must be sleeping between 7–9 hours or that if they don't it means they have problems with too little sleep. Each person will find a level of sleep that is enough for them to wake up, feel refreshed and not feel tired during the day. Some people can function well with only 5–6 hours of sleep a day; others need up to 10 hours. It is important that you find your own level.

WHAT ARE THE DIFFERENT TYPES OF SLEEP PROBLEMS?

Trouble getting to sleep

Sleeping lightly

Waking repeatedly through the night

Sleeping too much

Waking up early

Sleeping in the day

HOW CAN I IMPROVE THE QUALITY OF MY SLEEP?

AVOID CAFFEINE AND NICOTINE

It is best to avoid consuming any caffeine (tea, coffee, sweets, fizzy drinks, some medications) or nicotine (cigarettes) for at least 4-6 hours before bed. These substances are stimulants and interfere with your ability to sleep.

AVOID ALCOHOL

It is best to avoid alcohol for at least 4-6 hours before going to bed.

EAT RIGHT

A healthy balanced diet will help you to sleep well, but timing is important. Some people find an empty stomach at bedtime very distracting, but a heavy meal before bed time can also interrupt sleep.

BED IS FOR SLEEPING

Try not to use your bed for anything other than sleeping and sex, so that your body comes to associate bed with sleep. Avoid all technology in your rooms e.g. phones, laptops and TVs!!

NO NAPS

It's best to avoid taking naps during the day to make sure that you are tired at bed time. If you can't make it throughout the day without a nap, make sure it's for no longer than 1 hour and before 3pm.

EXERCISE

Regular exercise is a good idea to help with good sleep, but try not to do strenuous exercise in the 4 hours before bedtime.

THE RIGHT SPACE

It is important that your bed and bedroom are comfortable for sleeping. A cooler room with blankets to stay warm is best, and make sure you have good curtains to block out any early morning light.

ESTABLISH A ROUTINE

Try to go to bed and get up at the same time every day (even weekends and days off!) to help your body establish a routine. You can develop your own rituals / routines to remind your body that it is time to sleep. Some people find doing relaxing stretches or breathing exercises helpful for 15 minutes each night.

USE A SLEEP DIARY

A sleep diary can be a useful way of making sure you have the facts right about your sleep, rather than making assumptions about the amount of sleep that is best for you.

APPENDIX 5 ALCOHOL AND MEDICATION

ALCOHOL AND MEDICATION	
TYPES OF MEDICINE	ADVICE / POSSIBLE RISKS
Painkillers e.g. paracetamol	Paracetamol and alcohol are both broken down by the liver, therefore your liver has to work harder if you take them together. Never take more than the recommended dose of paracetamol.
Anti-inflammatory drugs e.g. ibuprofen, aspirin	These medicines can irritate the stomach, the same as alcohol and people who drink on a regular basis are more likely to suffer from heartburn and stomach ulcers. These drugs can also thin the blood therefore increasing the risk of bleeding.
Blood thinning medicines e.g. warfarin	Pay particular attention to your daily units. It is dangerous to drink over the recommended limits or get drunk while taking warfarin. Doing this may increase the risk of bleeding.
Stomach healing medicines e.g. omeprazole, lansoprazole, ranitidine	People who drink regularly are more likely to suffer from heartburn and stomach ulcers. As alcohol irritates the stomach lining, drinking it will reduce the effectiveness of these medicines.

(Source: Alcohol and Later Life – NHS GG&C)

APPENDIX 6 EXERCISE AND ACTIVITY

We often talk about the mind and body as though they are completely separate, but they aren't. The mind can't function unless your body is working properly, but it also works the other way. The state of your mind affects your body; if you feel low or anxious, you may do less and become less active and this can make you feel worse. This can lead to an unhelpful cycle:

LOSS OF ENERGY

Loss of energy is one of the most common ways people feel when depressed and is closely linked to tiredness and fatigue.

THE LESS WE DO = THE LESS WE WANT TO DO = THE LESS WE DO

Don't wait until you feel better or have more energy to start doing more!

START TODAY!

As well as helping us to avoid this cycle, exercise can have a positive impact upon the body itself. Exercise releases endorphins, and other positive chemicals in the body, such as dopamine and serotonin, which have been shown to have a positive affect on mood and anxiety.

Current guidelines for exercise recommends a moderate level of aerobic exercise, which is roughly equivalent to walking fast, but being able to talk to someone at the same time. It is recommended that you try to do about 30 minutes of moderate physical exercise on at least 5 days of every week. This can be done in one 30 minute session or broken up into shorter 10 or 15 minute sessions. Remember, don't start suddenly - build more physical activity into your life gradually, in small steps. This has been shown to not only lower the risk of heart disease, diabetes and cancer, but also seems to help depression, so you get a double benefit!

AEROBIC EXERCISES CAN INCLUDE:

Walking (fast)	Housework
Swimming	Gym workouts
Roller blading	Skate boarding
Running / jogging	Team sports (such as tennis)
Aerobics / dancing	Gardening

There are many local and national programmes aimed to help people get involved in exercise, here are a few listed below:

Walking for Health www.walkingforhealth.org.uk
NHS Change 4 Life www.nhs.uk/Change4Life/Pages/change-for-life.aspx



GROUP EXERCISE: FOR EXERCISE

Put the participants into two teams.

One person comes up from each team at the same time and chooses a sports card, they then have 30 seconds to draw or mime the sport.

The first team to guess wins the point.

Keep playing until the cards run out (or people are fed up of it!).

Afterwards, separate into smaller groups and then choose a selection of discussion questions:

- What's your favourite sport? To watch or to do?
- If you don't like sport, why not?
- Do you like exercise? Why / why not?
- What's the benefits of exercising? What are the difficulties?
- How could you become more active day to day?

APPENDIX 6 (continued) **EXERCISE AND ACTIVITY**

ADDITIONAL WEEKLY DIARY FOR USE WITH SESSION 4				
		MORNING	AFTERNOON	EVENING
MONDAY	What			
	When			
	Where			
	Who			
TUESDAY	What			
	When			
	Where			
	Who			
WEDNESDAY	What			
	When			
	Where			
	Who			

APPENDIX 6 (continued) **EXERCISE AND ACTIVITY**

		MORNING	AFTERNOON	EVENING
THURSDAY	What			
	When			
	Where			
	Who			
FRIDAY	What			
	When			
	Where			
	Who			
SATURDAY	What			
	When			
	Where			
	Who			
SUNDAY	What			
	When			
	Where			
	Who			

APPENDIX 7 COMMUNICATIONS EXERCISE

COMMUNICATIONS EXERCISE

These Q&A cards could be photocopied and cut out, then mixed up before handing out to participants.

 CAPITAL CITY	LONDON
NORTH, SOUTH, EAST	WEST
FOUR COUNTRIES	SCOTLAND, ENGLAND, WALES AND NORTHERN IRELAND – UK
PURPLE. AND ORANGE. AND BLUE.	I CAN SEE A RAINBOW 



CHRISTMAS DAY?

TURKEY AND STUFFING

WHO RUNS THE COUNTRY

THE PRIME MINISTER

GORDON OR KITCHEN

FLASH

FRUITFUL TECHNOLOGY

APPLE



ADDITIONAL RESOURCES / READING MATERIALS

LOW MOOD

The Feeling Good Handbook
(Burns, 1999) Penguin Books Ltd

Reinventing Your Life
(Young & Klosko, 1998) Penguin Putman Inc.

Mind over Mood: Cognitive Treatment Therapy Manual for Clients
(Greenberger & Padesky, 1995) Guilford Press

Overcoming Depression. A Guide to Recovery With a Complete Self-help Programme
(Gilbert, 2009) Constable and Robinson

Overcoming Depression and Low Mood: A Five Areas Approach
(Williams, 2001) Arnold

Overcoming Depression for Dummies
(Foreman, Smith & Elliott, 2008) Wiley & sons

ANXIETY AND WORRY

Overcoming Anxiety
(Kennerley, 2009) Constable and Robinson

Overcoming Anxiety for Dummies
(Foreman, Elliott & Smith, 2007) Wiley and sons

Feel the Fear and Do It Anyway
(Jeffers, 1997) Rider & Co

The Worry Cure. Stop Worrying and Start Living
(Leahy 2006) Piatkus

Overcoming Worry
(Freestone & Meaves, 2008) Robinson.

How to Stop Worrying and Start Living
(Carnegie, 2004) Pocket Books

MINDFULNESS

The Mindful Way Through Depression
(Williams, Teasdale, Siegal & Kabat-Zinn, 2007) Guilford Press.

Mindfulness: A Practical Guide to Finding Peace in a Frantic World
(Williams & Penman, 2011) Piatkus.

ASSERTIVENESS

How to be Assertive in Any Situation
(Hadfield & Hasson, 2010) Pearson Life

ADDITIONAL RESOURCES / READING MATERIALS (continued)

WEBSITES

Get Self Help:
www.getselfhelp.co.uk

Living Life to the Full:
www.lltf.com

MoodGYM:
www.moodgym.anu.edu.au

First Steps:
www.firststeps-surrey.nhs.uk

Centre for Clinical Interventions:
www.cci.health.wa.gov.au

Mind:
www.mind.org.uk

Alcohol and Ageing:
www.drinkwiseagewell.org.uk

Financial Advice:
www.moneyadviceservice.org.uk or
www.citizensadvice.org.uk

Age related advice and information:
www.ageuk.org.uk

Silverline:
www.thesilverline.org.uk
Helpline 0800 4 70 80 90



Drink Wise, Age Well

Visit drinkwiseagewell.org.uk for more information.