

camh

A Guide to  
Wellness and  
Comfort Activities

2021





# camh

## A Guide to Wellness and Comfort Activities 2021

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# Table of Contents

Introduction .....	7
Engaging your client .....	9
Checklist 1: Supplies/Products .....	9
Checklist 2: Wellness and comfort activities .....	9
Checklist 3: Online resources .....	11
Checklist 4: Client handouts .....	12
Art Activities .....	13
Artistic journaling .....	15
Creative expression .....	17
Mandala colouring .....	19
<b>Participatory photography</b> .....	<b>22</b>
Meditation and Relaxation Activities .....	28
Box breathing .....	30
<b>Coherent breathing</b> .....	<b>32</b>
<b>Contact points mindfulness</b> .....	<b>36</b>
Deep breathing .....	39
Progressive muscle relaxation .....	41
Visualization (guided imagery) .....	43
Movement Activities .....	47
Chair exercises .....	49
Moving on the spot .....	52
Walking .....	55
Reading and Writing Activities .....	57
Current events discussion .....	59
Journal writing .....	61
Sensory Activities .....	63
Aromatic hand massage .....	65
Sensory comfort box .....	67
Weighted blankets .....	69
<b>Additional Activities</b> .....	<b>72</b>
<b>Celebrating client moving on</b> .....	<b>74</b>
<b>Identifying and working with strengths</b> .....	<b>78</b>
<b>Additional Resources</b> .....	<b>89</b>
Additional Information .....	95
Assessment and evaluation .....	97
Documentation .....	98
Alternative products .....	100
References .....	103



# Introduction

## **The purpose of this guide**

The guide provides a wide selection of activities that serves as a resource to promote wellness, comfort, leisure, self-awareness, and personal growth for clients in their healing and recovery journeys. Given that everyone is on a life-long path of learning and healing, this guide can be of benefit to clients and staff alike.

The purpose of the first edition of this guide (2011) was to help clients manage their stress while in hospital to prevent and eventually eliminate the need for seclusion or mechanical restraints. We wish to consider this mission to reduce and eventually eliminate seclusion and restraints, however, this current edition has a wider scope: to provide a trauma-sensitive and strengths-based approach to practices that can enhance self-regulation skills and build greater depth of one's resilience capacity. Thus, the practices in this guide are helpful to anyone including clients, family members, students, volunteers, and staff.

## **How to use this guide**

This guide can be used by any CAMH interprofessional teams throughout a client's hospitalization and/or during a client's outpatient care. The guide identifies a wide variety of strategies and activities that focus on promoting wellness through activity. Practice guidelines to assist with delivery and facilitation are provided for each activity. The guide also includes a list of references and resources such as web sites and products that programs may purchase to meet the different needs of their client populations. Additional resources that can be accessed at CAMH, are also included in this guide.

All of the activities identify "risk management" considerations (contraindications and precautions) that may apply to some individuals. If an activity raises any uncertainty, it is encouraged to consider alternative activities that align with your client's level of recovery. Please consult with an experienced staff member to ensure that all safety considerations are taken into account. Clinicians can determine which activities/alternatives to propose to clients in order to further develop an effective, collaborative safety plan.

## Create a safety plan

Taking the time to complete a safety plan with your client is extremely important and vital to the treatment/recovery process. Safety plans remind the client and clinician which activities are most effective in addressing the client's various levels of distress. Safety plans can also empower the client to identify coping activities that can be used for self-soothing and preventing distress or a crisis. By providing clients with a copy of the plan, clinicians can help to reflect transparency and preserve the therapeutic alliance.

Figure 1: Example of a client safety plan

<b>Level of distress</b>	<b>Symptoms/ behaviours</b>	<b>Alternative activities</b>
<b>Mild</b>	Feeling sad Nervous Neck tension	Deep breathing Stretching Journaling
<b>Moderate</b>	Pacing Avoiding people	Exercise Watch TV Call a friend
<b>Severe</b>	Heart palpitations Headache Feeling of aggression	Talk to my staff Weighted blanket Take a shower

Safety planning does not need to be complicated as exemplified above (see Figure 1). With the client, introduce or review the activities identified in this guide and help the client build a repertoire of new coping skills and techniques. Remember that the client's safety plan is a "living document" that needs continuous updating to meet the needs of your client throughout the treatment/recovery process. The safety plan must be summarized and entered into the safety domain of the team treatment plan (TTP).

It is the hope that this guide will benefit client care by increasing options for clients in daily activities and before the development of a crisis. Awareness of alternative strategies also helps clinicians promote self-awareness, self-care and resiliency development.



## Engaging your client

The first step in determining which activities can help your clients involves taking the time to talk to them about their interests. Throughout this guide you will find brief scripts you can use to introduce a particular activity to clients as well as provide some rationale about the activity. Here is an example of what you could say to your client, along with a few checklists to share with your client:

*"It is helpful for us to be aware of the things that can help you feel better when you're having a hard time. Have any of the things on this checklist ever worked for you?"*

### Checklist 1: Supplies/Products

Consider if your unit has any of these items, when offering comfort activities.

- A comfort room designed to have a home-like feeling and therapeutic effect.
- Weighted blankets, or tactile objects (e.g., stress balls).
- Arts and crafts supplies.
- Puzzles, board games or video games (e.g., Nintendo Wii).
- Movies, music, books or magazines.
- Essential oils or creams.

### Checklist 2: Wellness and comfort activities

These comforting activities could be helpful for your clients.

**Note:** Activities with an asterisk(\*) are described in more detail later in this guide.

### **Arts and entertainment**

- Draw, paint, collage or sculpt. (\*)
- Make a puzzle.
- Watch TV or a movie.

### **Environmental**

- Spend quiet time in your room, or schedule daily naps/rest periods.
- Spend time in a comfort room.
- Spend time in the chapel, worship room or patient library.

### **Movement**

- Engage in physical activity at a level recommended by the treatment team. (\*)
- Go for a walk on hospital grounds (must have privileges). (\*)
- Get a book from the library.
- Walk in the halls.
- Clean room or do chores.
- Punch a pillow.

### **Reading and writing**

- Write in journal. (\*)
- Read a book, magazine or newspaper. (\*)

### **Relaxation, meditation and spirituality**

- Engage in spiritual practices, such as prayer, meditation or religious reflection.
- Practice relaxation and breathing exercises, or meditation. (\*)

### **Sensory stimulus**

- Have a warm or cold shower.
- Listen to relaxing music.
- Use ice or a cold face cloth on body.
- Use a weighted blanket.
- Play with a stress ball. (\*)
- Massage hands with preferred essential oils or creams. (\*)

### **Supportive conversations/engagements**

- Create a safety plan with your clinician. (\*)
- Talk to a clinician, peer support worker or spiritual care worker.
- Sit with a clinician, peer support worker or spiritual care worker.
- Walk with a clinician, peer support worker or spiritual care worker. (\*)

- Call a friend or family member for calming support.
- Discuss ways to reduce smoking, such as nicotine replacement therapy.

### **Social**

- Participate in group activities or therapeutic group sessions.
- Play cards, board games or video games.

## **Checklist 3: Outline resources**

Supplementing the activities described in this guide, the following online resources can offer your clients additional alternative activities.

### **Arts and entertainment**

- Colouring pages for adults: [www.colorpagesformom.com](http://www.colorpagesformom.com).
- Mandala templates: [www.30minutemandalas.com](http://www.30minutemandalas.com).
- Printable word searches: [www.puzzles.ca/wordsearch](http://www.puzzles.ca/wordsearch).
- Printable Sudoku puzzles: [www.puzzles.ca/sudoku](http://www.puzzles.ca/sudoku).

### **Movement**

- Easy indoor exercises: [www.fitstep.com/Library/Begin/exercises](http://www.fitstep.com/Library/Begin/exercises).
- Moving on the spot exercise routines: [www.toronto.ca/health/movingonthespot/movingonthespot\\_poster](http://www.toronto.ca/health/movingonthespot/movingonthespot_poster).
- Chair exercises: [www.livewellagewell.info/study/2007/12-ChairExercisesUGA113006.pdf](http://www.livewellagewell.info/study/2007/12-ChairExercisesUGA113006.pdf).
- Low impact exercise guide: [www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide](http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide).

### **Reading and writing**

- Daily news articles: [www.ctv.ca/news](http://www.ctv.ca/news).
- Daily news articles: [www.cbc.ca/news](http://www.cbc.ca/news).
- Online book resource: [www.readprint.com](http://www.readprint.com).
- Printable short stories: [www.short-stories.co.uk](http://www.short-stories.co.uk).
- Journaling themes/ideas: [www.writing-world.com/creative/journal](http://www.writing-world.com/creative/journal).

### **Relaxation, meditation, and spirituality**

- World prayers for all faiths: [www.worldprayers.org](http://www.worldprayers.org).
- Relaxation resources: [www.elibay.com](http://www.elibay.com).
- Visualisation scripts: [www.innerhealthstudio.com/visualizationscripts](http://www.innerhealthstudio.com/visualizationscripts).
- Downloadable relaxation audio sessions (MP3s):  
[www.campushealth.unc.edu/index.php?option=com\\_content&task=view&id=462&Itemid=95](http://www.campushealth.unc.edu/index.php?option=com_content&task=view&id=462&Itemid=95).

### **Sensory stimulus**

- Sensory activities: [www.sensorysmarts.com/sensory\\_diet\\_activities](http://www.sensorysmarts.com/sensory_diet_activities).
- Tactile activities: [www.best-alzheimers-products.com](http://www.best-alzheimers-products.com).
- Weighted blanket information: [www.weightedblanket.net/therapeutic](http://www.weightedblanket.net/therapeutic).

### **Social**

- Easy activities and games for small groups:  
[www.recreationtherapy.com/tx/txsmsoc](http://www.recreationtherapy.com/tx/txsmsoc).

## **Checklist 4: Client handouts**

Many of the activities in this guide have handouts which can be printed and given to clients. Below is a list of available client handouts. They can be found at [institute.camh.ca/alternatives](http://institute.camh.ca/alternatives).

### **Activity and safety planning**

- Activity checklist and weekly planner • Readiness ruler.
- My support numbers.

### **Arts and entertainment**

- Mandala colouring.

### **Movement**

- Chair exercises • Moving on the spot • Simple stretching.

### **Reading and writing**

- Journal ideas.

### **Relaxation, meditation, and spirituality**

- Box breathing • Deep breathing • Progressive relaxation.
- Beach, forest, meadow, starry night, and clouds visualization scripts.
- Positive affirmations.

# Art Activities

Artistic journaling  
Creative expression  
Mandala colouring  
**Participatory photography**





# Artistic journaling

## Description

Artistic journaling involves using art (e.g., painting, drawing, collage or sculpture) to capture and communicate one's thoughts or feelings. Clients can use blank paper or a journal together with colouring pencils (or markers, crayons or any other writing instruments) on a daily basis to create art that reflects their emotional state. This is a good exercise for clients who have difficulty reading or writing, or who have other cognitive impairments, as words are not essential to creating artistic and emotional designs. The client's entries can be kept or discarded as the client desires.

## Rationale

Artistic journaling is a method of expression that can help clients access the "unconscious self," bringing forth an awareness that can help them work through difficult feelings and traumatic events, while learning about themselves (Stuckney and Nobel, 2010). Artistic journaling is also beneficial for clients who have difficulty expressing themselves through words. Basic images, scribbles or the use of colours can become a means of communicating their emotional state.

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

## Indications

- Mild to moderate anxiety
- Mild to moderate stress
- Mild to moderate irritability/anger
- Mild depressive symptoms
- Restlessness/insomnia
- Cognitive impairments

## Cautions

- History of trauma

## Recommended supplies/products

- Pen, pencil or coloured crayons
- Paint, modeling clay or collage materials (optional)
- Loose paper or a blank journal, diary or sketchbook

## Method

Say:

“Drawing or colouring your thoughts and feelings on a piece of paper can be a helpful exercise in self-reflection. Have you ever tried keeping an artistic journal before? It’s like a regular journal that you write in, but with an artistic journal you draw, colour or paint what you are feeling.

Sometimes this can be a good way to get out all your negative emotions or frustrations. All you need is some paper and pencil crayons, or anything else you would like to use. I can help you get started with some ideas. I think this could be very helpful for you.”

Rationale:

Being able to express or communicate your emotions is a necessary part of maintaining your well-being. Thus, encouraging clients to find a way of expressing themselves is an essential part of their care. Although artistic journaling is especially beneficial for clients with cognitive impairments or difficulty reading and writing, anybody can participate in this activity.

1. Explain to your client that they do not need to be a professional artist to complete this exercise.
2. Help your client find a comfortable place to draw, free from distractions.
3. Provide your client with the desired materials (e.g., paper, pens, pencils, paint).
4. Encourage your client to draw or create something that reflects their current feelings, situation in life, hopes and dreams, and related subjects. Here are a few more suggestions:



- Draw yourself with your family and friends.
- Draw your most peaceful place.
- Draw what happens in your dreams.
- Make scribbles that describe your current emotional state.
- Draw what (or who) makes you feel happy, sad, angry, afraid, hopeful or safe.
- Draw your goals in life, your personal strengths or challenges.

5. Ask if your client would like to share or explain the artwork.

## Creative expression

### Description

Art can help people express experiences that are too difficult to put into words (Stuckey & Nobel, 2010). Drawing emotions is a form of artistic expression that allows clients to illustrate specific feelings and how those may be affecting their overall well-being.

### Rationale

The expression of emotional distress through a positive medium (such as visual art) can help clients release and/or reveal their emotional states and potentially find comfort. This activity promotes self-discovery, helping clients develop a better understanding of how their feelings are affecting them, which can lead to improved coping activities. Evidence demonstrates that the artistic expression of emotions can reduce a client's overall level of distress, help to improve sleep and reduce physical pain (Stuckey & Nobel, 2010).

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

## Indications

- Mild to moderate anxiety
- Mild to moderate stress
- Mild to moderate irritability
- Mild depressive symptoms
- Restlessness/insomnia
- Pain

## Cautions

- Severe agitation
- History of trauma

## Recommended supplies/products

- Blank sheets of paper.
- Coloured pens pencils or markers.
- Modeling clay or paint (optional).

## Method

Say:

"Have you ever tried expressing how you feel through art? Sometimes we can get frustrated, sad or irritated when we can't put into words how we feel, or when we don't feel comfortable talking about it. Art could be a good way to help you express your thoughts and maybe help you learn something about yourself. The best part about artistic expression is that you don't have to be an expert artist to try it. I can help you get started with a few suggestions."

Rationale:

For some individuals, art and creativity can be an intimidating activity. With guidance, support and encouragement, clients may become more willing to engage in this activity. Artistic expression can also help clients to better express or communicate their needs to clinicians, which can then be incorporated into the treatment/recovery planning process.

1. Provide your client with colouring pencils and paper, or ask about your client's preferred art supplies (if available, soft modeling clay or finger paints can be used with clients who have dexterity issues).

2. Ask your client where they would like to do the activity.
3. Provide your client with this list of words:

Anger	Happiness
Sadness	Peace
Fear	Healing
4. Ask your client to select one word from the list and to begin drawing what that emotion represents, how that emotion makes them feel, or what would cause the client to feel that emotion. The drawing can be abstract and the use of such techniques as symbols, lines, scratches and various colours are completely acceptable.
5. Your client can select another word from the list (or suggest another word or emotion) and continue drawing.
6. If your client feels comfortable doing so, ask them to explain or describe the drawing and what they have learned.

## Mandala colouring

### Description

An ancient art form that dates back to Tibet over 2,500 years ago, mandalas are used to reduce stress and promote relaxation. Mandalas involve “active meditation,” where a simple movement like colouring or drawing strengthens focus

### Rationale

Mandala colouring promotes concentration, relaxation and stress reduction and improves communication skills. Through art, unconscious feelings can be expressed and people can communicate even when language skills are impaired (Normand, 2007).

Always refer to the client’s safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

## Indications

- Mild to moderate anxiety
- Mild to moderate stress
- Mild to moderate irritability
- Mild depressive symptoms
- Restlessness/insomnia

## Cautions

- Severe psychosis

## Recommended supplies/products

- Colouring supplies (e.g., pastels, pencil crayons, watercolour crayons, markers, paint brushes, palettes, water, rag to dry brushes).
- Mandala sheets.
- Blank paper, pencils and erasers.
- Sheets/newspaper to lay down, and rags for clean up if using paint.
- Handouts available at [insite.camh.ca/alternatives](http://insite.camh.ca/alternatives).

## Method

Say:

"Have you ever tried relaxing through art? Sometimes when people have a lot of stress and worry it can be difficult to relax and calm the mind. Mandalas are a great tool for relaxing because it gives something to focus on and quiets the mind like meditation. You can make up your own design or fill in a design with colour. Would you like to pick out a design to try?"

Rationale:

Meditation can be a powerful tool for individuals to use for relaxation. The simple repetitive movements of drawing or colouring can strengthen focus and allow attention to shift back to the moment. Emphasizing the therapeutic benefits of this activity will help it to be perceived as serious and can promote the development of skills to cope with stress.

1. Gather the necessary supplies and select a location that's free from distraction. If possible, ask your client where they would like to do the activity (e.g., in the client's room, an activity room or a table outside).

2. Set out the mandalas and supplies for the client to choose from. For clients who want to draw their own mandalas, offer blank paper, pencil and eraser. If using paint, make sure to lay down drop sheets or newspaper and pour paints onto palettes (or set out watercolour palettes) ahead of time.
3. Encourage and assist your client to use whatever colours appeal to them. Allow the client to engage in the task as independently as possible.

**Note:** You can make your own mandala by placing a plate on blank paper and tracing around it. Then add your own designs within the circle (Figure 2). You can also search on the internet for different mandala patterns (see online resources section).

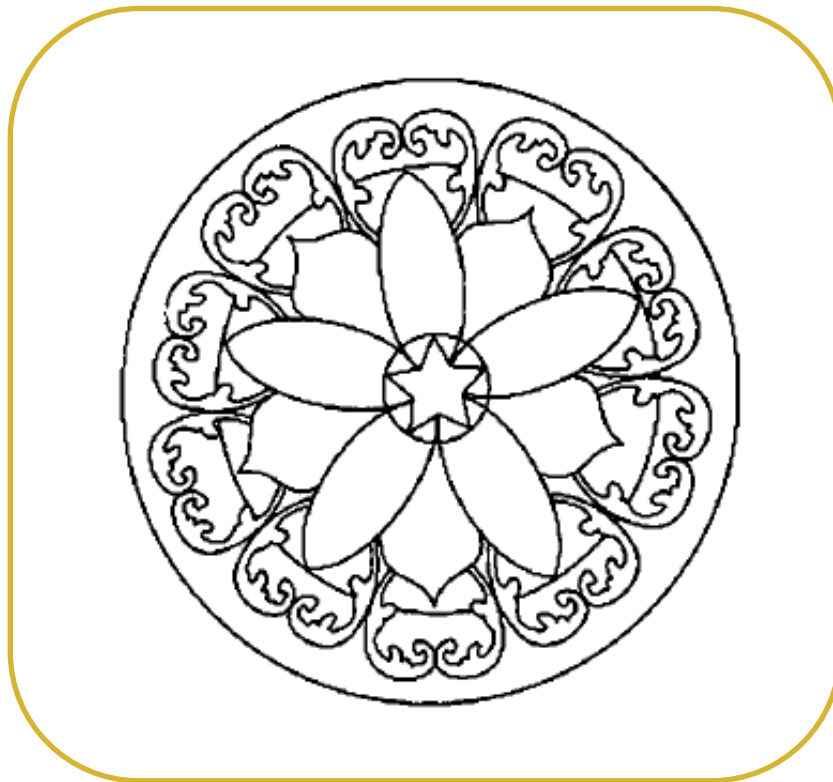


Figure 2: Example of a simple mandala

## Participatory photography

### The painter constructs, the photographer discloses.

**Susan Sontag** – American writer, filmmaker, philosopher, teacher, and political activist (1933-2004)

### Description and rationale

“Participatory Photography” is an eclectic activity that draws upon the expressive arts modalities of photo therapy, mind mapping, mandala work, and collage making in the creative use of photography and images to support self-awareness, recovery, and life-long learning (Ulrich, 2018; Klein, 2017; Gubrium & Harper, 2015; Buchalter, 2012; Buzan, 2012; Plowman, 2012; Craig, 2009; DeLange & Mitchell, 2008; McNiff, 1998; Weiser, 1993).

The activity also incorporates the principles of “PhotoVoice ®” which is a creative and ethnographic action research process. The process has been pioneered particularly by social workers to support activism for marginalized individuals and groups in our society to raise awareness on such topics such as poverty, stigma, discrimination, mental illness, and various forms of oppression (Jarldorn, 2018; Latz, 2017; Moxley, Bishop & Miller-Cribbs, 2017; Mulder & Dull, 2014; [www.photovoice.org](http://www.photovoice.org)).

### Goal and/or objectives

- Some elements a participant might explore are:
  1. colour;
  2. line;
  3. shape;
  4. contrast;
  5. darkness/light; and
  6. pattern/repetition (including breaking patterns).

The participant might also show an affinity for a specific subject matter, such as animals or flowers. Praising the unique ways they capture these subjects can allow the participant/artist to feel heard, understood and can help their confidence grow.

Interprofessional teams should review policy [PC 1.21.1 Use of Personal Electronic Devices on CAMH Property](#) before proceeding with this activity. This policy provides guidance for how to support the safe and appropriate use of (among other things) cameras.

Your Participatory Photography project can be a single photograph or a collage of images (Schalkwyk, 2010). The process of creating a collage is accessible to most people since it does not require specific skill or technique. Leavy (2015) comments on the utility and value of making a collage:

Collages often bring disparate elements together and can be a powerful way of jarring people into thinking and seeing differently, performing cultural critique, providing connections that would otherwise remain out of reach, inferring new associations, or refining or enhancing meanings (p. 235).

Coppin & Nelson (2005) discuss how collage making and working creatively with images is therapeutic and supports an person's personal growth and understanding of one's self in the world:

Allowing images and objects to come forward and express themselves – and also fade back into unconsciousness where they gestate in the dark – supports the creative process and the creative person in a deeply revitalizing and transformative process" (p. 60).

To create a collage one can use photographs or images from magazines and add their own drawings to the final project. Encourage participants to indulge their creativity and "think outside the frame!"

### **Time and frequency**

Flexible based on interest of participants.

### **Staffing resources**

This process works best when participants can print and display their work for their peers and families. You do not need to have an art background to facilitate a photo exercise, however a facilitator is helpful to provide encouragement, education and support. The most important facilitation skill is the ability to give specific, positive feedback on participants' work. For example, instead of saying "That's a really nice picture," choose an element that speaks to you and explore it with the photographer. You might say something like "I can see that you're really attracted to bright colours. I love the way you've used them to bring energy to this picture."

## Location

Inpatient or outpatient settings.

## Recommended supplies/products

This activity can be conducted singly or in a group. Participants can use any kind of camera, digital, disposable, or smart phone. If no camera is available or the environment does not permit photography, a cut-out rectangle can be used as a "viewfinder" to create compositions.

## Participatory photography projects

1. Pick a Colour  
Pick up your camera and choose a colour for the day. Go out and make images with that colour as a dominant element in the image. Find as many different ways as possible to do this.
2. Pick a Shape  
Choose a shape and create images which use that shape in an interesting way. It could be features in architecture, artwork, or juxtaposition of multiple structures. Squares are relatively easy. Start there, and then search out triangles, circles, or combinations of shapes. Again, look for the most interesting composition you can to highlight that shape in your image.
3. Shooting Reflections  
Reflections are a powerful element in photography, and there are many possibilities for incorporating this element, including in a portrait, landscape, and "still life."
4. Two Dozen  
Pick a location. Stand in one spot and make 24 unique photographs while standing in the same place. Try not to move your feet.
5. Ten of One  
Take 10 unique and/or abstract photographs of 1 small subject.



## 6. **Four corners**

Choose one subject, leave it in place and take four photographs with the subject appearing in each of the four corners of the viewfinder.

## 7. **Shoot a “roll of film”**

Go somewhere you have always wanted to go. Imagine that you have only 24 or 36 exposures to work with (the equivalent of a pre-digital camera's maximum number of shots on a roll of film). Look and think before shooting, knowing you only have a finite amount of “film.” If this approach doesn't prompt you to make more critical decisions about how you're capturing images, then you can pretend you bought a roll of 12 exposures! When you are out of “film,” just walk around or sit and enjoy the place.

## 8. **The un-selfie selfie**

You have to be inside every frame. This is not a “selfie” exercise; so bring a tripod or alternative support. Compose, frame, and start the self-timer. Then, put yourself into the photo in a meaningful and thoughtful way.

## **Resources**

- [www.bhphotovideo.com/explora/photography/tips-and-solutions/13-creative-exercises-photographers](http://www.bhphotovideo.com/explora/photography/tips-and-solutions/13-creative-exercises-photographers).
- [www.digital-photography-school.com/five-self-assignments-that-teach-you-to-see/](http://www.digital-photography-school.com/five-self-assignments-that-teach-you-to-see/).
- [www.photovoice.org](http://www.photovoice.org).

## **Risk management**

Active psychosis would be a barrier for participating.

Specific challenges exist in photographing people. This can be especially true in an inpatient environment, where photographs of other clients and staff are usually prohibited. Participants should be made aware of these restrictions in advance so photos do not have to be deleted later. Clients may choose to photograph their physical surroundings instead, including images that represent barriers they have overcome.

Outpatient and community settings can offer greater freedom of subject matter, but it's recommended that a facilitator have a discussion with a participant(s) to ensure privacy rules are respected (i.e., obtaining explicit consent when taking a photograph of another person). Also, since photography can be a deeply engrossing experience, participants should be reminded to photograph without putting themselves in unsafe situations, either from environmental hazards or through photographing unsafe or illegal activities.

### **Inclusion/exclusion criteria (if applicable)**

- Client readiness to participate
- Open group
- Relevance to client's goals

### **Type of Evaluation**

Verbal

### **Additional project ideas**

1. Pictures of things you would change in the world or yourself – this could be an individual image or a collage of images.
2. The person you are who no one really knows (the "secret self").
3. Your future plans and dreams ...
4. Imagine that you are going to a family or school reunion and have been asked to share some photographs that would describe yourself and explain your life to people who haven't seen you in ten years or more. What sorts of images and information would you want to make sure were included?
5. Your favourite animal and why?
6. A possible career that you contemplated at an earlier point in your life ...

7. What is your most important photograph and why?
8. A symbolic representation of the "ideal you!" Spotlight your strengths.
9. Bring attention and awareness to the struggles of marginalized and disempowered groups in your community (e.g. the homeless, Aboriginal individuals that are unemployed, the stigma of mental illness, the challenges facing the LGBTQ people in your community, etc.).
10. Showcase the invisible plight and issues pertaining to climate change, environmental issues in your community or the challenges faced by urban wildlife in your neighbourhood.

### **My dad**



My dad is who I look up to. Growing up until now he has been my role model and I've always wanted to be like him. I know how hard my dad has worked all his life and even today. Every day he wakes up and feeds the cows for an hour, goes to work at his radio station for four to five hours, come home, and feeds cows again. Somewhere in there, he finds time to eat and he doesn't go to sleep on a good day until around 10:00 pm. He used to get up at 6:00 am and start this cycle, but he got too tired and started to wake up later. My dad is the reason I work so hard, so I can go to college, basically for free and to eventually make enough money so he doesn't have to work so hard, and he can finally relax.

# Meditation and Relaxation Activities

Box Breathing

**Coherent breathing**

**Contact points mindfulness**

Deep breathing

Progressive muscle relaxation

Visualization (guided imagery)





## Box breathing

### Description

Box breathing is a deep breathing exercise where clients use the image of a box to regulate breathing patterns. This exercise can be used with any client, but it may be especially beneficial for clients who have difficulty focusing or have cognitive impairments. Box breathing releases tension from the body and clears the mind, improving physical and mental wellness.

### Rationale

The image of a box can help clients achieve an optimal deep breathing pattern. The client traces the image, and each line of the box indicates when the client needs to breathe in or out. Learning to take deep (rather than shallow) breaths can regulate your client's oxygen intake, which can decrease stress on the body (Stress Relief Exercises, 2011).

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

### Indications

- Mild anxiety
- Mild agitation
- Pain management
- Mild depressive symptoms
- Insomnia
- Cognitive impairments

### Cautions

- Mania
- Severe psychosis

### Recommended supplies/products

- Sheet of blank paper.
- A pen.
- Handouts available at [insite.camh.ca/alternatives](https://insite.camh.ca/alternatives).

## Method

Say:

“Deep breathing is a great exercise that can help you find comfort when you feel anxious, stressed, sad or irritated. Having something to focus on can help you concentrate on how to breathe more effectively. Some people find tracing a box really helpful. Let me draw one for you and I can show you how it works.”

Rationale:

By becoming aware of breathing patterns through deep breathing exercises, the client can learn to breathe therapeutically. An image can help the client to develop awareness and concentrate on breathing correctly.

1. Find a comfortable place for your client to sit. Draw a large rectangle or square on a blank sheet of paper.
2. Ask your client to place a finger on the bottom left corner of the box (Figure 3 – the bottom left corner is area 1).
3. Ask your client to move their finger towards the top left corner of the box (Figure 3 – area 2). While doing this, your client needs to take a deep breath in through the nose.

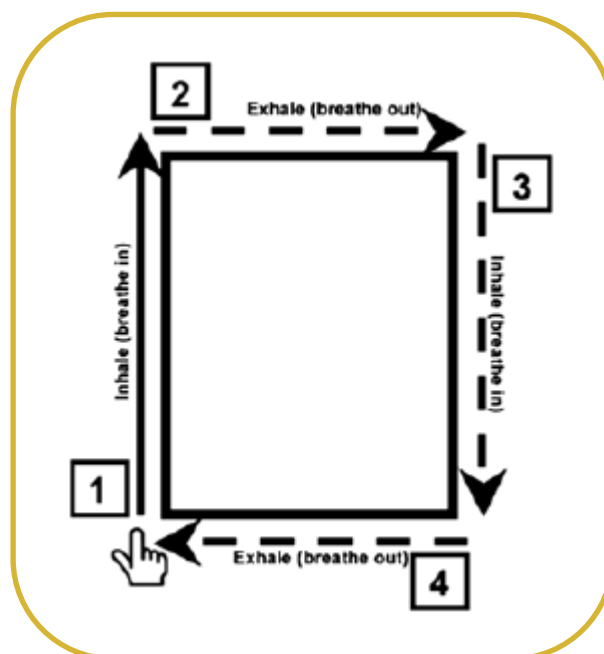


Figure 3: Box breathing steps

4. Ask your client to trace the box from the top left to the top right corner (Figure 3 – area 3). While doing this, your client needs to breathe out slowly through the mouth.
5. Ask your client to trace the other sides of the box inhaling and exhaling as indicated in the diagram. Continue the activity for as long as your client desires.

**Note:** Your client can also trace a box in the air or in the palm of their hand, if the client prefers.

## Coherent breathing

**Breath-by-breath we make it through another day. For those who breathe deeply, the tensions in the body are released naturally. For those who breathe shallowly, the stress and anxieties of work and everyday life are locked into the places in the body that don't move as you breathe.**

**Patricia L. Gerbarg & Richard P. Brown**

### **Description and rationale**

Coherent Breathing is a simple, readily accessible practice that can help manage day-to-day stressors. In essence, all one has to do is gradually and systematically slow down one's inhalation and exhalation.

This method of breathing supports autonomic nervous system balance. Many modern day chronic conditions including anxiety, hypertension, attention deficiency, and chronic muscle tension are a result of an imbalanced autonomic nervous system. Elliott and Edmonson (2005) explain autonomic nervous system balance:

“Autonomous nervous system balance is the state wherein sympathetic (activating) and parasympathetic (deactivating) functions of the autonomic nervous system are of equal emphasis” (p. 101).

Many people in modern society have a “sympathetic dominance”, which is a chronic over-emphasis on the activating aspect of the autonomic nervous system. This contributes to ongoing allostatic load or the accumulation of stress in the body and mind, contributing to systemic inflammation which contributes to the development of many chronic conditions (Suvarna, et.al., 2020; Danese-Bruce & McEwen, 2012).

This breathing technique can be an effective adjunct therapy to assist individuals in helping manage the symptoms of Post-Traumatic Stress Disorder (PTSD), anxiety and depression (Brown & Gerbarg, 2012). The slow process of coherent breathing activates the parasympathetic nervous system which “calms the stress-response” and reduces “emotional over-reactivity” (Brown & Gerbarg, 2012, p. 111). This simple breathing technique can be easily incorporated into anyone's self-care regime.



## Goals and/or objects

When we experience stressful situations, we can quickly lose control of our breath, resulting in a changed heart rate. This will result in an acute stress response (Everly & Lating, 2012). If your heart rate escalates above 145 beats per minute (bpm) you will start to lose cognitive abilities along with fine and complex motor skills. The amygdala will engage (primal reflex), resulting in the “fight/flight/freeze” response.

With a consistent practice of coherent breathing, one can witness a drop in one’s “respiratory set point.” That is, if someone’s baseline breath rate is measured today at 22 breaths, with consistent practice that person could experience a significant decrease in that rate. A similar response can be achieved when an individual gets regular cardiovascular exercise (e.g. running, spinning, etc.). Russo, Santarelli & O’Rourke (2017) found that slowed breathing can have positive effects on respiratory muscle activity, ventilation efficiency, heart rate variability, and blood flow dynamics” (p. 298).

The practice begins by establishing a participant’s baseline measure of current breathing rate, proceeding through the following steps.

1. Have the participant sit in a comfortable position. If using a chair, the person can have their back to the wall to enhance their sense of safety, rather than facing an open door or window. Encourage to person to firmly and gently extend their upper body.
2. Guide the person to feel grounded ... aware of the bottoms of both feet making contact with the floor and feeling the contact points of their body with your chair.
3. Encourage the participant to notice the flow of their breath ... an inhalation followed by an exhalation.
4. Guide the person to slowly exhale ... and with the next inhalation begin to count how many full breaths they take in one minute. At the end of the minute if the participant is inhaling this counts as a “half breath.”

5. Average breathing rates during the exercise range from 10-25 breaths. The optimal breathing rate is 5-7 breaths per minute.

The practice of coherent breathing continues by pursuing the following steps.

1. Encourage the participant to inhale and exhale through their nose.
2. Guide the person in placing their left hand on their belly button and feel their incoming breath slowly travel down to their belly.
3. Encourage the participant to imagine their whole body breathing.
4. Explain that most people are “chest breathers” throughout their day - they tend not to take full and deep breaths. This activity supports the deepening and slowing of the breath.
5. Encourage the participant to continue the activity for five minutes by lengthening and slowing both their inhalations and exhalations. As a participant gets more experience with the activity, they can focus on extending the length of each inhalation and exhalation.
6. NOTE: There is no retention of the breath during coherent breathing ... the inhalation and exhalation is one slow and seamless flow from one breath to the next ... flowing like water.
7. To enhance the relaxation response under stress, one can exhale for “double the count” for each inhalation (e.g. if your inhalation count is “5” then your exhalation count can be double – “10”). This technique can bring a sense of stability and centeredness in the moment.

### **Time and frequency**

- Flexible based on interest of participants.
- Encourage the participant to do Coherent Breathing for 5 – 10 minutes per day on a regular basis to improve their skill and comfort level with the activity, aiming to eventually achieve up to 20 minutes each day. Coherent Breathing can be combined with a daily mindfulness practice to further enhance one’s well-being.

## **Staffing resources**

In some instances, staff supervision will be required “Identifying Strengths” to ensure safety.

## **Location**

- A quiet space.
- Inpatient or outpatient setting.

## **Recommended supplies/products**

A firm, comfortable chair or cushion or mat, if the participant prefers to sit on the floor.

## **Risk management**

Anyone with conditions such as asthma, reactive airway disease, chronic obstructive pulmonary disease (COPD), or any other breathing disorder should check with their healthcare practitioner before practicing coherent breathing. Caution should be also be exercised with anyone experiencing uncontrolled high blood pressure, glaucoma or other conditions associated with the eyes (Chang & Shen, 2013; Burgess & Lowe, et. al, 2011; Joseph, Porta & Casucci, 2005; Radaelli A, Raco R, Perfetti P., 2004).

People with complex trauma histories should check in with their doctor/therapist before practicing coherent breathing. Some people with histories that feature episodes of intense anxiety can be triggered by full deep breathing (Stanley, 2017). Hence, participants with such histories should proceed cautiously, gradually lengthening and deepening the breath - slowly “sip the breath” - as one extends the inhalation. Participants should stop deep breathing if adverse effects such as anxiety emerge, returning to regular breathing.

Exercise caution when practicing breathing techniques that involve the retention or holding the breath. This can potentially trigger dissociation with some trauma survivors (Lanius, 2015).

## **Inclusion/exclusion criteria (if applicable)**

- Client readiness to participate.
- Relevance to clients goals.

## Type of evaluation

Verbal

### Additional information on well-being

With slow and deep breathing, one's heart rate patterns can synchronize with breathing to initiate a feeling of calmness and grounding. The difference between the fast pulse rate when someone inhales and the slow pulse rate when someone exhales is called the "Heart Rate Variance" (HRV). It is desirable to have a large HRV since a diminished HRV has been associated with an increased risk of mortality particularly from heart disease (Meija-Meijo, et.al, 2019). HRV peaks when breathing at a rate of six breaths per minute, but this varies among individuals from 4-7 breaths per minute. This is considered the optimal target zone for coherent breathing. Brown & Gerbarg (2012) describe the value of increasing one's HRV ...

"... having a higher HRV is associated with a healthier, more flexible cardiovascular system, a more balanced and resilient stress-response system, and overall greater health and longevity. In fact, scientists use HRV as a means of measuring the balance of the stress-response system and a balanced stress-response means less wear and tear on the body (p. 11).

The practice is effective in reducing symptoms and sensations of stress and anxiety (Menon, et.al, 2017; Doll, 2016; Jerath, Edry, Barnes & Jerath, 2006). Slow deep breathing has a number of documented long-term health benefits (Baker, 2012; Elliott & Edmonson, 2005).

## Contact points mindfulness

### Description and rationale

This mindfulness activity invites a participant to focus on the "physical contact points" and the associated sensations as the "target object of attention" (Stanley, 2017).

Typically, the sensation of the breath is chosen as the introductory target of attention when students first learn mindfulness.

However, a focus on the breath can be a potential “trauma trigger” for some trauma survivors (Treleaven, 2018; Fay 2017) and can lead to feelings of suffocation and sensations of constriction. Stanley (2017) elaborates:

“Most Mindfulness-Based Interventions begin with awareness of breathing, which they consider to be “relatively neutral stimuli.” Yet for many people – including those of us with histories of asthma, near-drowning, or any other traumatic event where we experienced a freeze response which, by definition, involved air constriction and/or oxygen conservation – breathing sensations are almost certainly not neutral, especially when we’re stressed. When someone with such a history directs their full attention to breathing, breathing sensations may be extremely activating and can trigger more stress arousal and/or panic” (Stanley 2017, pp. 253-254).

In addition, it has been noted that “holding the breath” can trigger dissociation in some individuals with trauma histories (Lanius, 2015; Weintraub, 2012). The tactile focus within the Contact Points Mindfulness activity reinforces a felt sense of being grounded, stable, and an overall safer experience (Caldwell, 2018).

### **Goals and/or objectives**

- Invite the client to sit in an upright position with their feet flat on the floor and their hands supported on the lap or knees.
- Eyes can be gently closed or open with a downward soft gaze towards the floor.
- Encourage the client to notice the inhalation and exhalation of their breath.
- Guide the client through a “body scan,” beginning at the top of the head and moving downwards towards the bottom of their feet.
- Request that the client notice any sensations of tension or ease as the body scan proceeds from start to finish.

- The direction of the body scan is important - intentionally moving from "head-to-feet" in order to support an embodied sense of grounding versus "feet-to-head" which can evoke a sense of floating upwards and "moving out of one's body" and potentially resulting in dissociation.
- Encourage the client to feel the tactile sensations of support for their body, specifically noticing feelings and sensations associated with:
  - the upper back touching the back of the chair;
  - the lower back and buttocks in contact with the chair;
  - the bottom of the feet making contact with the floor (including noticing the sensation of feet making contact through socks, through shoes or the feeling of bare feet on the floor);
  - overall body temperature (i.e., asking "are you feeling hot, warm, or cold?"); and
  - the textures of clothing making contact with skin.
- Encourage the client to widen their field of attention and try to "hold the image of your whole body" sitting in the chair and notice any shifts in body sensations both inside and on the surface of the body with "non-judgmental curiosity."
- Invite the client to slowly open their eyes allowing the light to enter gently. If the client's eyes were open, ask them to gently expand their gaze to perceive the surroundings by slowly moving their head in a circle – left-to-right and then right-to-left.
- Ask the client to notice how they are feeling in this moment.

### **Time and frequency**

Flexible based on interest of clients.

### **Staffing resources**

In some instances, staff supervision will be required to ensure safety.

### **Location**

- A quiet space.
- Inpatient or outpatient setting.

### **Recommended supplies/products**

A firm, comfortable chair or cushion or mat if client prefers to sit on the floor.

## Risk management

Should anyone doing this activity experience uncomfortable feelings, images or sensations, guide them to slowly open their eyes and look around the room. Ask them to focus on the colours, shadows and textures they perceive in their surroundings. Guide them to be aware of all sensory impressions including smells, air currents on their skin, ambient temperature, texture of their clothing against their body, sounds and tastes that may be present; this allows them to feel grounded by activating the “social engagement system” (Dunlea, 2019; Fogel, 2009).

## Inclusion/exclusion criteria (if applicable)

- Client readiness to participate.
- Relevance to client’s goals.

## Type of evaluation

Verbal.

## Deep breathing

### Description

Deep breathing is a relaxation technique that can help to release tension from the body and clear the mind, improving physical and mental wellness.

### Rationale

We tend to breathe shallowly or even hold our breath when we are feeling anxious. Sometimes we are not even aware of it. Shallow breathing limits your oxygen intake and adds further stress to your body, creating a vicious cycle. Breathing exercises can break this cycle (Stress Relief Exercises, 2011).

Always refer to the client’s safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

### Indications

- Mild anxiety
- Mild agitation
- Pain management
- Mild depressive symptoms
- Insomnia

### Cautions

- Mania
- Severe psychosis
- Cognitive impairment

## Recommended supplies/products

- A chair with good back support.
- Calm music or nature sounds on tape/CD (optional).
- Deep breathing audio session (see online resources section).
- Handouts available at [insite.camh.ca/alternatives](http://insite.camh.ca/alternatives).

## Method

Say:

"Have you ever tried deep breathing? Sometimes we hold our breath when we are angry, tense or anxious, which puts stress on our bodies. Deep breathing can help release tension by regulating our breathing to a calming pace. It is also helpful at making sure we get the oxygen we need to relax. Many people have experienced this as helpful. Would you like to try?"

Rationale:

By becoming aware of breathing patterns through deep breathing exercises, the client can learn to breathe therapeutically. With practice, deep breathing can become a standard way of breathing.

1. Help your client find a comfortable chair and ask them to sit up straight.
2. Ask your client to place both hands on the stomach just above the waist and to exhale through the mouth (Figure 4).
3. Tell your client to keep their hands on the stomach while breathing in slowly through the nose. Your client's hands should move outwards with the inhalation.
4. Ask your client to hold their breath for two to five seconds (or whatever is comfortable).

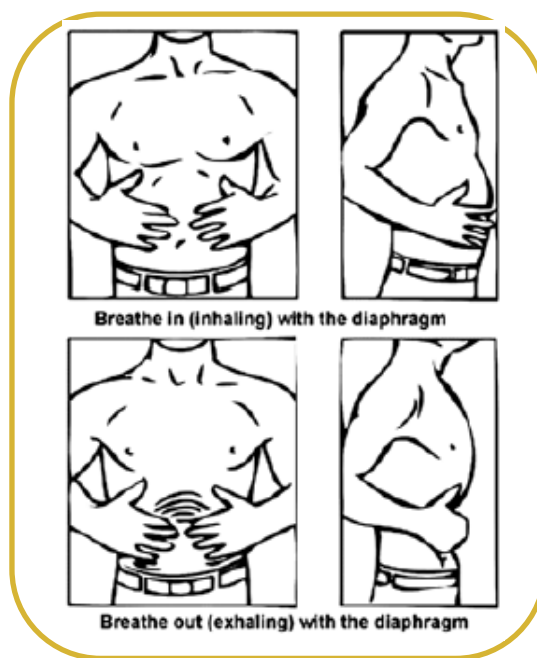


Figure 4: Deep breathing exercise

5. Tell your client to slowly and steadily breathe out through the mouth until most of the air is out. Your client's hands should move inwards with the exhalation.

**Note:** Your client can do this exercise standing or lying down.



# Progressive muscle relaxation

## Description

Progressive muscle relaxation (PMR) involves tensing and relaxing each muscle group of the body, one group at a time. Though this technique is simple it may take several sessions before it is mastered. Progressive muscle relaxation may be done sitting or lying down.

## Rationale

This is a non-invasive activity that can release stress, relax muscles and lower blood pressure, heart rate and respiration rate. It can also help decrease symptoms of anxiety and depression, manage aggressive behaviour and increase feelings of self-control (Ansgar, Linda & Walton, 2008).

## Indications

- Mild anxiety
- Mild agitation
- Pain management
- Mild depressive symptoms
- Insomnia

## Cautions

- Mania
- Severe psychosis
- Severe cognitive impairment

## Recommended supplies/products

- Floor mat or chair with good back support.
- Calming music (optional).
- Progressive muscle relaxation audio session (see online resources section).
- Handouts available at [insite.camh.ca/alternatives](http://insite.camh.ca/alternatives).

## Method

Say:

"Have you ever heard of progressive muscle relaxation? Sometimes our bodies can get so tense or feel so stressed that it becomes really hard to relax. Progressive muscle relaxation works by tensing the muscles in the different parts of your body, then relaxing them. It's easier to relax a muscle that has just been tensed. I can show you how to do it. It's very easy."

### Rationale:

PMR is based on two observations: 1) that muscles can be actively tensed, but not actively relaxed (relaxation depends on a “letting go” process), and 2) that it is easier to relax and “let go” a muscle after it has just been tensed (Stress Relief Exercises, 2011).

1. Help your client to find a comfortable place to sit or lie down.
2. Inform your client that you will be going through different muscle groups throughout this exercise. Tell your client that for each muscle group, they will need to tense (but not strain) those muscles for about five to ten seconds. The client will then be asked to release the tension from their muscles all at once and stay relaxed for ten to twenty seconds.
3. Ask your client to tense and release the muscle groups in the sequence provided below. Inform your client to stop the exercise if there’s any discomfort.
  - Hands: Clench your fists.
  - Forearms and hands: Extend your arm, lock your elbow and bend your hand back at the wrist.
  - Upper arm: Bend your arm at the elbows and flex your biceps.
  - Forehead: Wrinkle your forehead (i.e., make a frowning expression) and/or raise your eyebrows.
  - Eyes: Close your eyes tightly.
  - Mouth: Press your lips together tightly.
  - Jaw: Open your mouth wide and stick out your tongue.
  - Buttocks: Squeeze your buttocks.
  - Abdomen: Tense you stomach muscle.
  - Chest: Take a deep breath in.
  - Back: Arch your back slightly off the ground.
  - Neck and shoulders: Pull your shoulders upwards and squeeze them into your neck.
  - Thighs: Bend you knee slightly and flex your foot.
  - Lower legs and feet: Point your toes towards your shin.
  - Feet: Alternate pointing your toes and curling them up.

**Note:** You can relax one side of the body first (e.g., one hand, arm, leg, foot, etc.) or do both sides at the same time.

## Visualization (guided imagery)

### Description

Guided imagery or visualization involves using the imagination to recreate sights and sounds that bring comfort and good feelings and reduce fear. This strategy helps draw a client's focus away from physical or psychological discomforts by concentrating on pleasant images (Williams et al., 2009).

### Rationale

Guided imagery has been found to decrease pain and analgesic use as well as psychological discomforts like anxiety and stress (Williams et al., 2009).

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

### Indications

- Mild anxiety
- Mild agitation
- Pain management
- Mild depressive symptoms
- Insomnia

### Cautions

- Psychosis
- History of trauma

### Recommended supplies/products

- Guided imagery scripts for staff (see method section for example).
- A comfortable and quiet space to sit or lay down.
- Nature sound tapes (optional).

## Method

Say:

"Have you ever tried guided imagery? It is a relaxation technique that can help you focus on a place or image that is calming to you. For example, some people enjoy imagining the beach or the forest to feel better. Can you tell me about what kind of places or images are calming to you?"

Rationale:

It is important that the client chooses their peaceful place, as not all clients will find the same places relaxing. Certain tones, sounds or references may be over-stimulating or trigger negative experiences.

1. Help your client select a guided imagery script that suits the "peaceful place" described by the client. This guide includes a sample script and more are available online (see online resources section).
2. Inform your client that the exercise can be stopped at any point, especially if the client feels any discomfort or over-stimulation.
3. Help your client find a calm place to lie down or sit.
4. Encourage your client to breathe in and out slowly. Give the client the choice of keeping their eyes open or closed during this exercise.
5. Once your client is settled, begin reading out loud the guided imagery script (see the sample on page 27 of this guide).
6. After the activity is completed, ask if your client would like to share their experience and how it made them feel.

**Note:** Guided imagery can also be done as a group activity.

## Example relaxation script: A peaceful place

For the next few moments, focus on calming your mind by focusing on your breathing. Allow your breathing to center and relax you.

Breathe in...and out.

In...out...

In...out...

Continue to breathe slowly and peacefully as you allow the tension to start to leave your body.

Release the areas of tension, feeling your muscles relax and become more comfortable with each breath.

Continue to let your breathing relax you.

Breathe in...2...3...4... Hold...2...3... Out...2...3...4...5

Again. In...2...3...4... Hold...2...3... Out...2...3...4...5

Continue to breathe slowly, gently, comfortably.

Let the rate of your breathing become gradually slower as your body relaxes.

Now begin to create a picture in your mind of a place where you can completely relax. Imagine what this place needs to be like in order for you to feel calm and relaxed.

Start with the physical layout of the place you are imagining. Where is this peaceful place? You might envision somewhere outdoors or indoors. It may be a small place or large one. Create an image of this place.

(Pause)

Now picture some more details about your peaceful place. Who is in this place? Are you alone? Or perhaps you are with someone else? Are other people present? Animals? Birds? Imagine whether you are alone. Or, if you have company, who is with you?

(Pause)

Imagine even more details about your surroundings. Focus on the relaxing sounds around you in your peaceful place.

Now imagine any tastes and smells your place has to offer.

Imagine the sensations of touch, including the temperature, any breeze that may be present, or the surface you are on. Imagine the details of this calming place in your mind.

Focus now on the sights of your place: colours, shapes, objects, plants, water and all of the other beautiful things that make your place enjoyable.

To add further detail to this relaxing scene, imagine yourself there. What are you doing in this calming place? Perhaps you are just sitting, enjoying this place, relaxing. Maybe you imagine yourself walking around or doing another activity.

Picture yourself in this peaceful place. Imagine a feeling of calm and peace. This is a place where you have no worries, cares, or concerns, where you can simply rejuvenate, relax and enjoy just being.

(Pause)

Enjoy your peaceful place for a few moments longer. Memorize the sights, sounds and sensations around you. Know that you can return to this place in your mind whenever you need a break. Whenever you feel the need, allow yourself to take a mental vacation to relax and regroup before returning to your regular activities.


In these last few moments of relaxation, create a picture in your mind that you will return to the next time you need a quick relaxation break. Picture yourself in your peaceful place. This moment you are imagining now, you can picture again the next time you need to relax. When you are ready to return to your day, file the imaginary place in your mind, where it waits for the next time you need it.

Turn your attention back to the present. Notice your surroundings as your body and mind return to their usual level of alertness and wakefulness.

Keep with you the feeling of calm from your peaceful place as you return to your everyday life.

# Movement Activities

Chair exercises  
Moving on the spot  
Walking

A decorative graphic at the bottom of the page consisting of several overlapping, wavy, light blue shapes that create a layered, water-like effect against the yellow background.





## Chair exercises

### Description

Chair exercises are a great form of exercise for older adults, for those with disabilities, for people with poor balance or for anyone who has trouble standing or getting onto the floor to exercise.

### Rationale

Taylor, Sallis & Needle (1985) explain: "Evidence suggests that physical activity and exercise help alleviate some symptoms associated with mild to moderate depression. The evidence also suggests that physical activity and exercise might provide a beneficial adjunct for alcoholism and substance abuse programs; improve self-image, social skills, and cognitive functioning; reduce the symptoms of anxiety; and alter an individual's physiological response to stressors."

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

### Indications

- Mild to moderate anxiety
- Mild to moderate agitation
- Mild depressive symptoms
- Restlessness
- Balance issues

### Cautions

- Anorexia
- Heart complications
- Uncontrolled asthma
- Severe pain
- Musculoskeletal issues

### Recommended supplies/products

- Chair with good back support (feet should be able to touch the floor).
- Music (optional).
- Comfortable clothing.
- Handouts available at [insite.camh.ca/alternatives](http://insite.camh.ca/alternatives).

## Method

Say:

"Have you ever tried exercising while sitting down? It's a good way to help relieve the stress/anxiety/tension you might be experiencing without the worry of losing your balance. The best part is you can do the exercises while watching TV or hanging out in your room. If you want we can try it together first."

Rationale:

Modeling is an excellent way to encourage client participation and teach clients how to perform the activity.

1. Help or encourage your client to sit up straight in a chair and to keep their feet flat on the floor.
2. Inform your client to stop the activity if any discomfort arises.
3. Follow the directions provided below. Repeat if desired.

### Neck stretches

- Let your arms hang at your sides.
- Tilt your head to the side: first one side, then the other.
- Hold for a count of five on each side.

### Arm and shoulder stretches

- These stretches work your middle back as well as your arms and shoulders.
- Interlace your fingers and turn your palms out.
- Stretch your arms out in front of you at shoulder height.
- Hold for a count of 5.

### Quadricep contractions

- This exercise works the front of your thighs.
- Extend your legs, heels on the floor. Your knees should be straight.
- Tighten your thigh muscles and hold for a count of 10.
- Repeat 10 times.

### **Hamstring contractions**

- This exercise works the back of your thighs.
- Extend your legs, heels on the floor.
- Don't move your heels but pull back on them.
- You will feel tightness in your hamstrings.
- Hold for a count of 10.
- Repeat 10 times.

### **Hip abductor contractions**

- This exercise works your inner thighs.
- Put your fists between your knees.
- Squeeze your knees together.
- Hold for a count of 10.
- Repeat 10 times.

### **Full back release**

- This exercise stretches and relieves tensions in your entire back.
- Sit with your feet flat on the floor.
- Slowly allow your neck, upper back and lower back to curl forward.
- Move each part in turn.
- Allow your hands to touch the floor.
- Hold for 10 seconds.
- Straighten up slowly: first your lower back, then your upper back, then your neck, and then your head.
- Return to the starting position.

**Note:** Playing music and actively participating in this activity with your client may increase participation.

## Moving on the spot

### Description

This is a collection of ready-made stretch and movement sessions that require little space and no special equipment, and can be done “on the spot” in just five to seven minutes. The session includes the components of a full physical activity workout: warm-ups, stretching, cardiovascular, muscle strengthening activities and a cool-down period (Toronto Public Health, 1999).

### Rationale

Taylor, Sallis & Needle (1985) explain: “Evidence suggests that physical activity and exercise help alleviate some symptoms associated with mild to moderate depression. The evidence also suggests that physical activity and exercise might provide a beneficial adjunct for alcoholism and substance abuse programs; improve self-image, social skills, and cognitive functioning; reduce the symptoms of anxiety; and alter an individual’s physiological response to stressors.”

Always refer to the client’s safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

### Indications

- Mild to moderate anxiety
- Mild to moderate stress
- Mild depressive symptoms
- Restlessness

### Cautions

- Severe agitation
- Anorexia
- Heart complications
- Uncontrolled asthma
- Severe pain
- This exercise has not been reviewed for safety during pregnancy

## Recommended supplies/products

- Loose and comfortable clothing to ease movements.
- Non-slip, closed-toe footwear (sneakers or running shoes preferred).
- Toronto Public Health's Moving on the spot activity instruction sheets (see Figure 5).
- Music (optional).
- Radio or CD player (optional).
- Handouts available at [insite.camh.ca/alternatives](http://insite.camh.ca/alternatives).

## Method

Say:

"Have you ever tried to do 'on the spot' exercises? Sometimes a little physical activity and stretching can be a good way to help you release stress, anxiety or irritability, to make you feel better and help pass the time. These exercises are great because you don't need a lot of room to try them and they are quick and easy. I can show you an easy routine you can do in less than 10 minutes. We could try it together first."

Rationale:

Modeling is an excellent way to encourage client participation and teach clients how to perform the activity.

1. Help your client find a comfortable environment to engage in physical activity. Your client can complete the routine in a seated position if that is preferred. Ensure that the chair provided has good back support and your client's feet can touch the ground when seated.
2. Explain to your client that this session should take anywhere from five to seven minutes and comprises of five stages. Each stage takes about one to two minutes to complete.
3. Follow the instructions provided on the Moving on the spot activity sheet (see Figure 5 for a sample). Demonstrate to your client how to perform each activity safely. To ensure safety, observe your client perform each activity. Repeat activities as desired.

**Note:** Playing music and actively participating in the activity with your client may increase participation.

Warm Ups	<b>1 Marching on the Spot</b> <ul style="list-style-type: none"> <li>Stand tall and march on the spot</li> <li>Pump arms back and forth for 20 - 30 counts</li> <li>Try raising knees to waist height</li> <li>Add variety by marching in a circle, square or figure 8</li> </ul> 	<b>2 Jump and Twirl</b> <ul style="list-style-type: none"> <li>Stand with feet slightly apart, begin jumping in one spot</li> <li>Twirl forearms in small circles in front of the body</li> <li>Keep elbows close to body and twirl arms forward and backward</li> <li>Continue for 15 - 20 counts</li> </ul> 	<b>3 Hop and Twist</b> <ul style="list-style-type: none"> <li>Jump on the spot</li> <li>Twist hips and pump arms from side to side for 15 - 20 counts</li> </ul> 
	<b>4 Side Stretch</b> <ul style="list-style-type: none"> <li>Stand with feet placed wide apart, arms by side</li> <li>Raise right arm over the head</li> <li>Slowly slide the other arm down the side of the left leg</li> <li>Hold 6 - 8 counts, repeat on the left side</li> </ul> 	<b>5 Neck Stretches</b> <ul style="list-style-type: none"> <li>Slowly bend neck to the right side</li> <li>Move right ear toward right shoulder, hold 6 - 8 counts, repeat on left</li> <li>Bend neck forward, move chin toward chest, hold 6 - 8 counts</li> <li>Slowly roll head across chest from shoulder to shoulder in a half circle, repeat 4 times</li> </ul> 	<b>6 Swan Stretch</b> <ul style="list-style-type: none"> <li>Raise arms outward from your sides to shoulder height</li> <li>Slowly press arms backward and hold 6 - 8 counts</li> <li>Feel a stretch across the chest and down the arms, repeat</li> </ul> 
Heart Pumpers	<b>7 Running on the Spot</b> <ul style="list-style-type: none"> <li>Run on the spot</li> <li>Pump arms back and forth for 30 counts</li> </ul> 	<b>8 Jumping Jacks</b> <ul style="list-style-type: none"> <li>Jump on the spot</li> <li>Extend arms and legs out and in from the sides of the body</li> <li>Try 10 - 15 jumping jacks</li> </ul> 	<b>9 Popcorn</b> <ul style="list-style-type: none"> <li>Move into a squat position, tuck head in and wrap arms over the head</li> <li>Pretend you are kernels of popcorn and the pot is getting hotter</li> <li>Begin to jump up and down on the spot when the 'popcorn' begins to pop</li> <li>Continue for 20 - 30 counts</li> </ul> 
	<b>10 Chest Press</b> <ul style="list-style-type: none"> <li>Stand with feet shoulder width apart, knees bent and pelvis tucked under</li> <li>Raise arms to shoulder height</li> <li>Firmly press palms of hands together in front of your face</li> <li>Hold the press for 6 - 8 counts, repeat 3 times</li> </ul> 	<b>11 Side Leg Raises</b> <ul style="list-style-type: none"> <li>Stand straight with knees slightly bent</li> <li>Using a chair or wall to keep your balance, lift outer leg sideways, raising and lowering it 8 times, repeat on other leg</li> </ul> 	<b>12 Inner Thigh Strengthener</b> <ul style="list-style-type: none"> <li>Stand with feet shoulder width apart</li> <li>Raise arms out from the sides to shoulder height</li> <li>Diagonally raise right leg in front of the body, lifting ankle inward to waist height, while lowering left hand to touch the raised ankle, repeat 8 times</li> <li>Switch legs and repeat 8 times</li> </ul> 
Cool Down	<b>13 Slow March</b> <ul style="list-style-type: none"> <li>March slowly on the spot</li> <li>Keep knees low and gently swing the arms for 15 counts</li> </ul> 	<b>14 Slow Leak</b> <ul style="list-style-type: none"> <li>Stand in one spot, circle arms over head</li> <li>Pretend you are a great big balloon</li> <li>Pretend there is a hole in the balloon and air is slowly leaking out</li> <li>Move your body slowly downward to the floor until the balloon has no more air</li> </ul> 	<b>15 Deep Breaths and Hug</b> <ul style="list-style-type: none"> <li>Slowly take a deep breath in through the nose and out through the mouth, repeat 2 times</li> <li>Congratulate yourself for doing a good job by wrapping your arms around your shoulders and give yourself a big hug!</li> <li>Hold 6 - 8 counts</li> </ul> 

Figure 5:

Moving on the Spot, Session 1: Family Fun in Five Minutes  
Toronto Public Health (1999).

Printable instruction sheets are available online  
in English, Chinese, Tamil, and Spanish.

# Walking

## Description

Walking is a rhythmic, dynamic, and aerobic activity of the large skeletal muscles that offers many benefits with minimal adverse effects. Walking is convenient and may be accommodated in both indoor and outdoor environments. It is a self-regulated activity in intensity, duration, and frequency because of its low ground impact it is also inherently safe (Morris & Hardman, 1997).

## Rationale

Walking is the most common weight-bearing activity. It can help enhance metabolism and increase bone strength, as well as offer several pleasurable therapeutic, psychological and social benefits (Morris & Hardman, 1997). Research has proven that walking can improve one's sense of self-worth and mood, and reduce the symptoms of anxiety and depression. Walking is a form of relaxation that can be done in a social context. It also helps improve sleep, which can stabilize mood and/or anxiety levels over time.

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

## Indications

- Mild to moderate anxiety
- Mild to moderate stress
- Mild to moderate irritability
- Mild depressive symptoms
- Restlessness

## Cautions

- Severe agitation
- Anorexia
- Uncontrolled asthma
- Severe pain

## Recommended supplies/products

- Appropriate footwear for walking environment.
- Use assisted devices if required (e.g., cane, walker).

## Method

Say:

"I'm noticing that you seem a bit restless or anxious. Sometimes moving around can help you feel better. Do you think going for a walk (on or off the unit, depending on the privileges/staffing) could be helpful? Maybe we could go on a walk together and talk."

Rationale:

Taking the opportunity to accompany your client on walks, both on or off the unit, can build and reinforce your therapeutic relationship. In most cases the opportunity to go outside for fresh air and a walk can be extremely comforting and calming. Do not hesitate to make arrangements with Security Services if additional safety measures are required. Even a short walk outside can make a big difference on someone's mood.

1. Determine whether your client has privileges to go for walks on hospital grounds alone or accompanied. Security Services can be called to assist clinicians to escort the client if necessary.
2. If your client has unaccompanied pass privileges, establish a return time to the unit.
3. Encourage your client to wear appropriate footwear and outerwear for the environment.

**Note:** Help your client create a weekly schedule that includes a walking routine as part of the daily activities. Encourage and support your client to follow-through with this walking routine.



# Reading and Writing Activities

Current events discussion  
Journal writing





## Current events discussion

### Description

Conducting a discussion on current events is a basic exercise that can engage your clients, help them pass the time productively and keep them up-to-date with local and/or national events. This exercise requires readily accessible resources such as articles from your local newspaper, the internet or a magazine. Reading the article together and having a brief discussion afterwards can help clients with cognitive development and problem-solving skills.

### Rationale

In general, regular reading actively stimulates the brain, helps to improve cognitive functioning and has the potential to develop a client's problem-solving skills (Price, Moore & Frackowiak, 1996). Discussions on current events can give clients the opportunity to express themselves and offer a chance to socialize.

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

### Indications

- Mild to moderate anxiety
- Mild to moderate stress
- Mild to moderate irritability/anger
- Mild depressive symptoms
- Restlessness/insomnia

### Cautions

- Cognitive impairments
- Visual impairments
- Difficulty reading

### Recommended supplies/products

- Local news paper or magazine articles (see online resources section).

## Method

Say:

"I enjoy reading I find it's a good way to relax. Maybe we could read something together or with others on the unit. Is there anything that you are interested in or would like to know more about?"

Rationale:

Finding articles that interest your clients will help keep them engaged in this activity. Engaging a small group of clients to do the activity at the same time may encourage them to socialize even after the exercise is completed.

1. Select an article that is suitable for discussion, based on your client's cognitive ability, visual acuity (i.e., consider print size) and current symptomatology (e.g., avoid articles that could evoke paranoia, delusions or cataclysmic thinking).
2. Offer your client the choice of reading the article alone or out loud, or have someone read the article to your client.
3. These questions can help to begin your discussion:
  - Can you briefly summarize the article?
  - What did you like and dislike about the article?
  - Did you learn anything?
  - How did the subject matter make you feel? Why?
  - Who wrote the article? What questions would you like to ask the author?
  - Who is the article about? What questions would you like to ask them?

**Note:** Offer your own insights and opinions to encourage discussion. This is also an effective activity to facilitate with a group of clients.

## Journal writing

### Description

Journaling is the process of putting personal thoughts and feelings onto paper. It is an exercise that clients can use to express, reflect and gain insight on their current emotional or situational states. This can be done regularly or on an as-needed basis. Loose-leaf, lined or blank paper or a bound book can be used. These entries can then be kept or discarded as each client desires.

### Rationale

Expressive writing through journaling can help clients improve their control over emotional distress and pain severity. It is a method of expression that can help clients access their “unconscious selves,” bringing forth an awareness that can help clients work through difficult feelings and traumatic events, and learn new things about themselves (Stuckney & Nobel, 2010).

Always refer to the client’s safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

### Indications

- Mild to moderate anxiety
- Mild to moderate stress
- Mild to moderate irritability/anger
- Mild depressive symptoms
- Restlessness/insomnia

### Cautions

- Cognitive impairments
- Difficulty reading or writing

### Recommended supplies/products

- Pen, pencil or any preferred writing tool.
- Loose-leaf, lined or blank paper or a blank bound book (i.e., diary).
- Handouts available at [insite.camh.ca/alternatives](http://insite.camh.ca/alternatives).

## Method

Say:

"Writing about your thoughts and feelings can be a helpful exercise in self-reflection. Have you ever tried keeping a journal? Sometimes it can be a good way to get out all your negative emotions. I can offer some ideas of what you could write about if you get stuck. Don't worry, you don't need to be an expert writer to do this activity. Just write whatever comes to mind."

Rationale:

Being able to express or communicate emotions is a necessary part of a healthy well-being. Encouraging and helping clients find a way to express themselves is an essential part of their care. Journaling is an effective activity to help clients express themselves and potentially gain insight into their thoughts and feelings.

1. Explain to your client that it is not necessary to be an excellent writer in order to journal.
2. Help your client find a comfortable place to write that is free from distractions.
3. To begin, encourage your client to write about their current feelings, situation in life, hopes and dreams.
4. Offer your client the following suggestions to help guide journal entries:
  - Why does \_\_\_ make me feel \_\_\_? Journal and discover the answer.
  - Pick a song and use some of its lyrics to start a new journal entry. Or choose a song you love and write your own lyrics.
  - Begin with "If I had \_\_\_ in my life, I would be happy." In your journal, describe: "A day in my life with \_\_\_." Then ask yourself: "How could I find or get \_\_\_?"
  - If you notice that your writing is always negative, ask yourself: "How do I keep from writing so much negative stuff?" Or ask yourself: "How do I write more positive stuff?"

# Sensory Activities

Aromatic hand massage  
Sensory comfort box  
Weighted blankets







## Aromatic hand massage

### Description

Aromatic hand massage involves the use of lotions scented with essential oils to massage a client's hands and help the client become calm and find comfort. The client can select the oils. The lotion can also remain unscented. The client can choose to have the clinician initiate the massage or engage in a self-massage.

### Rationale

The combination of scents and massage helps to engage all of your client's senses in a soothing and therapeutic manner. For some clients this activity is a calming exercise that promotes relaxation.

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

### Indications

- Mild to moderate anxiety, stress
- Mild to moderate irritability/anger
- Mild depressive symptoms
- Restlessness/insomnia
- Expressed interest in hand lotion and/or hand massage

### Cautions

- Allergies to lotions and/or oils
- Open sores or cuts on the hand
- Hypersensitivity or aversion to scents
- History of trauma (i.e., the client could be triggered by certain scents or both)
- Hypersensitivity to touch (in this situation, clinicians could offer to guide clients in performing their own hand massages)

### Recommended supplies/products

- Essential oils (e.g., lavender, peppermint, chamomile, lemon, vanilla or sweet orange).
- A container of unscented body lotion.
- Medication (or other small) cup in which to place ointment.

## Method

Say:

"Have you heard of something called an aromatic or scented hand massage? It's like a regular hand massage, but with aromatic scents added. Some people have found this to be comforting. Sometimes familiar scents can be relaxing. What kind of smells do you like? I have some lotions and scented oils."

Rationale:

It is important that the client choose the scent because certain aromas (specific to the client) can risk triggering past trauma.

1. The client and clinician should wash hands before starting this activity.
2. Sit face-to-face with your client. It is best if there is a table so your client's hands and arms can rest comfortably on it.
3. Ask your client to smell all of the essential oils (if necessary) and then choose one for this session. Unscented lotion can also be used.
4. Mix the ointment and essential oil as per the ratios based on client demographics indicated below.
  - Standard mixture: 5 mL of ointment to one drop of essential oil.
  - Clients older than 60 or immuno-compromised: 10 mL of ointment to 1 drop of essential oil.
5. Gloves should only be worn by clinicians if cuts or sores are present on their hands or if they experience a hypersensitivity to the oils, ointment or lotion.
6. Ask your client about any areas of tenderness and or pain before initiating the hand massage. Inform the client that you will massage one hand at a time.
7. Apply light circular pressure to the major muscle areas of your client's hand. Focus on the palm and the back of the hand. Repeat this step three times on each hand.
8. Apply light pressure (i.e., light squeeze) on your client's mid-forearm, moving towards the wrist and back again. Repeat this step three times on each arm.

9. Apply light pressure on your client's wrist, moving towards the fingertips. Repeat this step three times on each hand.
10. Continue to use light pressure strokes from your client's wrist to forearm. Repeat this step three times for each arm.
11. Discuss your client's experience with the activity.

**Note:** Emphasize to your client that this activity can be completed independently. Clinicians can help guide clients in completing a self-massage.

## Sensory comfort box

### Description

Sensory stimulation relates to any object or action that stimulates one of the five senses. Examples include stress balls, soft toys, massage mats, ice packs, sour candy, "Play-Doh" and light-up toys. Placing any combination of these items in a shared or personalized box can facilitate a client's access to these items when the client experiences the initial stages of distress (Best Alzheimer's Products, 2008).

### Rationale

Sensory stimulation helps clients feel calm and relaxed through the activation of their five senses. Tactile objects and actions can cause an inhibitory reaction of the proprioceptive or vestibular system, slowing down the reaction of the nervous system (Ayers, 1979). For clients with mental health and/or addiction issues, sensory stimulation can decrease agitation and restlessness, as well as improve sleep.

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

## Indications

- Mild to moderate anxiety
- Mild to moderate stress
- Mild to moderate irritability/anger
- Mild depressive symptoms
- Restlessness/insomnia
- Perceptual dysfunctions
- Cognitive impairments

## Cautions

- Hypersensitivity to touch or specific tactile/sensory stimulation (as identified by the client)

## Recommended supplies/products

- A sensory comfort box that includes:
  - squeeze balls;
  - hard or chewy flavoured candy;
  - coloured lights;
  - scented soaps;
  - stuffed toy (for the client's personal box only);
  - other sensory items identified by the client.
- A small cardboard box (for the client personal items).

## Method

Say:

"Have you ever tried using a stress ball to help you relax? Sometimes this can be helpful. For example, squeezing the ball might help you relieve your stress or lessen your anxiety. I have a few different objects that are fun to play with."

Rationale:

Activating the client's senses through various tactile and sensory objects can help the client relax and feel less anxious or agitated. It also is important that you identify with your client what kinds of stimulus may be unfavorable, since any sensitivity to touch, taste, smell, sound or sight can work against the calming effect of this activity. Offering the client a variety of objects will help the client discover which types of sensory stimulation are most effective in bringing comfort.

1. Sit with your client and provide your unit's specific sensory comfort box.
2. Let your client try each available object. Ask the client to rate preferred objects, based on which ones bring the most comfort.
3. For future reference, indicate in your client's safety plan which objects the client preferred to use, in order to self-soothe during times of distress.
4. Encourage your client to use these objects when any feelings of distress arise.
5. If available, help your client create a personalized sensory comfort box. Use various tactile or sensory stimulating objects that belong to the client. Determine if anyone (e.g., family) can acquire additional items from outside the hospital.

## Weighted blankets

### Description

Specialized weighted blankets are an effective tool for clients with sensory challenges, hyperactivity and/or emotional or psychological distress. The deep pressure applied by these professionally manufactured blankets can help clients find comfort when in distress.

### Rationale

Weighted blankets are used with individuals who do not properly process sensory stimuli/input, in order to improve body awareness, become calm, improve attention and focus, and decrease sensory seeking behaviours (Sensory Processing Disorder Resource Center, 2011).

Always refer to the client's safety plan before proceeding with this activity. If required, make any necessary updates to the safety plan and provide a copy to your client.

## Indications

- Mild to moderate anxiety or stress
- Mild to moderate irritability/anger
- Mild depressive symptoms
- Restlessness/insomnia/hyperactivity

## Cautions

- Hypersensitivity to pressure
- Expressed discomfort with feelings of confinement
- Weighted blankets should never be used as a restraint
- Clients must be able to move a weighted blanket independently

## Recommended supplies/products

- Weighted blanket (based on your client's weight). Current industry standards recommend that a blanket be 10% plus one pound of the client's body weight (Jackson, 2011).

## Method

Say:

"Sometimes we feel like we are starting to feel out of control, lost or anxious. In times like this, grounding yourself physically may make you feel better. Have you ever tried using a weighted blanket? Some people find that when they wrap themselves up with it, they begin to feel safe. Maybe you'd like to try using one of our weighted blankets to see if it can help?"

Rationale:

Children or adults with sensory processing disorders, particularly with tactile or proprioceptive dysfunction, have a need for the deep pressure that weighted blankets provide. Weighted blankets are a simple solution to what often appears to be complex attention, calming or sleeping difficulties (Sensory Processing Disorder Resource Center, 2011).

1. Determine the exact weight of your client in order to select an appropriately weighted blanket. Use this formula:  
(client weight in lbs x 0.10) + (1 lbs) = blanket weight.
2. Help your client find a comfortable environment to sit.
3. Place the weighted blanket on your client's lap or around both shoulders.
4. Make sure your client can remove the blanket independently.
5. Inform your client that they can use the blanket for any length of time.

**Note:** Weighted blankets need to be laundered regularly, especially if visibly dirty. Regular washing machines and laundry soap can be used to clean the blankets. Blankets must be hung to dry. It may take up to two days for these blankets to dry.

# Additional Activities

**Celebrating client moving on  
Identifying and working with  
strengths**







## Celebrating a client moving on

### A saying goodbye conversation

#### Description and rationale

The Celebrating a Client Moving On is a conversation that we can have with a client who is about to be discharged from a program. The conversation recognizes that building and maintaining our social circle is an essential foundation for our well-being throughout our lives (Selassie, 2020; Crafter, Maunder & Soulsby, 2019; Brooks, 2018; Lieberman, 2013; McGoldrick, 1997). This conversation focuses on how we transition from social relationships mindfully with appreciation and allowing the expression of gratitude (Emmons, 2016). This sets the stage for how one enters new relationships and social groups (Allen, 2020; Bridges, 2004). Unfortunately, many of our clients have experienced and continue to experience degrees of isolation, marginalization, and impoverished social networks that increase their vulnerability to stress and depression. Ultimately, this can lead to a weakened cardiovascular and immune system over time, resulting in a diminished quality of life and reduced longevity (Brooks, 2018; Wang, et.al, 2017; Steptoe, et.al, 2004).

The following conversation is to guide a “good-bye,” strengths-based conversation with a client who will be discharged from the unit or program in the next day or so (Schaffer & Anderson, 2005). The conversation is based upon the “Focused Conversation” model (ORID) that was developed and refined by Stanfield and his colleagues at the Institute of Cultural Affairs (2000).

This conversation is an acknowledgement and celebration of the client’s strengths and accomplishments that have arisen while on an inpatient unit or during their participation in an outpatient program (Hollis, 2001; Baumeister & Leary, 1995). Following the conversation, the client can be invited to write a “Transition Message” in support of the Practice Enhancement 1-6 in the TIDES Day One program – Foundations of Prevention. This conversation is congruent with the goals of the “Identifying Strengths” Practice Enhancement (Module 1-3).

## Goals and/or objectives

- Gather a selection of co-clients and staff who know the client being discharged, as well as any other available and interested staff, to meet in a private space with the client. Family members and friends in the client's social circle can be invited to attend with permission and consent. People can stand in a circle like we do when conducting a HUDDLE or sit around a table. It would be great if some snacks and tea could be offered for the gathering. Consider lining up a volunteer to take some notes on all the good things that are said during the activity.
- One of the staff can lead the activity. Alternatively, the facilitation role can be shared with the client being recognized or another client who can participate in a meaningful way.
- In some situations, for shy individuals, the activity can be a 1:1 with the client's primary caregiver, who can take notes on the positive attributes that were acknowledged during the conversation. However, it is generally more effective as a small group, which encourages a celebratory quality to the conversation and provides an opportunity for several people to express their good wishes.

**In your own life, you should take particular care with endings, for their color will forever tinge your memory of the entire relationship and your willingness to re-enter it**

Martin E. P. Seligman – positive psychology pioneer, University of Pennsylvania

**We are at risk of losing our center if we do not appreciate how much we are all linked in our journey through life and how much we need to find ways to hold on to our connections.**

Monica McGoldrick – American Social Work therapist

## Sample Outline

### Method

Say (opening):

"It is a pleasure to be gathered here to honour Bill's last 30 days with us on the unit. As some of you may or may not know, Bill will be leaving our unit tomorrow. We want to take this opportunity to celebrate Bill's accomplishments while on the unit and wish Bill well on the next stage of his journey."

#### Objective questions

- What were some first impressions of Bill when he came to the unit?
- Who has a quick story of an encounter with Bill that you could share?

#### Reflective Questions

- When you think of Bill, what are some of his strengths and positive qualities?
- What stories can you tell about Bill's sense of humour or fun?
- What activities did he participate in on the unit?
- What is something Bill said to you that was particularly memorable?

#### Interpretive Questions

- What has Bill's presence on the unit meant to us all?
- How has Bill contributed to our unit community?
- What will we be missing when he is not here anymore?

#### Decisional Questions

- What do we wish for Bill as he prepares to leave the unit and begin a new chapter of his life?
- What are our hopes and wishes for Bill as he looks to the future?

Say (closing):

"Bill, we have shared what you have meant to us and we see the gains that you have made while on the unit. Our sincere hope is that the next chapter in your life journey will be fulfilling and that you will move closer to realizing your dreams."

"Bill, is there any parting words that you would like to say?" (The client has the option, of course, to "pass" and remain silent. The client can also be encouraged, beforehand, to prepare a few written comments, if that step would make it easier for them to share their thoughts).

Following the "Good-bye Conversation," the staff would invite the client to write a transition message that can be made available for future clients when they enter the program – inspiring them in their own recovery journeys."

### **Time and frequency**

Whenever a client has completed a treatment episode, just prior to discharge from a unit or service.

### **Staffing resources**

Staff time for preparation and facilitating the ceremony.

### **Location**

- Inpatient setting or outpatient setting.
- Consider outside location in courtyard or green space, weather permitting, with back-up indoor location.

### **Recommended supplies/products**

- Note paper and pen/pencil.
- Consider making farewell sign or banner.

## **Risk management**

Staff should ensure that any client participating in the activity is a full partner in the planning process and knows what to expect in order to increase the likelihood that the event yields the most positive and celebratory outcomes possible.

## **Inclusion/exclusion criteria (if applicable)**

Client readiness to participate.

## **Type of evaluation**

- Verbal.
- Consider post-ceremony debriefing with clients participating to gather ideas on how to make future events even better.

**The deepest craving of human nature is the need to be appreciated.**

**William James** – American philosopher and psychologist (1842-1910)

## **Identify and working with strengths**

### **Positive action for recovery and personal growth**

#### **Description and rationale**

This educational module is an introduction to the range of the universal human strengths and what it means to define a “flourishing human being.” It also provides the literacy to express one’s strengths and positive qualities in tangible ways (Hanson, 2013). The process supports the diversity of our human family through the appreciation and gratitude that all individuals “matter” and that each and every human has a unique contribution to the world.

The activities within the module provide a pathway to identify one’s strengths within the context of one’s values and vision for one’s life (Schelske, 2012; Cooperrider & Whitney, 2005). Specifically, this module will highlight up to three signature strengths as resources an individual can use to navigate their unique recovery journey. This journey of recovery is congruent with Carl Jung’s notion of the process of individuation. (Stein, 2004; Hollis, 2003). That is, our individual recovery journeys are more than

overcoming pathology and healing our wounds from the past but also the igniting of our full potential and our life's journey toward enhanced meaning, joy, connection, equanimity, and wholeness (Kaufman, 2020; Siegel, 2016; Makransky, 2007).

### **Goals and/or objectives**

- The primary goal of this module is to help the client/patient identify their personal strengths, supporting the deployment of the TIDES practice enhancement of "Identifying Strengths" (Module 1-6 in the TIDES Day One program – Foundations of Prevention).
- There are many ways to identify and assess one's strengths. The "Values-in-Action" (VIA) Character Strengths inventory is an evidenced-based tool that comes from the field of positive psychology (Niemi, 2018; Peterson & Seligman, 2004). The VIA Character Strengths Inventory has often been referred to as Positive Psychology's "DSM" – identifying the 24 strengths that define a flourishing human being, as opposed to all of the pathologies that can "go wrong" with someone identified in the Diagnostic Statistical Manual of Mental Disorders (2013).
- The process of identifying and employing one's strengths is a life-long journey that supports improved self-awareness, self-agency and enhanced efficacy and joy. The process has also been linked with people finding a greater sense of meaning in their lives (Kaufman, 2020; Ram Dass, 2013; Jarrow, 2005).
- The Identifying and Working with Strengths activity has five parts:
  1. preparation task (optional);
  2. selecting "signature" strengths;
  3. reflecting on strengths;
  4. applying signature strengths in one's life; and
  5. identifying next steps.
- Parts 3 to 5 contain questions and suggestions that participants can respond to in order to explore the relevance of strengths-based work in recovery.

## 1. Preparation task

**You have a soul in you of rare quality, an artist's nature, never let it starve for lack of what it needs .**

**Marcel Proust** – French novelist (1871-1922)

The clinician/therapist provides the participant with an overview of the Identifying and Working with Strengths activity and can offer support to work through the exercise. Some participants may choose to do the exercise on their own.

The first task – which is not essential for the activity to be helpful – is to invite the participant to complete the VIA Character Strengths Inventory online by accessing this web link <https://www.viacharacter.org/survey/account/register>.

It takes approximately 45 minutes to complete and receive the results. One interesting outcome of completing the survey is that participants can sometimes be surprised by what turns out to be their top three strengths. However, if the participant declines to complete the survey, they can proceed, following the rest of the instructions.

## 2. Selecting “signature” strengths

**Deploying your signature strengths at work is linked with greater work satisfaction, greater well-being, and higher meaning in life. Expressing four or more signature strengths at work is linked with more positive work experiences and meaningful work .**

**Ryan M. Niemiec** – VIA Institute on Character

Encourage the participant to take a moment to survey the following 24 Character Strengths from the VIA Character Strengths Inventory. If the participant has completed the online survey, they can make note of the three items that were identified as their top three strengths. If they haven't completed the online survey, they can choose from the following list the three items they think describes their top three strengths.



### **Appreciation of Beauty and Excellence**

You notice and appreciate beauty, excellence, and/or skilled performance in all domains of life, from nature to art to mathematics to science to everyday experience.

### **Bravery**

You are a courageous person who does not shrink from threat, challenge, difficulty, or pain. You speak up for what is right even if there is opposition. You act on your convictions.

### **Creativity**

Thinking of new ways to do things is a crucial part of who you are. You are never content with doing something the conventional way if a better way is possible.

### **Curiosity**

You are curious about everything. You are always asking questions, and you find all subjects and topics fascinating. You like exploration and discovery.

### **Fairness**

Treating all people fairly is one of your abiding principles. You do not let your personal feelings bias your decisions about other people. You give everyone a chance.

### **Forgiveness**

You forgive those who have done you wrong. You always give people a second chance. Your guiding principle is mercy and not revenge.

### **Gratitude**

You are aware of the good things that happen to you, and you never take them for granted. Your friends and family members know that you are a grateful person because you always take the time to express your thanks.

### **Honesty**

You are an honest person, not only by speaking the truth but by living your life in a genuine and authentic way. You are down to earth and without pretense; you are a "real" person.

**Humility**

You do not seek the spotlight, preferring to let your accomplishments speak for themselves. You do not regard yourself as special, and others recognize and value your modesty.

**Humor**

You like to laugh and tease. Bringing smiles to other people is important to you. You try to see the light side of all situations.

**Hope**

You expect the best in the future, and you work to achieve it. You believe that the future is something that you can control.

**Judgment**

Thinking things through and examining them from all sides are important aspects of who you are. You do not jump to conclusions, and you rely only on solid evidence to make your decisions. You are able to change your mind.

**Kindness**

You are kind and generous to others, and you are never too busy to do a favour. You enjoy doing good deeds for others, even if you don't know them well.

**Leadership**

You excel at the tasks of leadership: encouraging a group to get things done and preserving harmony within the group by making everyone feel included. You do a good job organizing activities and seeing that they happen.

**Love**

You value close relations with others, in particular those in which sharing and caring are reciprocated. The people to whom you feel most close are the same people who feel most close to you.

**Love of Learning**

You love learning new things, whether in a class or on your own. You have always loved school, reading, and museums – anywhere and everywhere there is an opportunity to learn.

**Perseverance**

You work hard to finish what you start. No matter the project, you “get it out the door” in a timely fashion. You do not get distracted when you work, and you take satisfaction in completing tasks.

**Perspective**

Although you may not think of yourself as wise, your friends hold this view of you. They value your perspective on matters and turn to you for advice. You have a way of looking at the world that makes sense to others and to yourself.

**Prudence**

You are a careful person, and your choices are consistently prudent ones. You do not say or do things that you might regret.

**Self-Regulation**

You self-consciously regulate what you feel and what you do. You are a disciplined person. You are in control of your appetites and your emotions, not vice versa.

**Social Intelligence**

You are aware of the motives and feelings of other people. You know what to do to fit into different social situations and you know what to do to put others at ease.

**Spirituality**

You have strong and coherent beliefs about the higher purpose and meaning of the universe. You know where you fit in the larger scheme. Your beliefs shape your actions and are a source of comfort to you.

**Teamwork**

You excel as a member of a group. You are a loyal and dedicated teammate, you always do your share, and you work hard for the success of your group.

**Zest**

Regardless of what you do, you approach it with excitement and energy. You never do anything halfway or half-heartedly. For you, life is an adventure.

### 3. Self-Reflection

**What is the one thing you need to do now to realize your dreams?**

**Rick Hanson** – Author of *Hardwiring Happiness*

(A) Were you surprised by anything that came up when you identified your top three strengths?

(B) For each of your signature strengths, recall a past experience in which you became aware that you had access to that strength. Write one sentence describing each of the three situations.

(i)

(ii)

(iii)

## 4. Applying signature strengths in one's life

### **Questions are more transformative than answers and are the essential tools of engagement**

**Peter Block** – Author of *The Structure of Belonging*

- (A) Think about all the unique gifts, abilities, and strengths that you bring to your life. Share a story that illustrates you being at your best – feel free to expand on one of the three situations you've described in 3(B) above.
  
- (B) What are you aware of when you experience a sense of satisfaction or joy? What do you notice in your mind-body-spirit?
  
- (C) Discuss how you can use one of your signature strengths to support the next step in your recovery and/or address your current life challenges?
  
- (D) Consider how you have used one of your signature strengths to "bounce back" from a past trauma or adverse event. Did this event make you stronger?
  
- (E) How might you find new ways or domains in your life to express and anchor to your top three signature strengths?

## 5. Identifying next steps

**The seeds of change – that is, the things people think and talk about, the things people discover and learn, and the things that inform dialogue and inspire images of the future – are implicit in the very first question we ask.**

**David Cooperrider & Diana Whitney** – Thought Leaders in Appreciative Inquiry

- (A) Have you experienced peak moments of creativity? What personal qualities do you possess that are truly unique? Are there specific environments or situations when you notice your creativity emerging?
  
  
  
  
  
  
  
  
  
  
- (B) If you could accomplish one significant thing over the next year, what would that be?
  
  
  
  
  
  
  
  
  
  
- (C) What needs to happen during the next three months to ensure that you are fully committed to the goals of your recovery journey?

## **Time and frequency**

Flexible based on interest of the clients.

## **Staffing resources**

Staff supervision not necessarily required.

## **Location**

Inpatient setting or outpatient setting.

## **Recommended supplies/products**

- Computer or smart phone with internet connection.
- Hard copy print-out of activity with pen or pencil.

## **Risk management**

The exercise will not be suitable for individuals with significant cognitive impairment or active psychosis. Caution should be extended to those patients with known trauma histories. Self-reflective exercises such as this may trigger past memories evoking shame or a perception of a “lack of strengths.” These possible trauma reactions are not necessarily a reason to avoid the exercise, however, the clinician may need to coach and support the person in the therapeutic relationship to confront and “lean into” the self-reflection process if painful and difficult material emerges. Sometimes this can be reframed as a “post-traumatic growth” experience – ultimately strengthening the individual’s resilience (Pennebaker & Smyth, 2016; Tedeschi, et.al, 2018). The mindful application of one’s strengths can also serve as a powerful ally in helping to confront and transform the impact of stigma and internalized oppression that has had a profound limiting impact on many people who struggle along the road of recovery (Yanos, Roe & Lysaker, 2011).

## **Inclusion/exclusion criteria**

- Client’s readiness to participate.
- Relevance to client’s goals.

## **Type of evaluation**

Verbal.

## **Additional information**

In the last two decades, the VIA Character Strengths Inventory has been used by all ages. It has assisted high school students identify their strengths and support their focus on post-secondary educational pathways. Adults have used the identification of their strengths to support them during mid-life career transitions, embracing a meaningful way to express the authentic elements of themselves that are aligned with their core values and life vision (Littman-Ovadia, Hadassah, Niemiec & Ryan, 2016; Levoy, 1997). Older adults have found that working mindfully with their strengths can enrich the quality of life during their retirement years (Anderson, 2018).

The VIA Character Strengths Inventory ([www.viacharacter.org](http://www.viacharacter.org)) was developed by Martin E.P. Seligman from the University of Pennsylvania and the late Christopher Peterson from the University of Michigan. Both Seligman and Peterson are considered pioneering leaders in the formation of what is now known as the field of positive psychology (Snyder, Lopez & Pedratti, 2011).

The foundational work of Peterson and Seligman (2004) provided a platform for Ryan Niemiec (2014) who developed the VIA Strengths work by integrating working with one's strengths with the practice of mindfulness. The synergy of these two practices are reflected in this module.



# Additional Resources





## Additional resources

### Gifts of Light Resources

Gifts of Light is an onsite donation funded service available to any CAMH staff working with inpatients or outpatients and offers the following resources.

1. The **Gifts of Light Store** can be accessed by CAMH staff when a client they are working with is in need of basic necessities (e.g., change of clothing, underwear, toiletries, etc.) as well as individual recreational supplies such as activity books and art supplies. The service is to be utilized as a supportive resource for clients **who do not have** immediate access to the basic daily necessities which could ultimately impact their treatment. We rely on the discretion of staff to determine the need of the individual patient and order items on their behalf.
2. The **Gifts of Light Comfort Fund** is a grant that can be awarded for projects or item(s) that demonstrate direct benefit or enhancement to the comfort and/or care of clients while they are participating in either inpatient or outpatient services at CAMH.
3. The Gifts of Light supports inpatient and outpatient programming by working with a variety of community partners to bring specialty and beneficial program directly to CAMH clients.

CAMH staff can visit the People and Experience Portal via [http://ishare/sites/PE\\_Portal](http://ishare/sites/PE_Portal) to learn more, access the store order form, comfort fund guidelines and application, as well as contact information for interest in GOL vendor programs.

### Fitness Blender

Fitness Blender offers free workout/fitness videos. This site is unique because you fill in the information for what you want to work on, and it provides you with a variety of videos that meet that criteria: [www.fitnessblender.com/videos](http://www.fitnessblender.com/videos).

### YMCA

YMCA online offers Yoga, Tai Chi and Bootcamp Classes: [www.ymca360.org/on-demand#](http://www.ymca360.org/on-demand#/).

## Resources on YouTube

### Cardio and dance workouts

1. POPSugar Fitness channel
  - 15 Minute Beginner's At-Home Cardio Workout | Class FitSugar
  - 30 Minute All-Levels Cardio Dance Workout
  - 30 Minute Hip-Hop Fit Workout
  - 30 Minute Belly Dancing Workout For a Toned Core
  - 30 Minute STRONG by Zumba® Cardio and Full-Body Toning Workout
  - Bollywood Dance Workout to Have a Blast While Burning Calories
2. Move with Colour channel
  - Disco Funk 1 – 10 Minute Dance Class
  - Old School 1 – 10 Minute Dance Class
3. Body Project channel
  - Low Impact 30 Minute Cardio Workout for Beginners/Intermediate
  - Fun, Low Impact Workout for TOTAL Beginners

### Mindfulness

1. Trackman2007 channel
  - Jon Kabat-Zinn Breathscape and Bodyscape Guided Meditation, Mindfulness – 20 minutes
2. Sounds True channel
  - Jon Kabat-Zinn, PhD – Guided Mindfulness Meditation Series 1 (Audio Excerpt)
3. Goodful channel
  - 5-Minute Meditation You Can Do Anywhere

### Nature, nature sounds and relaxation music

1. 24Relax channel
  - Waterfall & Jungle Sounds, Beautiful Nature Sounds, Relaxing, Sleep, Meditation, Healing, Study
2. SoothingRelaxation channel
  - Relaxing Piano Music: Romantic Music, Beautiful Relaxing Music, Sleep Music, Stress Relief ★122
3. Explore Live Nature Cams channel
  - Tropical Reef Camera powered by EXPLORE.org
4. Explore Bears & Bison channel
  - Wolong Grove Panda Cam powered by EXPLORE.org

## Podcasts

1. TED and TEDx Talks channels

## Tai Chi

1. Beach TV CSULB channel
  - Tai Chi for Beginners 01 – Tai Chi Fundamentals
  - Tai Chi for Beginners 02 – Balance and Flow
  - Tai Chi for Beginners 03 – Opening and Expanding your Frame

## Urban exploring

1. Broken Window Theory channel (explore Canada, America)
2. Exploring the Unbeaten Path channel (explore mainly Europe)
3. The Proper People channel (explore America, Asia)

## Yoga

1. SaraBethYoga channel
  - 10 minute Morning Yoga for Beginners
3. Gaiam channel
  - Flexibility Yoga for Beginners with Rodney Yee – Hip Openers
2. YogiApproved channel
  - Gentle Yoga Flow – 30 Minute All Levels Yoga Class

## Books, other sites and virtual tours

### 12 Famous Museums Offer Virtual Tours You Can Take on Your Couch:

[www.travelandleisure.com/attractions/museums-galleries/museums-with-virtual-tours](http://www.travelandleisure.com/attractions/museums-galleries/museums-with-virtual-tours).

**Headspace.com.** Provides 10-minute meditation sessions with co-founder Andy Puddicombe. He provides relatable instructions like “Don’t force your breath, your body already knows how to breath”: [www.headspace.com](http://www.headspace.com).

**Mindful.org.** A space that offers personal stories, advice you can use, and news you can share. The insights found here speak to anyone from the rookie meditator, to the expert exploring new ways to cultivate mindfulness in their daily life: [www.mindful.org](http://www.mindful.org).

**The History of Toronto: An 11,000 Year Journey:** [www.toronto.ca/explore-enjoy/history-art-culture/museums/virtual-exhibits/history-of-toronto/](http://www.toronto.ca/explore-enjoy/history-art-culture/museums/virtual-exhibits/history-of-toronto/).

**Ripley's Aquarium** – Watch the Shark Tank live: <https://www.ripleyaquariums.com/canada/shark-camera/>.

**San Diego Zoo** live webcams: <https://zoo.sandiegozoo.org/live-cams>.

**Smithsonian Museum Virtual Tour:** <https://naturalhistory.si.edu/visit/virtual-tour>.

### **Toronto Public Library**

If you have a Toronto Public Library Card, online books, music and videos are available via <https://www.torontopubliclibrary.ca/books-video-music/downloads-ebooks/>.

**Toronto Zoo** Podcasts: <http://www.torontozoo.com/tz/podcasts>.

### **Other Online Resources**

**List of sites offering free online education:** <https://www.lifehack.org/articles/money/25-killer-sites-for-free-online-education.html>.

**Open Culture** providing free videos and courses on a variety of topics: <http://www.openculture.com/freeonlinecourses>.

**The Social Distancing Festival** including list of Live-Streaming Events (poetry slams, operas, concert etc.) from around the world: <https://www.socialdistancingfestival.com/>.

# Additional Information

Assessment and evaluation  
Documentation  
Alternative products  
References







## Assessment and evaluation

It is important to keep in mind that complex behaviours or distress in clients can be prevented or minimized using alternative strategies/activities. All behaviour has meaning, so it is important to assess and try to understand the possible underlying causes of the presenting behaviour. By doing this, you can help clients develop strategies to cope with distress. Some areas of assessment to keep in mind are health or medical problems (e.g., side effects with medication, infections, depression), problems with the physical environment (e.g., space, excessive stimulation, boredom) and/or communication problems (e.g., language barriers, cultural differences, power imbalances). H.A.L.T. (as cited in NASMHPD, 2008) is an acronym (see below) that can assist in assessing underlying causes of behaviour. The acronym refers to basic assessment questions that pertain to potential underlying causes that can be addressed. As well, this guide provides sample questions that may assist in developing a safety plan with the client.

**Acronym for assessing  
underlying causes  
of agitated behaviour:  
H.A.L.T.**

**Hungry?  
Angry?  
Lonely?  
Tired? / Thirsty?**

### **Sample questions to initiate a safety plan discussion**

1. It is helpful for us to be aware of things that can help you when you are having a hard time. What has helped or worked for you in the past? What will help you right now?
2. What are some things that make it difficult for you when you are already upset? Are there "stressors" that cause you distress?
3. What are your strengths that you can use to assist you with coping?
4. What interests or hobbies do you have that you can use to assist you with coping?
5. Are you able to approach staff when you are having a hard time? How would you like staff to help you?

## Documentation

### Documentation requirements

Documentation is an integral aspect to providing safe and appropriate clinical care. All clinicians are responsible and accountable for maintaining an accurate health record about their clients and the care they provide to clients. Whenever a clinician carries out an intervention, action or activity, documentation must include, but is not limited to the following.

#### 1. The client's current status

- a. Inpatient setting or outpatient setting
- b. What are the client's current behaviours? Describe them specifically.
- c. Are the client's current symptoms affecting their personal or environmental safety?

#### 2. Rationale

- a. What intervention is being suggested?
- b. What are the client's current coping activities?
- c. Is the intervention currently in the client's care/safety plan?
- d. What has the client identified as being helpful to ease distress?
- e. Did the client require encouragement to participate in the intervention or did the client participate independently?
- f. Were other interventions suggested/attempted?

### **3. Amendments**

- a. Where did the implementation process occur (e.g., on/off the unit, in the client's room, common areas)?
- b. Did the intervention need to be modified to suit the client's needs?
- c. Was this an individual or group activity?
- d. How would you describe the client's engagement?
- e. Did the client remain engaged? Why or why not?
- f. Was the client able to tolerate the activity? Why or why not?

### **4. Outcomes**

- a. Was there a change in the client's mental and/or medical status?
- b. What are the client's current behaviours? Describe them specifically. How is this different from before?
- c. What did the client enjoy or dislike about intervention?
- d. Are updates needed in the client's care/safety plan?
- e. Was another activity/strategy required to help the client further (e.g., medication or another alternative activity)?

### **5. Referrals, communication and education provided**

- a. Did the client require or ask for educational materials?
- b. Did the client or family require teaching?
- c. Were referrals made to specific services?
- d. Did the client's family (with consent) or substitute decision maker need to be contacted?

Further information on CAMH documentation guidelines can be located in the Policy and Procedures Manual on INSITE.

## Alternative products

Prices shown are approximate

### Relaxation products

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Massage mat  
Homedics  
10 motor



Canadian Tire  
[www.canadiantire.ca](http://www.canadiantire.ca)

The Bay  
[www.hbc.ca](http://www.hbc.ca)

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Conair  
Professional  
Percussion  
Massager



Walmart  
[www.walmart.ca](http://www.walmart.ca)

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Handheld  
head  
massager



Walmart  
[www.walmart.ca](http://www.walmart.ca)

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Conair  
Sound  
Therapy



Bed Bath & Beyond  
[www.bedbathandbeyond.com](http://www.bedbathandbeyond.com)

Shoppers Drug Mart  
[www.shoppersdrugmart.ca](http://www.shoppersdrugmart.ca)

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Aromaforce  
Essential Oils



Loblaws Grocery Stores

Foodsmiths  
[www.foodsmiths.com](http://www.foodsmiths.com)

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## Weighted products

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Weighted blankets



FlagHouse  
[www.flaghouse.ca](http://www.flaghouse.ca)

Salt of the Earth  
[www.saltoftheearthweightedgear.com](http://www.saltoftheearthweightedgear.com)

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Weights for weighted blankets

FlagHouse  
[www.flaghouse.ca](http://www.flaghouse.ca)

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## Tactile and sensory products

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Manhattan Toy  
Skwish Classic



Mastermind Toys  
[www.mastermindtoys.com](http://www.mastermindtoys.com)

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Light Up Flashing  
Molecule Ball



Mastermind Toys  
[www.mastermindtoys.com](http://www.mastermindtoys.com)

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Atomic Stress Ball



Mastermind Toys  
[www.mastermindtoys.com](http://www.mastermindtoys.com)

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Micro FM Radio



Mastermind Toys  
[www.mastermindtoys.com](http://www.mastermindtoys.com)

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Egg shakers



Mastermind Toys  
[www.mastermindtoys.com](http://www.mastermindtoys.com)

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Chewy Festival  
Candy Mix  
25 lbs  
approximately  
1,850 pieces



Wonderful Wholesale Warehouse  
[www.bulkfoods.com](http://www.bulkfoods.com)

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Hard Candy  
Deluxe Party Mix  
30 lbs  
approximately  
2,520 pieces



Wonderful Wholesale Warehouse  
[www.bulkfoods.com](http://www.bulkfoods.com)

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## Relaxation products

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### Basic art and craft supplies

- White glue
- Glue sticks
- Scissors
- Coloured paper
- Finger paints
- Paint brushes
- Acrylic paints
- Regular pencils
- Markers
- Crayons
- Pens
- Stencils
- Stickers
- Glitter
- Tape
- Pompoms
- Pipe cleaners
- Beads



DeSerres  
[www.deserres.ca](http://www.deserres.ca)  
Curry's Art Store  
[www.currys.com](http://www.currys.com)  
Micheals  
[www.michaels.com](http://www.michaels.com)

## References

- Agrawal, Radha. (2018). *Belong: Find your people, create community, and live a more connected life*. New York, NY: Workman Publishing Company.
- Allen, Lucinda. (2020). Doors Opened, Doors Closed. Positive Psychology Toolkit. [www.PositivePsychology.com](http://www.PositivePsychology.com).
- Amabile, Teresa & Steven Kramer. (2011). *The Progress Principle: Using small wins to ignite joy, engagement, and creativity at work*. Boston, MA: Harvard Business Review Press.
- Anderson, Jane S. (2018). *30 Days of Character Strengths: A guided practice to ignite your best*. Based Living LLC. (online).
- Ansgar, C., Linda, I. & Walton T.R. (2008). The psychophysiology of generalized anxiety disorder: Effects of applied relaxation. *Psychophysiology*. 45, 377–388.
- Ayers, A.J. (1979). *Sensory Integration and the Child*, Western Psychological Services, p.51.
- Baker, Nancy Coyne. (2012). *Does daily meditation or coherent breathing influence perceived stress, stress effects, anxiety, or holistic wellness in college freshmen and sophomores?* Boston College, ProQuest Dissertations Publishing (3506381).
- Baumeister, Roy F. & M. R. Leary. (1995). *The need to belong: Desire for interpersonal attachments as a fundamental human motivation*, *Psychological Bulletin*, 117, 497-529.
- Best Alzheimer's Products (2008). Sensory Stimulation for People with Alzheimer's Disease and Dementia. Accessed February, 2011: [www.best-alzheimers-products.com/sensory-stimulation-foralzheimer's.html](http://www.best-alzheimers-products.com/sensory-stimulation-foralzheimer's.html).
- Block, Peter. (2008). *Community: The structure of belonging*. San Francisco, CA: Berrett-Koehler Publishers, Inc.
- Bridges, William. (2004). *Transitions: Making sense of life's changes*. Boston, MA: Da Capo Press.
- Brooks, Arthur C. *How Loneliness is Tearing America Apart*. New York Times, November 24, 2018.

- Brooks, D. (2015). *The Road to Character*. New York, NY: Random House.
- Brown, Richard P. & Gerbarg, Patricia L. (2012). *The Healing Power of the Breath: Simple techniques to reduce stress and anxiety, enhance concentration, and balance your emotions*. Boulder, CO: Shambhala Publications, Inc.
- Brule, Dan. (2018). *Just Breathe: Mastering breathwork*. New York, NY: Atria Publishing Group.
- Buchalter, Susan I. (2012). *Mandala Symbolism and Techniques: Innovative approaches for professionals*. Philadelphia, PA: Jessica Kingsley Publishers.
- Buckingham, Marcus & Clifton, Donald O. (2020). *Now, Discover Your Strengths*. Washington, DC: Gallup Press.
- Burgess J, Ekanayake B, Lowe A, et al. (2011). *Systematic review of the effectiveness of breathing retraining in asthma management*. Expert Review of Respiratory Medicine, 5, pp. 789–807.
- Buzan, Tony. (2012). *The Mindmap Book*. Philadelphia, PA: Trans-Atlantic Publishing, Inc.
- Caldwell, Christine. (2018). *Bodyfulness: Practices for presence, empowerment, and waking up in life*. Boston, MA: Shambhala Publications.
- Chang Q, Liu R, Shen Z. (2013). *Effects of slow breathing rate on blood pressure and heart rate variabilities*. International Journal of Cardiology, 169: pp. e6–e8.
- Chapman, Bob & Sisodia, Raj. (2015). *Everybody Matters: The extraordinary power of caring for your people like family*. New York, NY: Penguin Random House.
- Chen, W., Chu, H., Lu, R., Chou, Y., Chen, C., Chang, Y., O'Brien, A.P., Chou, K. (2008). Efficacy of progressive muscle relaxation training in reducing anxiety in patients with acute schizophrenia. *Journal of Clinical Nursing*. 18, 2187–2196.
- Childre, Doc; Martin, Howard; Rozman, Deborah & McCraty, Rollin. (2016). *Heart Intelligence: Connecting with the intuitive guidance of the heart*. Waterfront Digital Press (online).



- Christakis, N. & Fowler, J. (2009). *Connected: The surprising power of our social networks and how they shape our lives*. New York, NY: Little Brown.
- Cooperrider, D.L. & Whitney, D. (2005). *Appreciative Inquiry: A positive revolution in change*. San Francisco, CA: Berrett-Koehler Publishers.
- Coppin, Joseph & Nelson, Elizabeth. (2005). *The Art of Inquiry: A depth psychology perspective*. New York, NY: Spring Publishers.
- Crafter, Sarah; Maunder, Rachel & Soulsby, Laura. (2019). *Developmental Transitions: Exploring stability and change through the lifespan*. New York, NY: Routledge.
- Craig, Claire. (2009). *Exploring the Self Through Photography: Activities for use in group work*. Toronto, ON: Jessica Kingsley Publishers.
- Csikszentmihalyi, Mihalyi. (1997). *Finding Flow: The psychology of engagement with everyday life*. New York, NY: Basic Books.
- Danese-Bruce, Andrea & McEwen, Bruce S. (2012). *Adverse childhood experiences, allostasis, allostatic load, and age-related disease*. Physiology & Behavior, 106, 1, pp. 29-39.
- De Lange, Naydene; Stuart, Jean & Mitchell, Claudia. (Eds.), (2008). *Putting People in the Picture: Visual methodologies for social change*. Boston, MA: Sense Publishers.
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5 ®)*. (2013). Washington, DC: American Psychiatric Association.
- Doll, Anselm. (2016). *Mindful attention to breath regulates emotions via increased amygdala-prefrontal cortex connectivity*, NeuroImage, Vol. 154, pp. 305-313.
- Dunlea, Marian. (2019). *BodyDreaming in the Treatment of Developmental Trauma: An embodied therapeutic approach*. New York, NY: Routledge.
- Elliott, Stephen & Edmonson, Dee. (2008). *Coherent Breathing: The definitive method, theory, and practice*. Allen, TX: Coherence Press.
- Emmons, Robert A. (2016). *The Little Book of Gratitude: Create a life of happiness and wellbeing by giving thanks*. London, United Kingdom: Gaia Publishing.

- Everly Jr, George S. & Lating, Jeffrey M. (2012). *A Clinical Guide to the Treatment of the Human Stress Response*. New York, NY: Springer.
- Fay, Deidre. (2017). *Attachment-Based Yoga and Meditation for Trauma Recovery: Simple, safe, and effective practices for therapy*. New York, NY: W.W. Norton & Company.
- Fogel, Alan. (2009). *Body Sense: The science and practice of embodied self-awareness*. New York, NY: W.W. Norton & Company.
- Godfrin, K.A. & Heeringen, C. (2010). The effects of mindfulness-based cognitive therapy on recurrence of depressive episodes, mental health and quality of life: A randomized controlled study. *Behaviour Research and Therapy*. 48, 738–746.
- Gubrium, Aline & Harper, Krista. (2015). *Participatory Visual and Digital Methods*. New York, NY: Routledge.
- Gussak, D. (2009). Comparing the effectiveness of art therapy on depression and locus of control of male and female inmates. *The Arts in Psychotherapy*. 36, 202–207.
- Hamasaki, H. (2020). *Effects of diaphragmatic breathing on health: A narrative review*. *Medicines*, 15, 7(10), 65. Doi: 10.3390/medicines/7100065 PMID: 33076360 PMCID: PMC7602530.
- Hamilton Community Foundation. (2007). *Photovoice Hamilton: Manual and resource kit*. Hamilton, ON: Available online as a PDF.
- Hanson, Rick. (2013). *Hardwiring Happiness: The new brain science of contentment, calm, and confidence*. New York, NY: Harmony.
- Hollis, James. *Creating a Life: Finding your individual path*. Toronto, ON: Inner City Books.
- Hollis, James. (2003). *On This Journey We Call Our Life: Living the questions*. Toronto, ON: Inner City Books.
- Jackson, A. (2009). *The Flipside: Finding the hidden opportunities in life*. London, UK: Headline Book Publishing.
- Jackson, E. Dream Catcher Weighted Blankets. (2011). *What Is The Recommended Use Of A Weighted Blanket?* Accessed February, 2011: [www.weightedblanket.net](http://www.weightedblanket.net).

- Jarldorn, Michele. (2018). *Photovoice Handbook for Social Workers: Method, practicalities and possibilities for social change*. London, United Kingdom: Palgrave Pivot.
- Jarrow, Rick. (2005). *The Yoga of Work: Strategies for right livelihood from the world's wisdom traditions*. Boulder, CO: Sounds True.
- Jerath, R., Edry, J.W., Barnes, V.A. & Jerath, V. (2006). *Physiology of long pranayama breathing: Neurorespiratory elements may provide a mechanism that explains how slow deep breathing shifts the autonomic nervous system*. Medical Hypotheses, 67, 561-571.
- Joseph CN, Porta C, Casucci G, et al. (2005). *Slow breathing improves arterial baroreflex sensitivity and decreases blood pressure in essential hypertension*. Hypertension, 46: pp. 714–718.
- Kaufman, Scott Barry. (2020). *Transcend: The new science of self-transformation*. New York, NY: TarcherPerigee.
- Kaushik, R.M.; Kaushik, R.; Mahjan, S.K. & Rajesh, V. (2006). *Effects of mental relaxation and slow breathing in essential hypertension*. Complementary Therapies in Medicine, 14, pp. 120-126.
- Kidd, Sue Monk. (2016). *When the Heart Waits: Spiritual direction for life's sacred questions*. New York, NY: HarperOne.
- Klein, Uschi. (2017). *Seeing Self and the World: Everyday photography and young male adults with autism spectrum disorders*. Doctoral Thesis. University of Bournemouth, United Kingdom.
- Lanius, Ruth. (2015). *Healing the Traumatized Self: Consciousness, neuroscience, treatment*. New York, NY: W. W. Norton & Company.
- Latz, Amanda O. (2017). *Photovoice Research in Education and Beyond: A practical guide from theory to exhibition*. New York, NY: Routledge.
- Leavy, Patricia. (2015). *Method Meets Art: Arts-based research practice*. New York, NY: The Guilford Press.
- Levoy, L. (1997). *Callings: Finding and following an authentic life*. New York, NY: Three River Press.
- Lieberman, Matthew D. (2013). *Social: Why our brains are wired to connect*. New York, NY: Crown Publishers.

- Licata, Matt. (2020). *A Healing Space: Befriending ourselves in difficult times*. Boulder, CO: Sounds True.
- Littman-Ovadia, Hadassah & Niemiec, Ryan M. (2016). *Character strengths and mindfulness as core pathways to meaning in life*. Clinical Perspectives on Meaning, Springer Link, (pp. 383-405).
- Makransky, John. (2007). *Awakening through Love: Unveiling your deepest goodness*. Somerville, MA: Wisdom Publications.
- Marsh Risk Consulting Practice (2007). Clinical documentation: Putting the house in order. *Healthcare*. 14 (3), 1–8.
- Martin, M., Minna, Seppä, Maila, Lehtine, Päivi & Törö, Tiina. (2015). *Breathing as a Tool for Self-Regulation and Self-Reflection*. London, United Kingdom: Karnac Books.
- McGoldrick, Monica. (2018). *You Can Go Home Again: Reconnecting with your family*. New York, NY: W.W. Norton & Company.
- McNiff, Shaun. (1998). *Art-Based Research*. Philadelphia, PA: Jessica Kingsley Publishers.
- Meija-Meijo, Elisa; Torres, Robinson & Restrepo, Diana. (2019). *Assessment of high coherence states using heart rate variability, pulse transit time and respiratory signals*. Biomedical Physics and Engineering Express, 5(4), 045008.
- Menon, S.R.; Anandakuttan, A.K.; Nayar, K.; Roy, A.G.; Kumar, C.S. & Kumar, K.P. (2017). *Neurorespirology: A science of coherent breathing*. Journal of the Neurological Sciences, Vol. 381, Supplement, p. 917.
- Morris J.N. & Hardman, A.E. (1997). Walking to health. *Sports Medicine*. May;23(5):306–32.
- Morton, N., Keating, J., Jeffs, V. & Jeffs, K. (2007). The effect of exercise on outcomes for older acute medical inpatients compared with control or alternative treatments: A systematic review of randomized controlled trials. *Rehabilitation*. 21(3),16.
- Moxley, David P.; Bishop, Jeffrey & Miller-Cribbs, Julie. (2017). *Photovoice Methods in Social Work: Using visual and narrative techniques in participatory research and practice*. New York, NY: Springer Publishing Company.

**Mulder, Cray & Dull, Aubrey. (2014). *Facilitating Self-Reflection: The integration of photovoice in graduate social work education. Social Work Education: The International Journal*, 33:8, 1017-1036.**

NASMHPD (2008). Training Curriculum for the Reduction of Seclusion and Restraint. Accessed February, 2011: [www.nasmhpd.org](http://www.nasmhpd.org).

National Institute on Aging. (2001). *Exercise: A Guide from the National Institute on Aging*. Accessed February, 2011: [www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide/](http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide/).

**Niemiec, Ryan M. & McGrath, Robert E. (2019). *The Power of Character Strengths: Appreciate and ignite your positive personality*. Cincinnati, OH: VIA Institute on Character.**

**Niemiec, Ryan M. (2018). *Character Strengths Interventions: A field guide for practitioners*. Ashland, OH: Hogrefe Publishing.**

**Niemiec, Ryan M. (2014). *Mindfulness and Character Strengths: A practical guide to flourishing*. Ashland, OH: Hogrefe Publishing.**

**Nelson, Noelle C. & Lemare Calaba, Jeannine. (2003). *The Power of Appreciation: The key to a vibrant life*. New York, NY: Gallery Books.**

**Nestor, James. (2020). *Breath: The new science of a lost art*. New York, NY: Riverhead Books.**

Normand, M. (2007). 30-Minute Mandalas Coloring Book: Active Meditation for the Mind and Body OR Easy Meditation through Coloring. NMS.

**Parker, Priya. (2018). *The Art of Gathering: How we meet and why it matters*. Oxford, United Kingdom: Riverhead Books.**

**Pedler, Mike & Abbott, Christine. (2013). *Optimize the Power of Action Learning*. Berkshires, United Kingdom: Open University Press.**

**Pennebaker, James W. & Smyth, Joshua M. (2016). *Opening Up by Writing it Down: How expressive writing improves health and eases emotional pain*. New York, NY: The Guilford Press.**

**Peterson, Christopher. (2006). *A Primer on Positive Psychology*. New York, NY: Oxford University Press.**

**Peterson, Christopher & Seligman, Martin E.P. (2004). *Character Strengths and Virtues: A handbook and classification*. New York, NY: American Psychological Association and Oxford University Press.**

- Plowman, Randel. (2012). *The Collage Workbook*. Asheville, NC: Lark Crafts.
- Price, C.J., Moore, C.J. & Frackowiak, R.S.J. (1996). The Effect of Varying Stimulus Rate and Duration on Brain Activity during Reading. *Neuroimage* 3, 40–52.
- Radaelli A, Raco R, Perfetti P. et al. (2004). *Effects of slow, controlled breathing on baroreceptor control of heart rate and blood pressure in healthy men*. *Journal of Hypertension*, 22: pp. 1361–1370.
- Ram Dass, (2013). *Polishing the Mirror: How to live from your spiritual heart*. Boulder, CO: Sounds True.
- Russo, Marc A.; Santarelli, Danielle M. & O'Rourke, Dean. (2017). *The physiological effects of slow breathing in the healthy human*. *Breathe*, 13(4), pp. 298-309. doi: 10.1183/20734735.009817.
- Salyers, Michelle P.; Hudson, Candice.; Morse, Gary.; Rollins, Angela L.; Monroe-DeVita, Maria.; Wilson, Cynthia. & Freeland, Leah. (2011). *BREATHE: A pilot study of a one-day retreat to reduce burnout among mental health professionals*. *Psychiatric Services*, 62(2). Pp. 214-217. Doi: 10.1176/appi.ps.62.2.214.
- Schaffer, Carolyn R. & Anderson, Kristin. (2005). *Creating Community Anywhere: Finding support and connection in a fragmented world*. Dillon Beach, CA: CCC Press.
- Schalkwyk. G. (2010). *Collage Life Story Elicitation Technique: A representational technique for scaffolding autobiographical memories*. *The Qualitative Report*, 15(3), 675-695. <http://www.nova.edu/sss/QR/QR15-3/vanschalkwyk.pdf>.
- Schein, Edgar H. (2013). *Humble Inquiry: The gentle art of asking instead of telling*. San Francisco, CA: Berrett-Koehler Publishers.
- Schelske, Marc Alan. (2012). *Discovering Your Authentic Core Values: A step-by-step guide*. Live201 Media (online).
- Selassie, Sebene. (2020). *You Belong: A call for connection*. New York, NY: HarperOne.
- Seligman, M.E., Steen, T.A.; Park, N. & Peterson, C. (2005). *Positive psychology progress: Empirical validation and interventions*. *American Psychologist*, 60 (5), 410-421.



- Sensory Processing Disorder Resource Center (2011). *Home Page*. Accessed February, 2011: [www.sensory-processing-disorder.com](http://www.sensory-processing-disorder.com).
- Siegel, Daniel J. (2016). *Mind: A journey to the heart of being human*. New York, NY: W.W. Norton & Company.
- Snyder, C.R., Lopez, S.J. & Pedratti, J.T. (2011). *Positive Psychology: The scientific and practical exploration of human strengths*. Thousand Oaks, CA: Sage.
- Stanfield, Brian R. (2000). *The Art of Focused Conversation*. Gabriola Island, BC: New Society Publishers.
- Stanley, Elizabeth A. (2017). *Widen the Window: Training your brain and body to thrive during stress and recover from trauma*. New York, NY: Avery.
- Stein, Murray. (2004). *Transformation: Emergence of the self*. College Station, TX: A&M University Press.
- Step toe, Andrew; Owen, Natalie; Kunz-Ebrecht, Sabine & Brydon, Lena. (2004). *Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women*. *Psychoneuroendocrinology*, 29(5), pp. 593-611.
- Streeter, Chris C.; Gerbarg, Patricia L.; Whitfield, Theodore H.; Owen, Liz.; Johnston, Jennifer.; Silveri, Marisa M.; Gensler, Marysia.; Faulkner, Carol L.; Mann, Cathy.; Wixted, Mary.; Hernon, Anne Marie.; Nyer, Maren B.; Brow, E. Richard P. & Jensen, John E. (2017). *Treatment of Major Depressive Disorder with Iyengar Yoga and Coherent Breathing: A Randomized Controlled Dosing Study*. *Journal of Alternative and Complementary Medicine*, Vol. 23, No. 3, pp. 201-207. 2017<https://doi.org/10.1089/acm.2016.0140>.
- Stress Relief Exercises (2011). *Deep Breathing Exercises*. Accessed November, 2010: [www.stress-relief-exercises.com](http://www.stress-relief-exercises.com).
- Stress Relief Exercises. (2011). *Progressive Muscle Relaxation*. Accessed November, 2010: [www.stress-relief-exercises.com](http://www.stress-relief-exercises.com).
- Stuckey, H. & Nobel, J. (2010). The connection between art, healing, and public health: A review of current literature. *American Journal of Public Health*. 100(2).

- Suvarna, Beena; Suvarna, Aditya; Phillips, Riana; Juster, Robert-Paul; McDermott, Brett & Sarnyal, Zoltan. (2020). *Health risk behaviours and allostatic load: A systematic review*. Neuroscience & Biobehavioral Reviews, 8, pp. 694-711.
- Taylor C.B., Sallis, F.J. & Needle, R. (1985). The relation of physical activity and exercise to mental health. Public Health Report. 100(2), 195.
- Tedeschi, Richard; Shakespeare-Finch, Jane & Taku, Kanako. (2018).** *Posttraumatic Growth: Theory, research, and applications*. New York, NY: Routledge.
- Tharion E, Samuel P, Rajalakshmi R, et al. (2012). *Influence of deep breathing exercise on spontaneous respiratory rate and heart rate variability: A randomised controlled trial in healthy subjects*. Indian Journal of Physiological Pharmacology, 56: pp. 80–87.
- Toronto Public Health (1999). Moving on the Spot Session 1: Family Fun in Five Minutes. [www.toronto.ca/health/movingonthespot/movingonthespot\\_poster.htm](http://www.toronto.ca/health/movingonthespot/movingonthespot_poster.htm).
- Treleaven, David A. (2018).** *Trauma-Sensitive Mindfulness: Practices for safe healing*. New York, NY: W.W. Norton & Company.
- Turner, Toko-pa. (2017).** *Belonging: Remembering ourselves home*. Melbourne, Australia: Her Own Room Press.
- Ulrich, David. (2018).** *Zen Camera: Creative awakening with a daily practice in photography*. New York, NY: Watson-Guption.
- University of North Carolina Campus Health Services. (2007). Relaxation Audio Sessions. [campushealth.unc.edu/index.php?option=com\\_content&task=view&id=694&Itemid=56](http://campushealth.unc.edu/index.php?option=com_content&task=view&id=694&Itemid=56).
- Wang, Jingyi Wang; Lloyd-Evans, Brynmor; Giacco, Domenico; Forsyth, Rebecca; Mann, Farhana & Johnson, Sonia. (2017).** *Social isolation in mental health: a conceptual and methodological review*. *Social Psychiatry and Psychiatric Epidemiology*, 52, pp. 1451-1461.
- Weintraub, Amy. (2012).** *Yoga Skills for Therapists: Effective practices for mood management*. New York, NY: W.W. Norton & Company.
- Weiser, Judy. (1993).** *PhotoTherapy Techniques: Exploring the secrets of personal snapshots and family albums*. San Francisco, CA: Jossey-Bass Publishers.



- Westerbeck, Colin & Meyerowitz. (2017). Bystander: A history of street photography. London, United Kingdom: Laurence King Publishing.**
- Wornick, Melody. (2016). This is Where You Belong: Finding home wherever you are. New York, NY: Penguin Books.**
- Williams A.M., Davies, A. & Griffiths, G. (2009). Facilitating comfort for hospitalized patient using non-pharmacological measures: Preliminary development of clinical practice guidelines. International Journal of Nursing Practice. 15, 145–155.**
- Yanos, P.T.; Roe, D. & Lysaker, P.H. (2011). Narrative enhancement and cognitive therapy: A new group-based treatment for internalized stigma among persons with severe mental illness. International Journal of Group Psychotherapy, 61(4): 576-595.**



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