

**Music in Recovery:** Peer-led activity about how music impacts one's mood. INDs were asked a variety of questions about how music influences one's mood, memories, etc. INDs engaged other peer members in discussion by choosing the next IND to talk about their music choices. INDs were encouraged to share their favorite types of music, the mood they experience while listening, and their memories associated with the music. INDs were able to locate samples of the music they enjoy to share with fellow peer members. INDs were challenged to think about how they can apply music to their recovery when they are back at home or in their communities.

**Understanding Schizophrenia:** Peer-led activity on signs and symptoms associated with schizophrenia. Peer lead read information provided by staff about diagnostic criteria for Schizophrenia (hallucinations, delusions, bizarre behavior, disorganized speech and thought patterns, etc.) IND shared own experiences living with schizophrenia. IND was challenged to think about how sharing these experiences might help someone else who was diagnosed with the disorder. INDs watched a short video provided by NAMI about schizophrenia. INDs were challenged to share how they might share this information within their community to combat stigma about mental health conditions.

**Recovery Survival Guide:** MHPSP staff give an overview of typical things one would find in a wilderness survival guide (Supplies, food, shelter, water, campfire, first aid, etc). MHPSP challenge INDs to think about these categories from a recovery perspective via interactive questions such as "What wellness tools would you pack in your recovery backpack?" and "What healthy, fun activities could you do around the recovery campfire?" INDs are challenged to think about mental health resources that they could utilize (similar to a compass) via questions such as "How would you find your way?" MHPSP staff ask peer members to share what they might add in their recovery first aid kit (coping skills, crisis line numbers, supports, hospitals, etc) in the event that they experience a relapse or worsening symptoms. INDs create a recovery survival guide using provided art materials. The INDs are encouraged to write tips, hacks, and draw pictures of what they would add to their recovery survival guide to help someone else navigate their recovery.

<https://sympathink.com/how-to-survive-in-the-wild-tips-survival-guide/>

**A Letter to my Younger Self:** INDs are challenged to think about their youth and difficult experiences they might have faced. While it is common to make mistakes, one can often be one's own worst critic and this can inhibit people from moving forward in their lives and recovery. INDs read from an internet article about self-forgiveness. The article poses 5 questions about self-forgiveness including: Can anything be done to change it? Do I allow myself to make mistakes? Have I done everything possible to make it right? Why am I holding onto this? and How can I use this as an opportunity to grow? MHPSP staff guide INDs through a letter writing process to the INDs' younger selves and challenge INDs to write a letter that forgives the younger self for making mistakes. INDs are guided through each question and INDs are encouraged to think about what they have learned from their experiences versus placing blame. INDs are encouraged to share their letters with fellow peer members.

<https://www.inc.com/rhett-power/master-self-forgiveness-with-these-5-questions.html>

**Power of Positive Thinking:** Peer-led activity about exercises one can do to practice positive thinking. According to Cognitive Behavioral Therapy, one's thoughts can influence one's actions and emotions/feelings. Practicing positive thinking can have a positive impact on one's mood, behaviors, and self-esteem. While positive thinking is not pretending that everything is perfect, one can train their self-

talk patterns to see the positive in situations or identify positive qualities in themselves, even if they make mistakes. INDs are asked to think of a time when they were in a negative situation and instead of focusing on the negative, asking themselves questions such as "What is this teaching me?" versus "Why is this happening to me?" INDs participate in an activity where they write down positive affirmations that they can tell themselves every day (I am loved, I am worthy, I am good enough, etc).

<https://www.thelawofattraction.com/positive-thinking-exercises/>

**What is Peer Support?** MHPSP staff facilitated discussion about the service definition of peer support and the role of the certified peer specialist. INDs watched a DBHDD video about the role of peer specialists and how treatment and services have evolved from institutionalization to the recovery model. LPC reviewed the service definition for mental health peer support and emphasized how all program activities are centered around recovery, independent living skills, wellness, self-advocacy, and socialization/development of natural supports. LPC discussed treatment plans and challenged INDs to list their goals for MHPSP. MHPSP staff will assist in updating treatment plans to reflect current goals and INDs will sign treatment plans once reviewed and completed.

**ABC Scavenger Hunt:** INDs were challenged to complete a scavenger hunt activity where they had to locate within the peer support program room items that started with each letter of the alphabet. INDs were instructed that if they couldn't find tangible items with the letters, they could substitute the words for wellness tools. INDs shared their alphabet results with the peer members. INDs were encouraged to complete a community scavenger hunt to remind them about wellness tools being everywhere and how to get up and get moving to ward off boredom.

**Sensory Activity:** MHPSP staff educate INDs on how to use a grounding technique using the 5 senses to manage a variety of mental health symptoms, specifically those associated with anxiety and PTSD. Grounding techniques help the person "stay grounded" when symptoms or stimuli are becoming overwhelming around them. INDs are challenged to think about scenarios where symptoms were getting out of control (large crowds, conflict, loud environment noise, etc). INDs are challenged to practice the grounding technique by sitting or standing still, naming five things one can see, four things one can touch, three things one can hear, two things one can smell, and one thing one can taste. INDs take turns practicing the technique. INDs are asked to share what the experience was like as they worked through the five senses.

<https://www.verywellmind.com/grounding-techniques-for-ptsd-2797300>

**Feelings Charades:** INDs participated in a discussion about the importance of properly labeling emotions. Knowing how to accurately label emotions and symptoms can lead to more effective care and communication of needs. Telling someone one feels "enraged" instead of "a little angry" can lead to a much different outcome. Labeling emotions and symptoms properly with one's doctor can also lead to more effective treatment options and better outcomes. INDs participated in an activity where they drew emotions out of a box and had to act out the emotion to allow the other peer members a chance to guess the emotion. INDs were not allowed to speak during the game and could only use facial expression and hand gestures. The activity assists in practicing non-verbal communication skills and also practicing identifying and labeling emotions.

**Emotional awareness:** Emotional Awareness is the ability to identify and label our emotions. Emotions can be felt at a conscious or unconscious level and if they are not identified properly, they can lead to adverse reactions and maladaptive behaviors. Feelings are felt and labeled at a conscious level, but not always accurately. Not being able to accurately label emotions can also lead to one not knowing how to

ask for support or care in an appropriate way. One might label an emotion as anger when in reality it's disappointment and the issue can go unresolved. INDs participated in a discussion where they shared their definitions of feelings and emotions. INDs shared how one can feel physical symptoms that alert them that they might be feeling a certain way (nausea, fidgety, dizzy, etc). INDs participated in a coloring activity where they were instructed to color a 'twisted ball' with emotions and color the emotion with the color that they associate with it. MHPSP staff reminded INDs that everyone can label the emotions with different colors (ie depression as gray versus black). INDs were then asked to share the colors they chose and explain why that color represented that particular emotion.

**Peer Jeopardy:** INDs participated in an interactive game that takes a fun twist on the traditional version of Jeopardy. One IND volunteered to be the host and asked the two teams of players questions that fall into the 5 categories of MHPSP: Wellness, Recovery, Independent Living skills, Socialization/Development of Natural Supports, and Self-Advocacy. Teams took turns answering questions about coping skills, wellness tools, conversation starters, and recovery stories. MHPSP staff supported INDs by encouraging participation, acting in role plays, and encouraging sharing of different responses.

**Cognitive Distortions:** Peer-led activity on the different types of cognitive distortions (catastrophizing, black/white thinking, jumping to conclusions, 'should' statements, all or nothing thinking, etc ). INDs read descriptions about the different types of cognitive distortions and INDs were encouraged to share their lived experience and examples of times when they experienced cognitive distortions. INDs discussed how to catch negative thoughts and cognitive distortions and replace them with healthier self-talk. MHPSP staff shared examples of "cognitive restructuring." Staff provided examples of how to change thoughts to combat cognitive distortions. INDs were able to practice reframing their negative thinking into a most positive mindset.

**Dealing with Crowds:** INDs read an article about how to deal with crowds. Many people experience anxiety and other unpleasant symptoms when they find themselves in a large crowd or around unfamiliar people. The article normalizes the anxiety that people feel in crowds and offered suggestions of how someone could manage anxiety when faced with a large crowd (breathing, taking note of thought patterns, using positive self-talk, practice acceptance, and be patient). The article suggested having a plan if someone knows he/she will be facing a crowd (grocery store, theme parks, etc). The article suggested creating a grocery list to organize one's thoughts about what to buy so one doesn't become overwhelmed and forgetful. For a theme park where an immediate exit isn't always available, one can take breaks, practice deep breathing, or go with a supportive friend. INDs were able to discuss anxiety symptoms and were encouraged to share the techniques they use to manage their symptoms.

**Emotional Clutter:** INDs watched a brief video clip on YouTube that discussed 'emotional clutter' and how simplifying one's life can help eliminate and minimize 'emotional clutter.' Emotional clutter is defined as persistent thoughts that crowd the mind with negativity. INDs read an online blog post about emotional clutter and how it prevents the writer from being able to focus on the positive aspects in her life. INDs were able to discuss the most common types of emotional clutter: "I do everything around here," "No one cares about me", "I'm terrible at making friends" and "I'm not cut out for this." INDs discussed ways to catch emotional clutter and replacing the clutter with positive thoughts that challenge negative thinking patterns.

**Recovery Knowledge Inventory:** MHPSP staff led activity on defining recovery and identifying one's own biases about the recovery process. INDs discussed the components in recovery including: personal responsibility, coping skills, seeking supports, and improving oneself. LPC facilitated discussion on stigma and self-stigma that can hinder one's recovery. INDs completed a recovery knowledge inventory that

challenged their thoughts on who can recover, who can advocate for themselves, and how others with mental health challenges can be as instrumental in others' recovery as mental health professionals. INDs were able to practice recovery skills, communication skills, and critical thinking skills by answering the question prompts in a verbal discussion format. INDs were challenged to think about how they can catch themselves when they are self-stigmatizing and how they can practice more compassion.

**Reducing Relapse:** INDs are asked to discuss how they define recovery. How does one know they are in recovery? INDs are challenged to think about a time they didn't think they were in recovery. What did that look like? What were they doing? MHPSP staff discuss that relapse is not only for those with substance use disorders, but relapse or set back could be used for those with mental health challenges as well. INDs are asked to discuss a time when they realized they were having a set back in their recovery and share the steps they took to get back on their recovery path. MHPSP staff challenge INDs to think about what factors/people/situations supported them to make changes and are asked what they could do to support someone that might be experiencing a relapse. MHPSP staff share 'tips' to help prevent a relapse which might include: getting enough sleep, exercising, eating a balanced diet, joining a support group, etc.

<https://americanaddictioncenters.org/rehab-guide/relapse-prevention>

**Recovery Tree:** INDs complete an art project to display in the MHPSP room. A large tree shape is made with paper on the wall. Each part of the tree represents a different contributor to one's recovery. The roots of the tree are what keep one 'grounded' in recovery and can be people, values, beliefs, etc that are fundamental. The branches represent the goals that one has set for themselves in their recovery. Goals could include: becoming a certified peer specialist, getting a job, getting an apartment/house, managing one's own money, starting a family, etc. These are the things that one wants to achieve and keeps one motivated to maintain wellness. The leaves represent the things that one wants to change in order to maintain their wellness. Leaves are the transitional parts of the tree that shed each year with changing seasons and they represent the things one can change about oneself to make room for new growth and healthier habits. Examples could include: Smoking, isolating, blaming others, etc.

**Triggers:** INDs are challenged to think about what some of their triggers are. How does one know they've been triggered? What situations are triggering? Who does one blame when a trigger happens? For many, it is assumed that everyone and everything else is to blame for triggers. However, many professionals are challenging this myth by placing responsibility on the IND for identifying triggers and the feelings/emotions that accompany them. INDs read an article titled "The Myth of 'I'm Triggered and It's Your Fault.'" The author, a psychologist defines triggers and challenges the idea that triggers are everyone's responsibility except the person that was triggered. The psychologist gives examples of questions that can help one take ownership of the trigger and the feelings that come with it. The author explains how to sit with uncomfortable emotions that come with triggers and how to cope with them until they pass, emphasizing that feelings are fleeting and not lethal. The author discusses the idea that 'triggers' should be reframed as opportunities for healing and not situations/people to be avoided.

<https://pro.psychcentral.com/recovery-expert/2018/03/the-myth-of-im-triggered-and-its-your-fault/>

**Anxiety:** Anxiety is a common condition and is defined as "Intense, excessive, and persistent worry and fear about everyday situations." Common symptoms of anxiety include: fast heart rate, rapid breathing, sweating, and feeling tired. While anxiety can be normal in stressful situations such as public speaking or taking a test., it is an indicator of underlying disorder when feelings become excessive, all-consuming, and interfere with daily living. INDs watched a brief TED Talk about high functioning anxiety and the stigma that people place on what anxiety looks like. The speaker shared personal experiences about only experiencing anxiety in specific situations and how MH disorders don't always "look" a certain way and people experience symptoms differently. The speaker discussed the differences among situational anxiety, social anxiety, and high functioning anxiety. INDs are challenged to think about how they can

## MHPSP Interventions – Recovery

use their lived experience to combat stigma within their communities and show that MH doesn't have a 'look.'

[https://www.youtube.com/watch?v=JUedQ0\\_EGCO](https://www.youtube.com/watch?v=JUedQ0_EGCO)

**Anger Management:** INDs shared situations where they have felt angry. INDs were challenged to describe how they look when they are angry. INDs were asked to talk about any physical signs of anger (racing heart, sweating, flushed face, pacing, etc). INDs reviewed a worksheet that described anger as an iceberg. The worksheet explained anger as a superficial emotion that masks underlying feelings and emotions such as hurt, shame, frustration, and fear. INDs were asked to think about their original anger scenarios and label the situation with a new emotion to describe how they felt. The worksheet challenged INDs to think about their upbringing and family dynamics to evaluate which emotions were 'safe' to express. INDs discussed how they can better communicate their emotions to others in order to advocate for themselves and get the support they need.