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For youth
mental health
clinicians

BRIEF
INTERVENTIONS
IN YOUTH
MENTAL HEALTH
TOOLKIT

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ACKNOWLEDGEMENT

It is with great pleasure that we are able to provide to you the brief interventions clinic (BIC) toolkit.

The development of the toolkit has been a truly collaborative process from the initial work between clinicians and researchers from the "Simple interventions" trial (1) through the engagement of young people of our Youth Advisory Groups (YAG). In its latest edition, the BIC toolkit is a clinical resource for young people, by young people.

We would like to thank the staff, young people and families of headspace Sunshine, Glenroy and Werribee without whose experiences, collaboration and partnership, this toolkit would not have been developed.

The BIC toolkit writing group consists of: Cat McKenzie, Nicholas Pace, Rhianna Mann, Justine Halfpenny, Carsten Schley, and Professor Alexandra Parker.

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Other contributions to the development of the BIC toolkit have also come from the following people: Alison McRoberts, Catherine Hluchanic, Manon Burgat, Michelle Gopold, Paul Neumann, Nicole Juniper, and the young people of the YAGs of headspace Sunshine, headspace Glenroy and headspace Werribee.



1. Parker AG, Hetrick SE, Jorm AF, MacKinnon A J, Yung AR, McGorry PD, Purcell R. The effectiveness of simple psychological and physical activity interventions for high prevalence mental health problems in young people: a factorial randomised controlled trial. *Journal of Affective Disorders*. 2016;196:200-209.

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ENQUIRIES

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HOW TO USE THIS TOOLKIT

This toolkit is divided into two parts. Part 1 provides background information on brief interventions in youth mental health for clinicians and includes assessment tools, forms to use in everyday practice and information handouts to give to young people and their families. This first part of the toolkit contains three sections that ideally should be read before the second part. The first section:

Introduction to brief interventions in youth mental health, introduces the history and background of the Brief interventions in youth mental health (BIYMH) toolkit and provides an overview of how the toolkit can best meet the needs of young people. The second section: **Assessment and outcome measures in the brief interventions in youth mental health toolkit**, identifies the outcome measures which will be useful to evaluate clinical progress of young people with whom the toolkit is being used. The third section section: **Clinician's guide to the brief interventions in youth mental health toolkit** provides guidelines and information for clinicians on how to use the modules which appear in part 2.

Part 2 describes the nine modules of the BIYMH toolkit and uses a workbook approach. This part of the toolkit includes activities and resources that can be used with the young person in clinical sessions or be given to the young person to complete outside of the session.

Resources and handouts are used throughout this toolkit for clinicians to use in everyday clinical practice and are intended for clinicians to print out or photocopy to use for notes or to track progress. The handouts in part 2 are intended for clinicians to give to young people and their families, friends and other supports to help improve their overall understanding of mental health issues and the interventions being used.

This toolkit provides you with the latest evidence-informed practices and guidance for the treatment of mild-to-moderate high prevalence disorders in young people. It is not intended to be a substitute for your own clinical experience and judgement. To ensure that young people receive the maximum benefit from the interventions, we recommend that these should be delivered by a professional who is: either currently involved in a welfare or counselling role, or has had at least basic training in counselling, and/or is a medical, nursing or allied health professional. We also recommend that practitioners delivering interventions should be engaged in regular clinical supervision with someone with expertise knowledge in the treatment of mental health disorders in young people.

At the foot of relevant pages, you will find a variety of icons to help you identify resources, particularly those which are useful to print off.

Free online training resources accompany the BIYMH toolkit and are available from the **Orygen website**.



**INTRODUCTION
TO THE BRIEF
INTERVENTIONS
IN YOUTH MENTAL
HEALTH TOOLKIT**

WHAT IS THE BRIEF INTERVENTIONS IN YOUTH MENTAL HEALTH TOOLKIT?

BACKGROUND

Referral rates of young people with more complex needs have notably increased across the headspace centres. This development has raised concern as young people with lesser needs are often 'trumped' on the waiting list so that their timely access to care is not always ensured. As timely access to care is a priority for headspace, an alternative service model for young people with mild-to-moderate difficulties was created and was originally called the Brief Interventions Clinic (BIC),

HISTORY

The BIC was initially established as a 'clinic-based approach' and separate clinical pathway to care for young people with mild-to-moderate difficulties in addition to the existing private allied health provider model. Based on experience with the former brief interventions project at headspace Sunshine and the simple interventions trial,⁽¹⁾ the BIC provided up to six sessions of evidence-based psychological interventions with the view to prevent further deterioration of young people's mental health and to reduce the need for more intensive, longer-term treatment.

The BIC was also run by placement students under supervision and access team staff and was operational during regular business hours. The number of students/staff engaged in BIC and days of operation varied depending on changing demands throughout the year and availability of clinical supervisors.

In 2014, two years after the original BIC had been initially implemented, headspace Sunshine and Glenroy clinicians reviewed the program, its modules, material, and efficacy as reported by the young people and clinicians who participated in the program. Within its first year of implementation, 50 young people had attended the BIC program (75.5% female; average of 17.5 years), reducing wait time up to four weeks. Roughly 73% of young people completed treatment, attending an average of four sessions and selecting up to three

modules. One hundred per cent of young people reported feeling well understood by their clinician, 95% stated that they were entirely satisfied with their experience, and 91% reported that their outcome expectations were completely met.⁽²⁾

"YOUNG PEOPLE REPORTED THAT THEY FOUND THE BRIEF INTERVENTION CLINIC AS HELPFUL TO THEM."

Despite an overwhelmingly positive response from young people, clinician feedback led to an update of the original BIC material to reflect current research and include information that was missing from the previous version, such as basic anxiety management strategies. Clinicians also indicated that they would like to be able to use information from the modules with young people and their families, but couldn't do so in its then format because of the language used in the modules, which was primarily written for clinicians.

A revamped version of the BIC modules were written specifically for young people, using youth-friendly language, and also included links to multi-media resources, such as YouTube clips, to further aid understanding of the module content. Clinicians could share the module content directly with young people, their families, friends and other supports. The newer content and design was also developed and reviewed by the Youth Advisory Group (YAG) members of headspace Glenroy, Sunshine and Werribee, and their specific feedback and recommendations directly incorporated. Much of the imagery used in the toolkit has been provided or guided by the young people themselves.

The BIYMH toolkit in its current format is the latest evolution of the previous BIC manuals.

1. Parker AG, Hetrick SE, Jorm AF, MacKinnon A J, Yung AR, McGorry PD, Purcell R. The effectiveness of simple psychological and physical activity interventions for high prevalence mental health problems in young people: a factorial randomised controlled trial. *Journal of Affective Disorders*. 2016;196:200-209.

2. Schley C, Pace N, Mann R, McKenzie C, McRoberts A, Parker A. The headspace Brief Interventions Clinic: Increasing timely access to effective treatments for young people with early signs of mental health problems. *Early Intervention in Psychiatry* [Internet]. 2019 Oct 1 [cited 2022 Jun 22];13(5):1073-82.

INTERVENTIONS

Interventions provided in the BIYMH toolkit are described in detail in part 2 and include:

- communicating with confidence;
- understanding my anger;
- exercise for wellbeing;
- sleeping well;
- understanding and managing my moods and anxiety;
- problem-solving skills;
- mindfulness and relaxation;
- understanding and accepting myself; and
- nutrition for wellbeing

Interventions are described within this toolkit to ensure consistency and adherence to the current evidence base. However, the modules within the toolkit have been designed to be flexible and should be tailored to meet the needs of the young person and complement the clinician's own style of practice. It is acknowledged that every clinician will bring their own skills and resources from which drawn upon when providing treatment and care to the young person. The approach and extent to which each module is used can be determined in session by talking with the young person. Providing young people with the freedom to shape their own treatment can be a lovely way to neutralise any power dynamics and cultivate a fun, emergent and collaborative therapeutic experience.

Review of progress and welfare of young people, whether using the clinic-based approach or not, may occur during regular (weekly) individual supervision sessions of students/staff with their designated supervisor. Progress notes are to be kept and reviewed regularly as per the document standards policy outlined by your centre and lead agency.

ADDITIONAL SUPPORT AND ONWARD REFERRAL

Where a young person's presentation escalates (for example due to deterioration of mental health or risk), allocation to more specialised treatment may be warranted and discussed with the clinical supervisor at the clinical review meeting. If a young person requires further ongoing intervention, they may be offered allocation to a private allied health provider as per usual protocol using their pre-obtained MHCP. Clinicians may need to assess their own capacity to see the young person on an ongoing basis if the needs of the young person go beyond the use of the BIYMH toolkit and should be discussed with their line manager or clinical supervisor.

If a young person progresses well and their needs are met by the BIYMH toolkit then they can be discharged from the service using the normal headspace protocols and procedures.

EVALUATION

To gauge the effectiveness and adequacy of the BIYMH toolkit, descriptive and outcome measurement data should be collected in line with the following data collection protocol.

1. Intake/assessment (or at session one):
 - a. Kessler Psychological Distress Tool (K10)
 - b. Quick Inventory of Depressive Symptoms (QIDS)
 - c. Overall Anxiety Severity and Impairment Scale (OASIS)
2. Session three:
 - a. K10
3. At discharge (maximally session six):
 - a. K10
 - b. QIDS
 - c. OASIS

INTAKE ASSESSMENT FLOWCHART

Taking a clinic-based approach to using the BIYMH toolkit in headspace centres, the following flowchart identifies the intake and assessment processes. Referral occurs through the existing intake system. The intake and assessment process has been established to be as simple as possible to avoid unnecessary strain on access team resources.

INTAKE

The access team will screen for young people coming through intake that fit criteria for using the BIYMH toolkit ([see section: Intake criteria](#)). GP referrals that seem appropriate may also be presented to the access team for further assessment. Potential referrals can also be taken from the existing waitlist but this must be discussed with the clinical supervisor and practice manager so that they are not allocated to a private practitioner while also being referred for BIYMH toolkit interventions.



REFERRAL TO BIYMH

Current intake processes employed by the centre form an adequate screening tool for potential young people to receive BIYMH toolkit interventions. Where specific intake criteria identified earlier are not assessed, young people may be invited to attend a further assessment session. Consent and confidentiality are to be discussed as per standard policy.



ASSESSMENT AND INFORMATION SESSION

The assessment session gives the clinician an opportunity to understand the young person's presenting issues and further establish any potential risk issues and decide on young person's suitability for using BIYMH modules.

This process can be structured around the Home, Education/Employment, peer group Activities, Drugs, Suicidality and Sexuality assessment (HEADSS), assessment, or the centre's specific intake assessment tools or processes. Assuming the young person is appropriate for the clinic, the clinician should also introduce the BIYMH toolkit and centre approach (e.g. use of students) as well as provide the Introduction to [BIYMH toolkit](#) handout to the young person. If a young person agrees to participate and if time permits, the OASIS and QIDS outcome measures should also be administered; these can also be administered during the first session. Or as mentioned above, a follow-up assessment session may be offered to further discuss the BIYMH toolkit and the young person's interest to participate.

DOCUMENTATION STANDARDS

As with all clinical work it is important to maintain accurate and up-to-date notes on all sessions and contacts with young people. It is highly recommended that you refer to your headspace centre's Documentations standards policies and procedures for specific documentation requirements. Titling BIYMH toolkit sessions with a heading such as "BIYMH toolkit session __" may make it easy to keep track of the sessions and will make it clear to other clinicians accessing the file that the young person is or has participated in the clinic. Below is a simple framework that you may use to structure your file notes.

Example file note: BIYMH toolkit session 2



Date:

BIYMH toolkit session number:

MSE:

Presenting Issue:

Intervention/modules used:

Risk:

Safety plan:

Plan:

The handouts on the following pages are designed to assist the clinician and young person prior to starting BIYMH toolkit interventions. Firstly, a checklist for clinicians is provided to assist clinicians keep track of process and progress, and secondly, an information sheet is provided for clinicians to give to young people on the BIYMH toolkit. This information sheet should be used as part of a discussion about using the BIYMH toolkit to meet the young person's needs. Please print these off as required.



RUNNING CHECKLIST

There are a number of different measures and forms that are introduced at various stages of the process. Feel free to print off this page and use this running checklist to stay on track of processes and data collection for each young person using the BIYMH toolkit.

INTAKE

- BIYMH toolkit potentially identified as suitable for young person.
- Discuss with clinical supervisor.
- If agreed that the toolkit is suitable, call young person and arrange a time for them to come in for the initial assessment and information session.
- If you are taking the young person off the waitlist discuss with the practice manager or clinical services manager first to avoid allocation to a private provider.

ASSESSMENT AND INFORMATION SESSION

- Discuss confidentiality and consent to use data.

If young person is appropriate for BIYMH toolkit interventions:

- Provide them with the handout for young people: [Introduction to brief interventions in youth mental health toolkit](#).
- Briefly introduce the BIYMH toolkit and approach to the young person and see if they are interested in participating.
- Complete intake or HEADSS assessment.
- Complete QIDS.
- Complete OASIS.
- Complete K10.

SESSION 1

- If you run out of time in the assessment session complete any outcome measures not completed.

SESSION 3

- Complete K10.

SESSION 6 (FINAL SESSION)

- QIDS.
- OASIS.
- K10.
- Young person's qualitative feedback form.
- Clinician's brief outcome form.

INTRODUCTION TO THE BRIEF INTERVENTIONS IN YOUTH MENTAL HEALTH TOOLKIT

Feeling down, tense, angry or anxious are all normal emotions that everyone experiences from time to time. When these experiences last for longer than normal though, they can begin to get in the way of the things that are important to you and the life that you want live. Most mental health issues are not severe or long-lasting however it is important to get support early. What we know is that the earlier these issues are addressed the easier it is to overcome them.

WHAT IS THE BIYMH TOOLKIT?

The *Brief interventions in youth mental health toolkit* (BIYMH) offers a range of evidence-based topics that you can choose to work from over six sessions. Basically, you get to pick and choose what you think will be most helpful for you!

You don't need a mental health care plan to make use of the BIYMH toolkit but if you are under 16 we may need the all clear from your parent or guardian. Feel free to chat with us about any questions this raises for you.

THE TOPICS

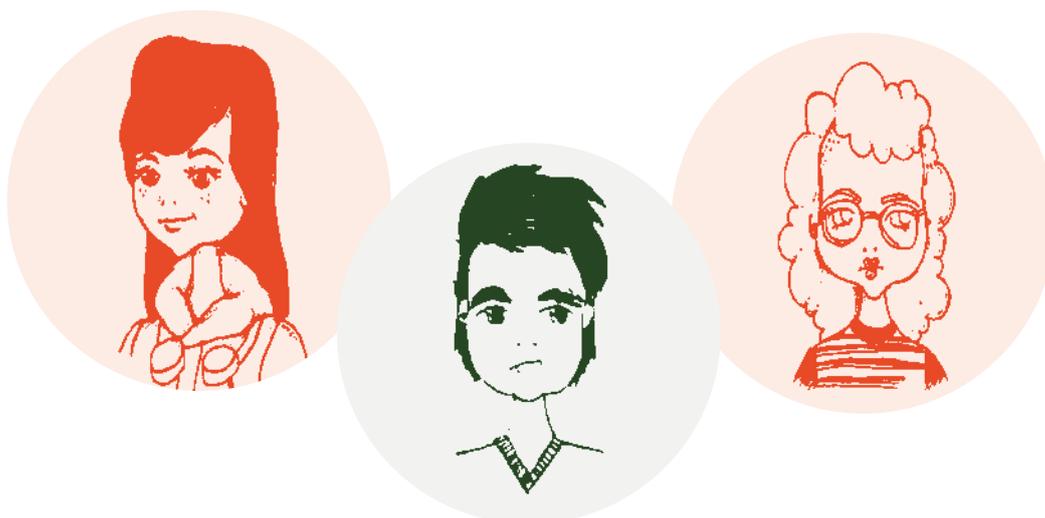
Below is a list of the topics currently offered in the toolkit from which you can choose. You might think of it like a menu where you get to decide what's for main course! Not all the topics will feel relevant to you, but a recent study suggests that the problem-solving skills and exercise for wellbeing topics can be really beneficial for young people and we encourage you to include them in your sessions.

Problem-solving skills

Problem-solving skills help us to navigate through difficult situations and resolve issues effectively. This module offers a framework to approach problems in a way that can help you to make positive changes.

Exercise for wellbeing

There is a tonne of research that supports the link between exercise and positive mental health and wellbeing. This topic supports you to put together an exercise program that is fun and easy to maintain. We recommend this as a great module to start off with so that, with the support of your therapist, you can monitor your progress in each session and stay on track.



ADDITIONAL TOPICS

Here are some other topics you might like to pick for your main course!

Understanding my anger

Things happen all the time that can make you feel angry. You can't avoid feeling angry but you can make choices about how you express and respond to your anger. This topic introduces simple strategies that can help you to manage and respond to angry thoughts and feelings in a healthy way.

Communicating with confidence

Being able to communicate things that are important to you with skill and confidence is important for establishing and maintaining healthy and meaningful relationships as well as supporting our mental health and wellbeing. This topic provides you with a space to reflect on and develop your communication style in a thoughtful and meaningful way.

Understanding my moods and anxiety

Everyone feels down, sad or worried from time to time – it's just a part of being human. When these feelings last for long periods of time though they can begin to impact on your quality of life and get in the way of doing the things that are important, like studying, working, or relationships with family and friends. This topic offers approaches to understanding and responding to difficult feelings and experiences so that you can get the most out of life.

Mindfulness and relaxation

Relaxation and mindfulness are important tools for mental health and wellbeing. They not only help us to de-stress, but can also give a helpful space to put things into perspective. This topic introduces some simple mindfulness and relaxation techniques which can help to reduce muscle tension and lessen the impacts of stress and worry on your mind.

Understanding and accepting myself

It is not uncommon for people to feel uncertain about themselves at times but if you get into the habit of thinking negatively your sense of self-worth or self-esteem can be significantly impacted. This topic looks at the different factors that could be impacting on your self-confidence, such as self-talk and body image, and promotes ways of establishing a more positive relationship with yourself through self-acceptance and self-care.

Sleeping well

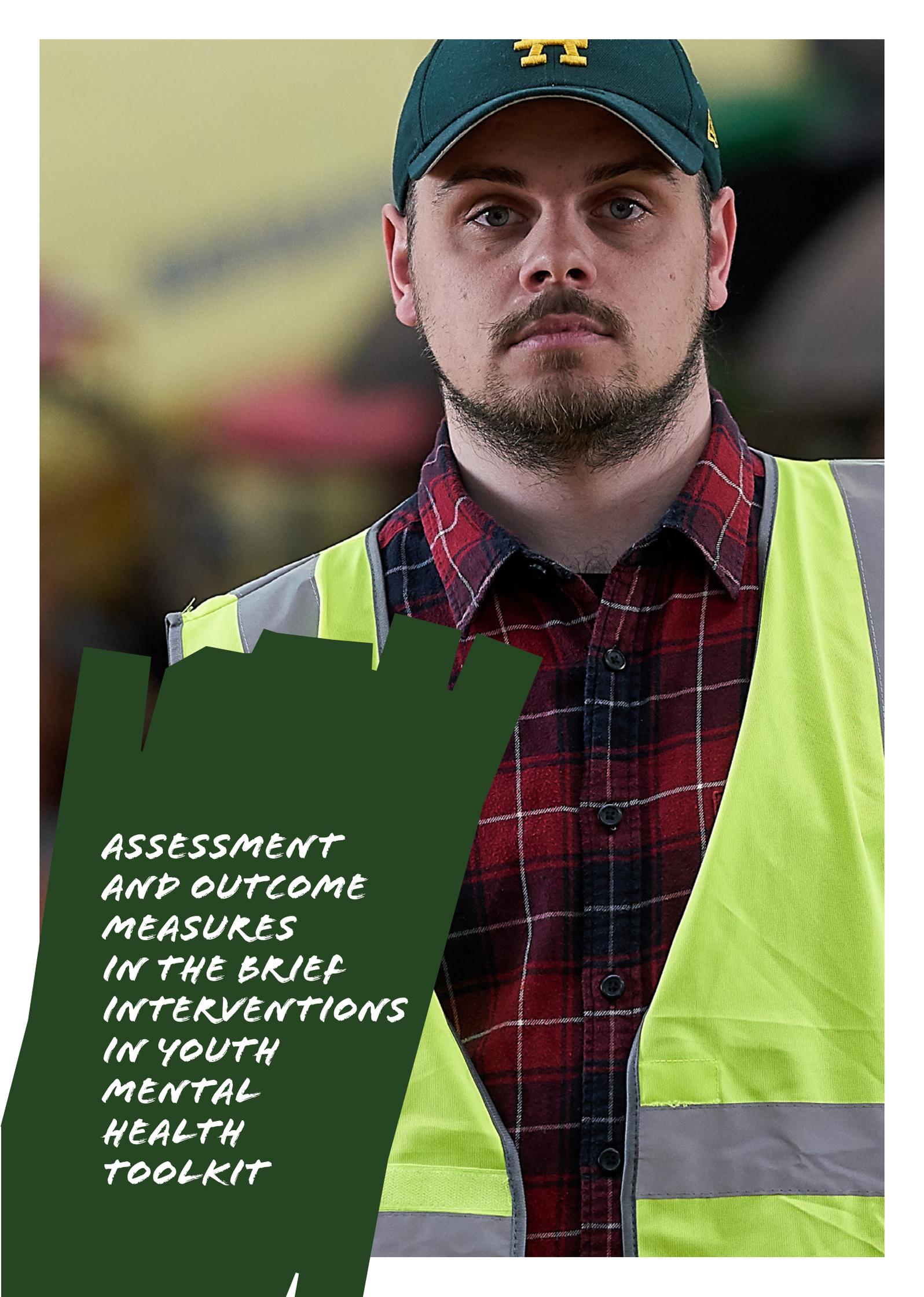
A good night's sleep can do us a world of good! Not only does it allow your body to rest and repair itself but it also gives you fresh focus for the next day and promotes mental health and wellbeing. Bad habits reinforced over time (like staying up late and using your computer before bed) are often the cause of sleeping problems but you can dramatically improve your sleep quality by making a few minor adjustments to lifestyle and attitude. This topic will support you to review your sleeping habits to help you get the most out of your sleep!

Nutrition for wellbeing

When you're going through a tough time, making choices about what to eat, or having the motivation to prepare a healthy meal, can be really tough. This module will support you to explore simple and fun ways to incorporate nutritious foods into your regular routine, and address some of the barriers that may be in the way to making small changes to your diet.

We want your feedback!

We want to know what you think of the toolkit and ways in which you think we could make it better, so throughout sessions your clinician will probably ask you how you are going. What you think really matters to us so please feel free to let us know what you think is working well and how it might work better!

A close-up portrait of a man with a beard and mustache, wearing a dark green baseball cap with a yellow logo, a red and black plaid shirt, and a bright yellow high-visibility safety vest. He is looking directly at the camera with a neutral expression. The background is blurred, suggesting an outdoor setting.

ASSESSMENT
AND OUTCOME
MEASURES
IN THE BRIEF
INTERVENTIONS
IN YOUTH
MENTAL
HEALTH
TOOLKIT

OVERVIEW

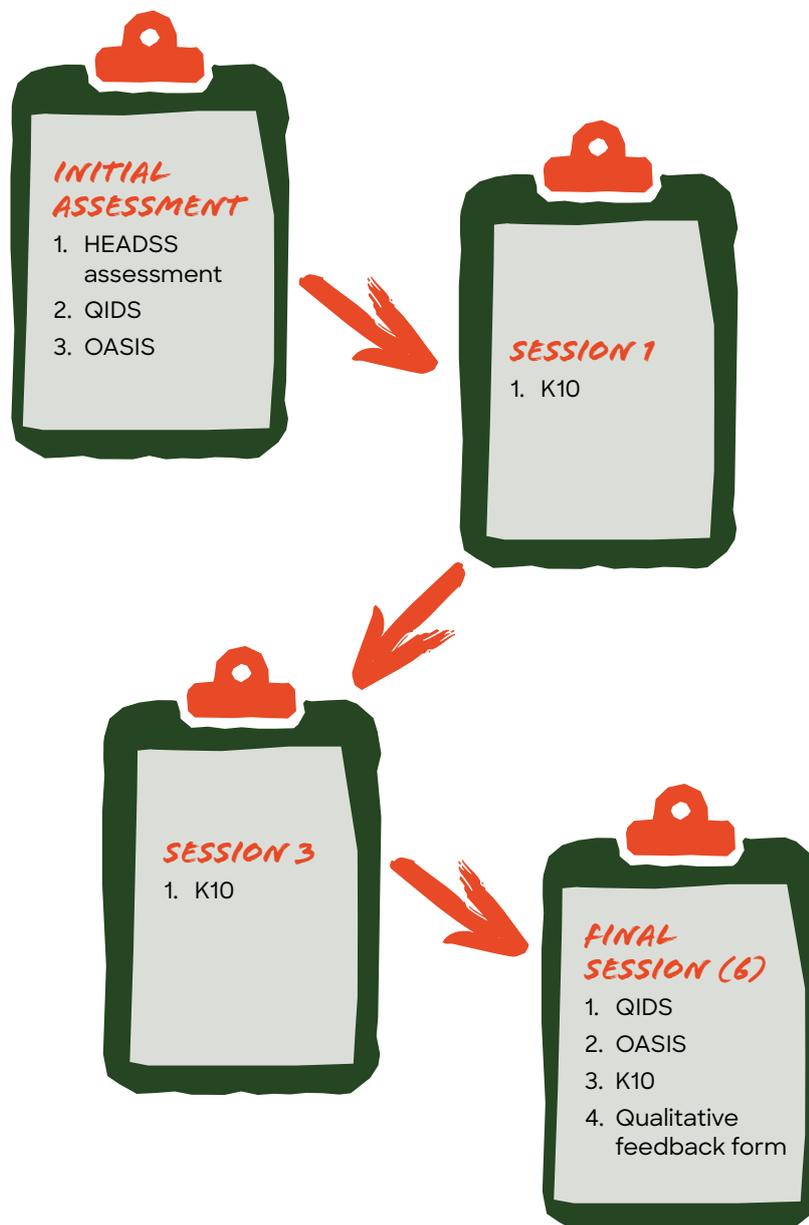
The following section covers the assessment and outcome measures in the Brief interventions in youth mental health (BIYMH) toolkit. This section contains rating scales that clinicians can use when assessing young people to gauge if the BIYMH toolkit best meets their needs and as a final outcome report following BIYMH toolkit interventions. It also contains feedback forms clinicians can give to young people to fill out.



ASSESSMENT AND OUTCOME MEASURES FLOWCHART

As detailed in first section, the BIYMH toolkit is structured around one (or more) initial assessment session(s) and six therapeutic sessions. Outcome measures are built in across the six sessions to assess the progress of the young person throughout the treatment process and to give the young person an opportunity to provide feedback on their experience.

Following the standard intake procedures of your centre, which may include a Home, Education/ Employment, peer group Activities, Drugs, Suicidality and Sexuality assessment (HEADSS), initial outcome measures are completed prior to commencement of the program. The Quick Inventory of Depressive Symptoms (QIDS) and the Overall Anxiety Severity and Impairment Scale (OASIS) should also be completed in the assessment session if time permits, however they may also be completed in the first session; they are then completed again in the final session. The Kessler Psychological Distress Tool (K10) is completed at sessions one, three and six.



QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY

The 16-item Quick Inventory of Depressive Symptomatology (QIDS) is an abbreviated version of the 30-item Inventory of Depressive Symptomatology (IDS) and was designed to assess the severity of depressive symptoms.(3)

The QIDS assesses all the criterion symptom domains designated by the American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM-IV) to diagnose a major depressive episode. These assessments can be used to screen for depression, although they

have been used predominantly as measures of symptom severity. The seven days period prior to assessment is the usual time frame for assessing symptom severity.

MARKING THE QIDS

Each of the four possible answers to the questions is given an ascending numerical value from 0 to 3, and the total test score is found by following the marking sum below. See the screening test score ranges table to interpret the final score.

Table 1: Marking sums and screening test scores for QIDS

MARKING SUM	SCREEN TEST SCORING RANGES
The highest number from questions 1-4	0-5, no depression likely
The number from question 5	6-10, possibly mildly depressed
The highest number from questions 6-9	11-15, moderate depression
The total of each question from 10-14	16-20, severe depression
The highest number from questions 15-16	21 or over, very severe depression

Reference

- Rush AJ, Trivedi MH, Ibrahim HM, Carmody TJ, Arnow B, Klein DN, Markowitz JC, Ninan PT, Kornstien S, Manber R, Thase ME, Kocsis JH, Keller MB. The 16 item Quick Inventory of Depressive Symptomatology (QIDS), clinician rating (QIDS-C), and self-report (QIDS-SR): a psychometric evaluation in patients with chronic major depression. *Biological Psychiatry*. 2003 Sep 1; 54(5):573-83.

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY

Name: _____

Date: _____

1. Falling asleep

- 0. I never take longer than 30 minutes to fall asleep
- 1. I take at least 30 minutes to fall asleep, less than half the time
- 2. I take at least 30 minutes to fall asleep, more than half the time
- 3. I take at least 60 minutes to fall asleep, more than half the time

2. Sleep during the night

- 0. I do not wake up at night
- 1. I have a restless, light sleep with a few brief awakenings each night
- 2. I wake up at least once a night, but I go back to sleep easily
- 3. I awaken more than once a night and stay awake for 20 minutes or more, more than half the time

3. Waking up too early

- 0. Most of the time, I awaken no more than 30 minutes before I need to get up
- 1. More than half the time, I awaken more than 30 minutes before I need to get up
- 2. I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually
- 3. I awaken at least one hour before I need to, and can't go back to sleep

4. Sleeping too much

- 0. I sleep no longer than 7-8 hours/night, without napping during the day
- 1. I sleep no longer than 10 hours in a 24-hour period including naps
- 2. I sleep no longer than 12 hours in a 24-hour period including naps
- 3. I sleep longer than 12 hours in a 24-hour period including naps

5. Feeling sad

- 0. I do not feel sad
- 1. I feel sad less than half the time
- 2. I feel sad more than half the time
- 3. I feel sad nearly all the time

6. Decreased appetite

- 0. My usual appetite has not decreased
- 1. I eat somewhat less often or lesser amounts of food than usual
- 2. I eat much less than usual and only with personal effort
- 3. I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat

7. Increased appetite

- 0. My usual appetite has not increased
- 1. I feel a need to eat more frequently than usual
- 2. I regularly eat more often and/or greater amounts of food than usual
- 3. I feel driven to overeat both at mealtime and between meals

8. Decreased weight (within the last 2 weeks)

- 0. My weight has not decreased
- 1. I feel as if I've had a slight weight loss
- 2. I have lost 2 pounds or more
- 3. I have lost 5 pounds or more

9. Increased weight (within the last 2 weeks)

- 0. My weight has not increased
- 1. I feel as if I've had a slight weight gain
- 2. I have gained 2 pounds or more
- 3. I have gained 5 pounds or more

10. Concentration/decision-making

- 0. There is no change in my usual capacity to concentrate or make decisions
- 1. I occasionally feel indecisive or find that my attention wanders
- 2. Most of the time, I struggle to focus my attention or to make decisions
- 3. I cannot concentrate well enough to read or cannot make even minor decisions

11. View of myself

- 0. I see myself as equally worthwhile and deserving as other people
- 1. I am more self-blaming than usual
- 2. I largely believe that I cause problems for others
- 3. I think almost constantly about major and minor defects in myself

12. Thoughts of death or suicide

- 0. I do not think of suicide or death
- 1. I feel that life is empty or wonder if it's worth living
- 2. I think of suicide or death several times a week for several minutes
- 3. I think of suicide or death several times a day in some detail, or have actually tried to take my life

13. General interest

- 0. There is no change from usual in how interested I am in other people or activities
- 1. I notice that I am less interested in people or activities
- 2. I find I have interest in only one or two of my formerly pursued activities
- 3. I have virtually no interest in formerly pursued activities

14. Energy level

- 0. There is no change in my usual level of energy
- 1. I get tired more easily than usual
- 2. I have to make a big effort to start or finish my usual daily activities (for example, shopping, homework, cooking or going to work)
- 3. I really cannot carry out most of my usual daily activities because I just don't have the energy

15. Feeling slowed down

- 0. I think, speak, and move at my usual rate of speed
- 1. I find that my thinking is slowed down or my voice sounds dull or flat
- 2. It takes me several seconds to respond to most questions and I'm sure my thinking is slowed
- 3. I am often unable to respond to questions without extreme effort

16. Feeling restless

- 0. I do not feel restless
- 1. I'm often fidgety, wringing my hands, or need to shift how I am sitting
- 2. I have impulses to move about and am quite restless
- 3. At times, I am unable to stay seated and need to pace around

Clinician use only

Score

.....

OVERALL ANXIETY SEVERITY AND IMPAIRMENT SCALE (OASIS)

The Overall Anxiety Severity and Impairment Scale (OASIS) is a 5-item self-report measure. Each item of the OASIS instructs respondents to endorse one of five responses that best describes their experiences over the past week. Response items are coded from 0 to 4 and can be summed to obtain a total score ranging from 0 to 20.

There is growing literature supporting the OASIS as a valid tool for measuring anxiety severity and impairment that can be used across anxiety disorders, with multiple anxiety disorders, and with sub-threshold anxiety disorders. (4)

Reference

4. Norman SB, Campbell-Sills L, Hitchcock CA, Sullivan S, Rochlin A, Wilkins KC, Stein MB. Psychometrics of a brief measure of anxiety to detect severity and impairment: the overall anxiety severity and impairment scale (OASIS). *Journal of Psychiatric Research*. 2011; 45(2): 262-268.

OVERALL ANXIETY SEVERITY AND IMPAIRMENT SCALE

Name: _____

Date: _____

1. In the past week, how often have you felt anxious

0. No anxiety in the past week
1. Infrequently, I felt anxious a few times
2. Sometimes, I felt anxious half the time and it was hard to relax
3. Frequently, I felt anxious most of the time and it was really difficult to relax
4. Constantly, I felt anxious all the time and never really relaxed

2. In the past week, when you have felt anxious how intense and severe was the anxiety?

0. Little or none, anxiety was absent or barely noticeable
1. Mild, anxiety was low and it was possible to relax when tired. The physical symptoms were only slightly uncomfortable
2. Moderate, anxiety was distressing at times. It was hard to relax or concentrate but I could if I tried. The physical symptoms were uncomfortable
3. Severe, anxiety was intense most of the time. It was difficult to relax or focus on anything else. The physical symptoms were extremely uncomfortable
4. Extreme, anxiety was overwhelming. It was impossible to relax at all. The physical symptoms were unbearable!

3. In the past week, how often did you avoid situations, places, objects, or activities because of the anxiety or fear?

0. None, I don't avoid places, situations, activities, or things because of fear
1. Infrequent, I avoid something once in a while, but will usually face the situation or confront the object. My lifestyle is not affected
2. Occasionally, I have some fear of certain situations, places, or objects, but it is still manageable. My lifestyle has only changed in minor ways. I always or almost always avoid the things I fear when I'm alone, but can handle them if someone comes with me
3. Frequently, I have considerable fear and really try to avoid the things that frighten me. I have made significant changes in my life style to avoid the object, situation, activity, or place
4. All the time! Avoiding objects, situations, activities, or places has taken over my life. My lifestyle has been extensively affected and I no longer do things that I used to enjoy

4. In the past week, how much did your anxiety interfere with your ability to do the things you needed to do at work, at school, or at home?

0. None, there was no interference at work/home/school from anxiety
1. Mildly, my anxiety has caused some interference at work/home/school. Things are more difficult, but everything that needs to be done is still getting done
2. Moderately, my anxiety definitely interferes with tasks. Most things are still getting done, but few things are being done as well as in the past
3. Severely, my anxiety has really changed my ability to get things done. Some tasks are still being done, but many things are not. My performance has definitely suffered
4. Extremely! My anxiety has become incapacitating. I am unable to complete tasks and have had to leave school, have quit or been fired from my job, or have been unable to complete tasks at home and have faced consequences like bill collectors, eviction, etc.

5. In the past week, how much has anxiety interfered with your social life and relationships?

0. None, my anxiety doesn't affect my relationships
1. Mildly, my anxiety slightly interferes with my relationships. Some of my friendships and other relationships have suffered, but, overall, my social life is still fulfilling
2. Moderately, I have experienced some interference with my social life, but I still have a few close relationships. I don't spend as much time with others as in the past, but I still socialise sometimes
3. Severely, My friendships and other relationships have suffered a lot because of anxiety. I do not enjoy social activities. I socialise very little
4. Extremely! My anxiety has completely disrupted my social activities. All of my relationships have suffered or ended. My family life is extremely strained

THE KESSLER PSYCHOLOGICAL DISTRESS SCALE

The Kessler Psychological Distress Scale (K10) is a simple measure of psychological distress and also a measure of outcomes following treatment for common mental health disorders. (5) The K10 uses a five-value response option for each question – all of the time, most of the time, some of the time, a little of the time and none of the time, which can be scored from five through to one.

The numbers attached to the 10 responses are added up and the total score is the score on the K10. The maximum score is 50, indicating severe distress, the minimum score is 10, indicating no distress.

Questions three and six are not asked if the proceeding question was "none of the time" in which case questions 3 and 6 would automatically receive a score of one.(5)

People seen in primary care who score:

- under 20 are likely to be well;
- 20-24 are likely to have a mild mental health disorder;
- 25-29 are likely to have moderate mental health disorder; or
- 30 and over are likely to have a severe mental health disorder.

Reference

5. Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. Arch Gen Psychiatry. 2003;60(2):184-9.268.

THE KESSLER PSYCHOLOGICAL DISTRESS SCALE

Name: _____

Date: _____

1. During the last 30 days, about how often did you feel tired out for no good reason?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time

2. During the last 30 days, about how often did you feel nervous?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time

3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time

4. During the last 30 days, about how often did you feel hopeless?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time

5. During the last 30 days, about how often did you feel restless or fidgety?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time

6. During the last 30 days, about how often did you feel so restless you could not sit still?

- 6. None of the time
- 7. A little of the time
- 8. Some of the time
- 9. Most of the time
- 10. All of the time

7. During the last 30 days, about how often did you feel depressed?

- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

8. During the last 30 days, about how often did you feel that everything was an effort?

- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?

- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

10. During the last 30 days, about how often did you feel worthless?

- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

Clinician use only

Score

.....

8. The things I liked most about the BIYMH toolkit were:

9. Things that would have improved my experience with the BIYMH toolkit include:

10. Any additional comments:

Thank you for taking the time to complete this!

BRIEF OUTCOME REPORT

To be completed at the conclusion of treatment by the clinician for data collection purposes and stored together with the outcome measures.

Name of client:

DOB:

Clinician name:

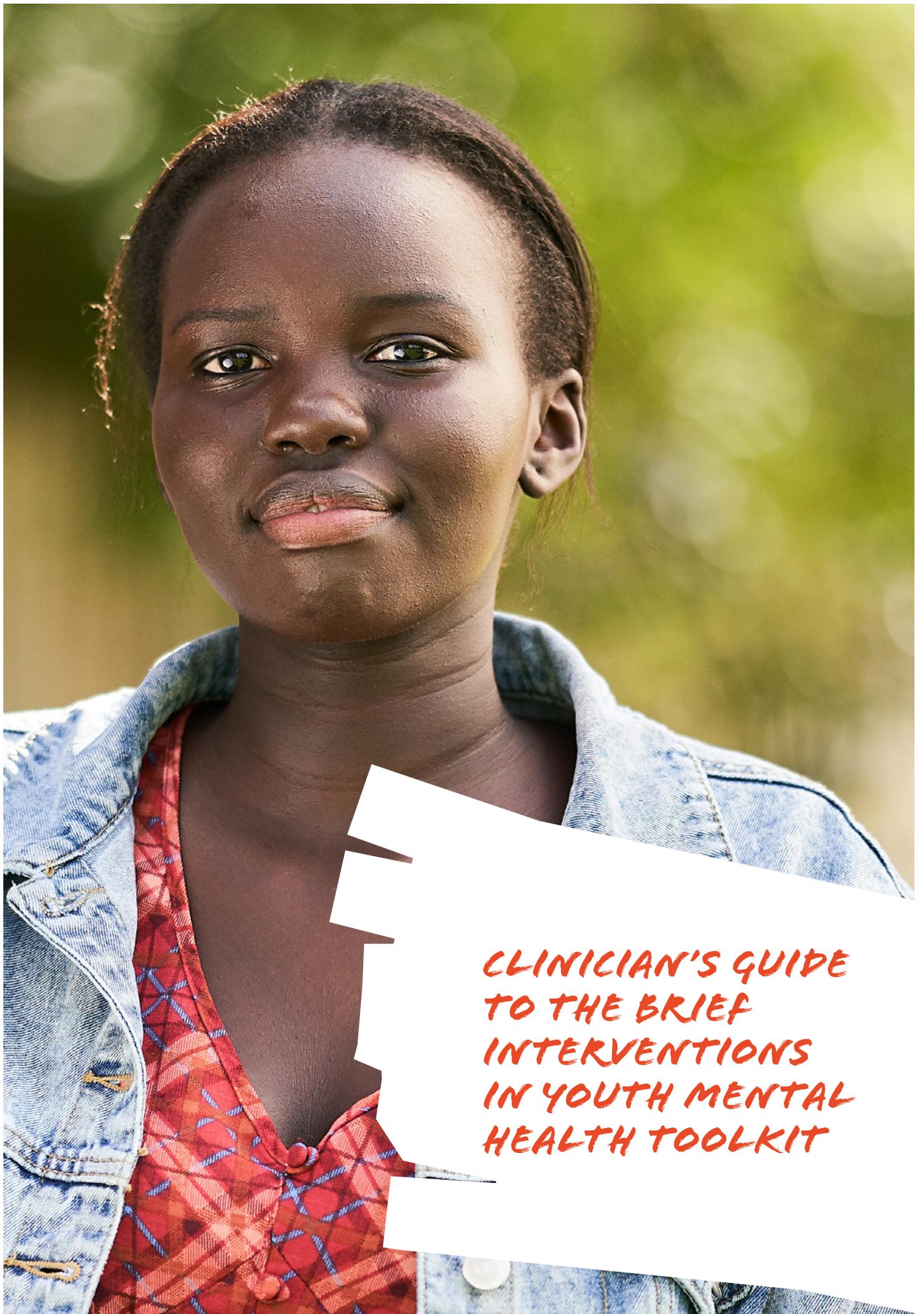
Date of final session: / /

Number of sessions completed:

Is client planning to have more sessions under MHCP after using the BIYMH toolkit? Y N

Please specify which modules were provided or add any interventions if not outlined below

Communicating with confidence	
Understanding my anger	
Exercise for wellbeing	
Understanding my moods	
Problem-solving skills	
Mindfulness and relaxation	
Understanding and accepting myself	
Sleeping well	
Nutrition for wellbeing	
Other?	



**CLINICIAN'S GUIDE
TO THE BRIEF
INTERVENTIONS
IN YOUTH MENTAL
HEALTH TOOLKIT**

OVERVIEW OF THE CLINICIAN'S ROLE

Timely access to evidence-based psychological intervention is what lies at the heart of the BIYMH toolkit. It is the clinician's role to promote early intervention in mental health issues by guiding a young person to the appropriate pathway of support for their needs. Where the BIYMH toolkit is recognised as an appropriate support option for a young person, and is used as a centre-based approach, it is the clinician's responsibility to discuss this with the young person so that they can make an informed decision about their care. Choosing to engage in the BIYMH toolkit is always the young person's choice, it is our job to work alongside them, or *walk with them* for a short while throughout the process.

While the BIYMH toolkit has been developed as a flexible, modular resource tailored to meet the young person's needs, it should also complement the clinician's own style of practice. The material itself need not be prescriptive; modules can be used in part-form or in their entirety dependent on what the young person requires or what the clinician deems suitable.

It is also the clinician's responsibility to regularly access supervision to discuss the young person's ongoing progress and any challenges that may arise when using the toolkit. Supervision may be sought directly with the clinical supervisor, or among peers within the access team. It is also important to discuss any changes in presentation or risk profile so that the clinician feels well supported. Although it is the young person's choice to engage with BIYMH toolkit interventions, the clinician continues to hold duty of care and is required to make appropriate referrals onto other support agencies or services where necessary. Most importantly, it is the role of the clinician to cultivate a fun, emergent and collaborative therapeutic experience for young people and their families.

GUIDELINES FOR DELIVERING MODULES

At the beginning of each of the eight modules of the BIYMH toolkit are clinician overviews containing specific guidelines and recommendations for module delivery. Each overview discusses the module brief, aims, impact, psychoeducation material and notes about the intervention. Clinicians are encouraged to use their own resources if applicable, and further resources such as books, and links to relevant websites and factsheets are also provided. Please refer to each module's clinician overview for specific application guidelines.

GENERAL RECOMMENDATIONS

The following recommendations have been made by clinicians who were completing training placements in their higher degree and used the original BIC program. The feedback they have provided was collected at the end of their placement and compiled into general recommendations to help future clinicians to use the BIYMH toolkit. Their feedback has been aggregated and de-identified.

Administering qualitative/quantitative measures

Some young people may have difficulty completing the outcome measures, particularly younger aged people, so it is important to consider what information the outcome measures elicit and why we are collecting this information. It may be useful to explain that this information is collected before, during and after the using the BIYMH toolkit to examine how helpful or effective the toolkit has been for the young person, and for people overall. Most young people are happy to complete the measures knowing that they are contributing to the evaluation of the program efficacy and its ongoing improvement. If it is helpful for the young person, outcome measures can be shared with them at the completion of the interventions using the toolkit.

Selecting modules

The *Brief interventions in youth mental health* (BIYMH) toolkit provides young people with the choice over their own treatment and helps to orientate them to what to expect from treatment, particularly if this is their first episode of care or therapy experience. For some, selecting appropriate modules may be a challenging task. In the past, clinicians have found it helpful to use the initial assessment session, or even a 'pre-BIYMH toolkit' session, to get a better sense of a young person's goals and ideas about which module they would like to undertake. Clinicians should also always consider suggesting additional modules if appropriate and clinically indicated, and in this way the experience becomes a collaborative decision-making process. Most clinicians also recommended not selecting too many modules from the BIYMH toolkit, suggesting an average of three modules to allow enough time to explore each module thoroughly

Module delivery

While the modules are structured, past clinicians have said that interventions, particularly psychoeducation, appear most effective when tailored to suit the individual needs and goals of the young person. It is important to hear what the young person brings to session each week and adapting the content around this.

Modules may be delivered across a single session or over several sessions; there is no recommended session delivery length. This is to promote the flexibility and adaptability of the program. Modules such as: **Physical activity for wellbeing; Problem-solving skills; Mindfulness and relaxation; Nutrition for wellbeing;** and **Sleeping well,** can be delivered in the initial couple sessions so that progress can be monitored and challenges encountered can be problem solved early. It is not uncommon to deliver just one module across the six sessions, particularly for modules such as: **Understanding and managing my moods and anxiety,** and **Understanding and accepting myself.** It is important to allow the young person to reflect on each session and module to help them create a *take away* message to think about their current situation differently.

If you have any feedback on this manual then please email us at training@orygen.org.au.

BRIEF INTERVENTIONS IN YOUTH MENTAL HEALTH TOOLKIT MODULES

- **COMMUNICATING WITH CONFIDENCE**
- **UNDERSTANDING MY ANGER**
- **PHYSICAL ACTIVITY FOR WELLBEING**
- **UNDERSTANDING MY MOODS AND ANXIETY**
- **PROBLEM SOLVING SKILLS**
- **MINDFULNESS AND RELAXATION**
- **UNDERSTANDING AND ACCEPTING MYSELF**
- **SLEEPING WELL**
- **NUTRITION FOR WELLBEING**

COMMUNICATING WITH CONFIDENCE

CLINICIAN OVERVIEW

The way we communicate with others is formed very early in our lives and becomes integral to our social and relationship development. Typically young people begin to seek relationships outside their family unit as they individuate, and being able to manage criticism and voice their opinion can help foster a sense of confidence and competence in difficult social contexts (for example, bullying, peer pressure, and criticism).

This module has been developed to assist young people in developing assertive communication skills, drawing upon a cognitive behavioural therapy framework. The focus of the module is to help young people develop an understanding of how they communicate, to consider alternative perspectives in social situations, and the advantages of assertiveness in addressing needs.

The aims of this module are to support the young person to:

- Understand the advantages and disadvantages of different communication styles, and to explore what styles of communication they use.
- Consider the thoughts and beliefs that may stop them from standing up for themselves when their needs aren't being met in a social context.
- Develop an understanding of the different aspects of communicating assertively, including communicating without blame, taking ownership of feelings, describing rather than judging, and offering a compromise.
- Increase confidence in being assertive by using these skills in different social situations.

MODULE BREAKDOWN

Introduction and psychoeducation

The module begins by exploring the role of communication, and introducing different communication styles. The emphasis is on the efficacy of each style at addressing the 'needs' of those involved in the social interaction and assists young people to consider the advantages and disadvantages of their own communication styles.

Interventions

These modules have been designed to be flexible and should be tailored to meet the needs of the young person as well as compliment the clinicians own style of practice. It is acknowledged that every clinician will bring with them their own skills and resources from which they can draw on when working with the young person. The approach and extent to which the module is utilised can be determined in session through dialogue with the young person. Providing clients with the freedom to shape their

own therapy session can be a lovely way to neutralise any power dynamics and cultivate a fun, emergent and collaborative therapeutic experience. In this module, this flexibility and autonomy is set up by diving treatment into three main aspects (thoughts, feelings and actions), and providing a range of activities to practice and explore.

The interventions suggested throughout the module have been designed to provide young people with a range of tools and lenses through which to understand and respond to varying mood states with a focus on increasing resilience and confidence. Multimodal approaches to supporting the young person have been provided through the use of reflective exercises, behavioural tasks to be completed, and arts based activities.

FURTHER RESOURCES

Fact sheet

headspace

Understanding bullying

headspace.org.au/get-info/bullying/

Website

Centre for Clinical Interventions

Assertiveness

cci.health.wa.gov.au/Resources/Looking-After-Yourself/Assertiveness

COMMUNICATING WITH CONFIDENCE

This topic aims to help you build assertiveness skills, which can help you communicate in a clear, direct, respectful and honest way in difficult situations. Firstly we develop an understanding of different communication methods, then we ask you to practise assertiveness to express your needs and engage with others more confidently.

Why do we need to communicate?

The way we communicate with others is formed very early in our lives and influenced by the people around us, including our parents, caregivers, family members and friends. We communicate with others through an action or response, such as talking, crying, yelling or sighing.

We learn to communicate with those around us to express our **needs** so these needs can be addressed.

For example, when we're a baby we learn to cry (communication) when we want comforting (need). As we learn to talk and through our interactions with others we begin asking (communication) our family for comfort, or we talk to our friends about our problems so they can give us support (need).

How do I communicate?

We communicate with a range of people in different ways to fulfil many different needs. However, there are four main styles of communication that most people use:

Aggressive

Dominating others by using intimidation and criticism.

- Will bully, scare, or threaten people into getting what they want, often by shouting, blaming, and putting people down or in some cases using physical violence and intimidation.



Passive-aggressive

Avoiding a conflict or confrontation but attempting to get even by manipulating or criticising people behind their back.

- Will behave aggressively but do so in a subtle, indirect way. This may involve ignoring or undermining others, spreading rumours, using sarcasm, or making mean jokes.



Passive

Avoiding conflict or confrontation by being submissive and letting others get their way.

- Often quiet and less likely to stand up for themselves, so they rarely get what they want.
- More vulnerable to being bullied or pushed around by others.



Assertive

Communicating in an open and honest way while also being aware and respectful of other people's feelings and positions.

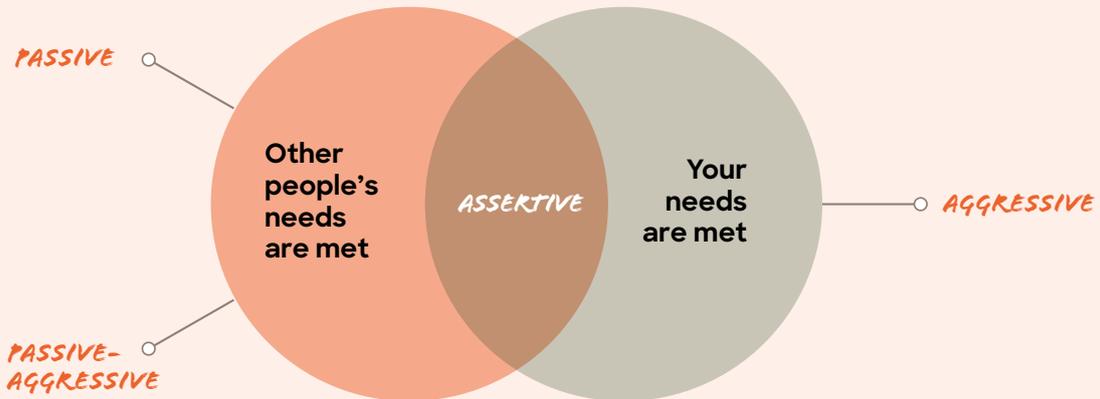
- Will work hard to acknowledge the needs of others whilst communicating their needs clearly, honestly, and respectfully.

IDENTIFYING COMMUNICATION STYLES

Take a look at the following examples, and see if you can identify which communication style is being used.

Example of communication	Communication style (e.g. assertive, aggressive, passive, passive-aggressive)
Ignoring a text message.	
Posting "I can't believe people are so rude and disrespectful!" on social media after a fight with a friend.	
Calling someone by a mean nickname.	
Punching someone who is yelling in your face and threatening to hurt you.	
Walking away from an argument.	
Telling someone that you feel hurt because they let you down.	
Telling your family you have a horrible teacher who always yells at you and can't control the class.	
Talking to a colleague in the tea room about how your boss deserves to get fired.	

Did any of the above situations feel like they represent more than one communication style? What needs do you think were being met for each situation? Did the person get to 'release their anger', stick up for themselves, feel heard, or avoid confrontation? Did that need address the problem?



Consider situations where you may have responded in an aggressive, passive, passive aggressive, or assertive way. Think about whether your needs were met by responding this way. Were there any advantages or disadvantages associated with this communication style? Write these down below.

SITUATION

FEELINGS/S

RESPONSE/S

NEED/S MET

COMMUNICATION STYLE

ADVANTAGES

DISADVANTAGES

The way we communicate often depends on the situation we're in and emotions we're feeling. However, if we respond based on how we're **feeling**, we can often end up making the situation worse or end up feeling worse. Consider these situations:

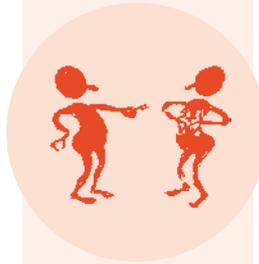
Sally hears people talking about her behind her back.

Emotion: Anger. Hurt.

Aggressive: Yells at them to shut up and think before they speak.

Passive: Walks away and cries.

Passive-aggressive: Says loudly and sarcastically, "I hate it when people have nothing better to do than to just sit around and talk about me."



Benjamin is at a party and a guy makes a negative comment about his girlfriend.

Emotion: Anger.

Aggressive: Gets in the guy's face, shoves him, saying "What did you just say?!"

Passive: Says nothing, ignores him.

Passive-aggressive: Tells the guy to keep walking. Waits until he's out of earshot before telling his girlfriend that guy is a jerk and how easy he would be to beat up.

Ultimately, we have the ability to **choose** how we communicate in any given situation. However, if we make the choice to respond assertively, we are most likely to resolve the situation respectfully, feel heard, and have our needs met.

Consider the assertive responses to the situations Sally and Benjamin were faced with.



Sally hears people talking about her behind her back.

Emotion: Anger. Hurt.

Assertive: Approaches the group, tells them she feels angry and hurt about what they're saying and would appreciate it if they spoke to her directly rather than behind her back.



Benjamin is at a party and a guy makes a negative comment about his girlfriend.

Emotion: Anger.

Assertive: Approaches the guy, tells them he felt upset with the way he spoke about his girlfriend and would appreciate it if he didn't make comments like that.

Think about the possible responses to Benjamin's and Sally's assertive actions. People may respond in different ways to this. Discuss with your clinician how you could manage the way other people may respond to your new assertiveness.

Responding assertively isn't always easy, especially if we're feeling angry or upset; however, with **practice** and **patience** we can learn to be assertive in any situation. Developing these assertiveness skills is what the remainder of the module focusses on.

WHEN TO BE ASSERTIVE

Often we believe that assertiveness is a skill that is only applicable to situations where we're having arguments. This isn't the case: we can be assertive in any situation where we are trying to express how we feel and would like our needs met.

Consider how confident you feel in asserting yourself in certain situations with different types of people, such as those listed in the table below. As you work through each situation, rate your assertiveness confidence using the scale below.

There's no way I could assert myself in this situation.

I'd have a go, but I wouldn't feel confident.

I am confident in asserting myself in this situation.

0 → 1 → 2 → 3 → 4 → 5

	Friends	Authority figures	Strangers	People at work	Family	Shop assistants
Saying "no"						
Expressing your opinion						
Giving a compliment						
Asking for help						
Expressing anger						
Starting and keeping a conversation						
Expressing affection						
Letting people know what you need and want						
Giving criticism						
Being criticised						

 **REVIEW**

What did you notice? Are there some situations you find it harder to assert yourself in? Some people you find it harder to be assertive with? Why do you think this is? If you wrote down the numbers **2** or **3**, what made you think you wouldn't feel confident? How could being assertive benefit each of these situations or relationships?

Thinking assertively

Remember being assertive is communicating in an open and honest way while also being aware and respectful of other people's feelings and opinions. It can be difficult for us to be assertive in some situations due to the thoughts and feelings we're experiencing. Often the way we think also stops us from responding assertively, which may have been the case for you in some of the situations described above. We might worry about how we come across to others, making the problem worse, or feel we need to keep our opinions to ourselves. However, if we act (or don't act) based on these thoughts, then these thoughts stop us from having our needs met and as such the problem remains unresolved.

How do I think in a more assertive way?

First it can be helpful to look at the thoughts that can make it hard for you to be assertive. Consider the list below and whether any of these thoughts stop you from being assertive.

Unassertive thoughts	✓
If I say how I feel, I might burden someone.	<input type="checkbox"/>
If I say how I feel, I might get embarrassed or be laughed at.	<input type="checkbox"/>
The only way I am heard is if I yell and scream.	<input type="checkbox"/>
It's rude and selfish to put your needs above someone else and say what you want.	<input type="checkbox"/>
People should keep their feelings to themselves.	<input type="checkbox"/>
If I talk about how I feel, I'm not being man enough.	<input type="checkbox"/>
If I talk about how I feel, people will think I'm weak.	<input type="checkbox"/>
If I say something, it will only make things worse.	<input type="checkbox"/>

Adapted from: Interpersonal problems. Workbook: assert yourself. Centre for Clinical Interventions. 2019. Available from: cci.health.wa.gov.au/Resources/For-Clinicians/Interpersonal-Problems

HOW'D YOU GO?

It can feel like there are many reasons *not* to be assertive, but remember that your mind is not trying to help you be respectful, honest and to solve a problem. Instead, it's trying to protect you from being in an uncomfortable situation. It does this by focussing on all the negative and bad outcomes that 'may' happen. It can be helpful to remind yourself of the fact that you don't know how effective being assertive can be right now because you haven't tried it. Also, if you listen to these thoughts, you're more likely to respond aggressively or passively, and consequently not have your needs met.

Remind yourself, you have certain rights when it comes to being assertive and communicating with others. Consider these:

You have the **right** to change your mind.

You have the **right** to disagree with someone's opinion

You have the **right** to say "no".

You have the **right** to make mistakes and be responsible for them.

You have the **right** to say "I don't know" and "I don't understand".

You have the **right** to say "I don't care".

You have the **right** to offer no reasons or excuses for justifying your behaviour.

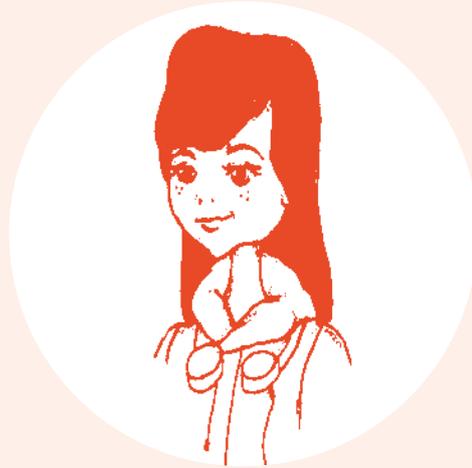
Adapted from: Smith MJ. When I say no, I feel guilty. New York: Bantam Books; 1975.

With these in mind, we invite you to move on to speaking and acting assertively. As you move through the activities and content, we will encourage you to come back to these unassertive thoughts and to see whether they seem as truthful as you learn how to be assertive. Typically what we see is that the more confident we are at asserting ourselves in different situations, the less truthful and powerful these thoughts are.

SPEAKING ASSERTIVELY

Acting assertive is all about communicating assertively; therefore, it's important to consider what we say and how we say it. Before we start speaking, there are a few things for you to consider.

The first factor that can get in the way of communicating assertively is **blame**. Sometimes we blame others for 'making' us feel angry, sad or hurt, or feel that they are doing something to us intentionally. It's important to remember that the thoughts and feelings we have are in response to someone else's actions, and that these thoughts and feelings are our own. If we communicate from a position of blame, it can often result in other people becoming defensive, which makes problem-solving difficult.



If we instead take **ownership** of how we feel in a situation rather than adopt a blaming stance, the other person is less likely to get defensive and more likely to feel respected, increasing the chances that they will listen to what we have to say. It can be helpful to use **"I" statements** to take ownership of your feelings and avoid blaming.

Consider these examples:

"YOU'RE MAKING
ME MAD"

versus

"I FEEL HURT AND
MAD"

It's also important to remember to be very **clear** and **specific** about what the other person is doing that is leading you to feel like your needs aren't being met. Again, it's important not to be critical or blaming, which can be avoided by **describing** the behaviour or problem.

Consider these examples:

"DON'T SPEAK TO
ME LIKE THAT!"

versus

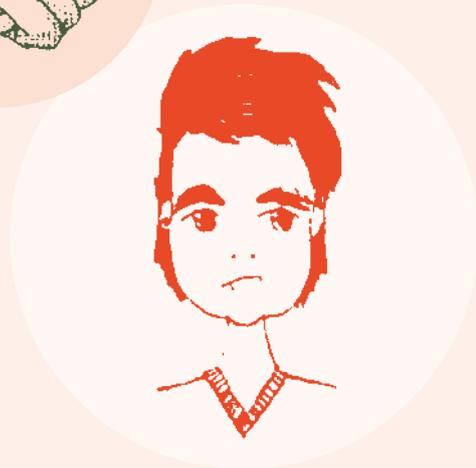
"WHEN YOU CALL
ME STUPID, I
FEEL UPSET AND
DEGRADED."

Another factor to remember when communicating assertively is to **consider the other person's stance and options**. This can be done by asking yourself why the person may be communicating this way and what needs they are hoping to have met. As we discussed earlier, we learn to communicate with those around us to express our needs so these needs can be addressed. Therefore, the person you're speaking to may also have needs they want met but be struggling to communicate these clearly to you. Consider the case of Michael:

Michael is at a party when he sees his ex-girlfriend holding hands with Benjamin, a guy who bullied Michael relentlessly during primary school.

Michael's ex-girlfriend broke up with him out of the blue a few weeks ago and began seeing Benjamin shortly afterwards.

Michael makes a comment about his ex-girlfriend being "on the rebound" loud enough for Benjamin to hear.



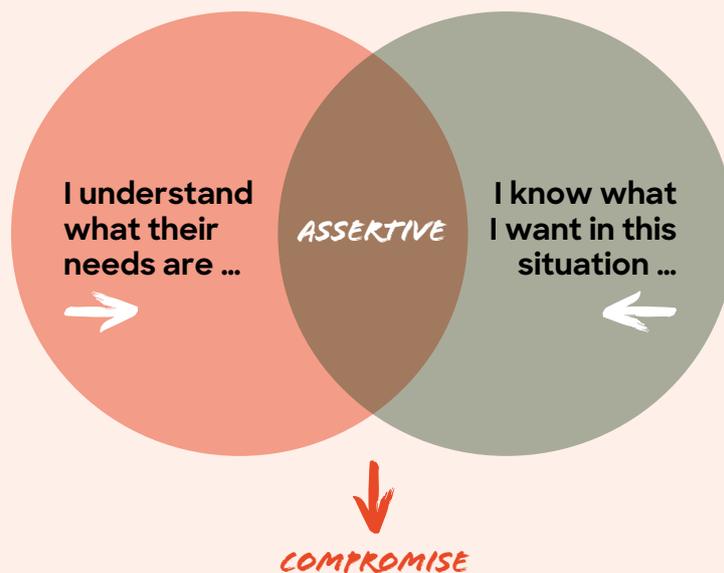
WHAT EMOTIONS MIGHT MICHAEL BE FEELING?

WHAT THOUGHTS COULD MICHAEL BE THINKING?

WHAT ARE THE DISADVANTAGES OF MICHAEL COMMUNICATING HIS NEEDS THIS WAY?

The final factor we ask you to consider is being **respectful** of another person. This involves speaking to them in a **firm and honest** way, not with an aggressive tone. Furthermore, being respectful also involves taking the time to understand their point of view so you're able to understand what they want/need out of the interaction with you.

If you know what needs the other person is trying to express, you are then able to consider what you want out of the situation. Once this is clear, you're in a position to offer a **compromise** that allows you to have your needs met while trying to meet theirs. This doesn't mean you give them what they want over what you want, but offering up a suggestion that ensures both needs are met.



 **ACTIVITY**

Consider the case of Benjamin and Michael from both perspectives, and brainstorm a compromise that could address both their needs.

Michael is at a party when he sees his ex-girlfriend holding hands with Benjamin, a guy who bullied Michael during primary school.

Michael makes a comment about his ex-girlfriend being "on the rebound" loud enough for Benjamin to hear.

Michael's feelings: Hurt, angry, rejected.

Michael's needs: To express his anger, to not appear hurt in front of his ex-girlfriend.

Benjamin is at a party and a guy makes a negative comment about his girlfriend.

He realises the comment is coming from his girlfriend's ex-boyfriend.

Ben's feelings: Anger, threatened, disrespected.

Ben's needs: To express his anger, to stick up for his girlfriend, to avoid appearing weak.

If you were Michael, what compromise could you offer?

If you were Benjamin, what compromise could you offer?

SOME IMPORTANT THINGS TO REMEMBER WHEN BEING ASSERTIVE

- ✓ Describe what the other person is doing that's upsetting you
- ✓ Avoid blame by taking ownership of how you're feeling
- ✓ Use "I" statements. For example: "I feel ..."
- ✓ Ask yourself, what needs the other person is trying to have met, and what are my needs?
- ✓ Offer a compromise
- ✓ Be clear and honest
- ✓ Speak in a firm (but not aggressive) tone

A helpful way of remembering these steps are to use the following leading statements. This script can be applied to a range of situations:

- **When you ... (describe behaviour or actions)**
- **I feel ... (describe emotion/s)**
- **If you ... (first stating what they can do to meet your needs)**
- **I will ... (explain how you would compromise by meeting their needs)**

Consider how this script could be applied to the case of Michael, Benjamin, or even a situation you've been faced with where you've needed to be assertive. Once you've practised it, consider your initial fears around being assertive. Does this style of communicating feel respectful and honest? And does it challenge some of your earlier reasons not to be assertive?

ACTING ASSERTIVELY

Now that we know what to say and how to speak to others assertively, it's time to put these skills into practice. This can often be a little scary at first, and you might find some of the unassertive thoughts we discussed earlier come up. That's okay! What's important is for you to make a plan for building your confidence at being assertive by firstly using this communication style with people you feel comfortable with.

Once you've reviewed the table and brainstormed some ideas, write down specific situations on the hierarchy below in order from those you feel least confident with (up the top) to most confident with (down the bottom). Also, note down how confident you feel right now at being assertive for each situation. Remember that you may feel different levels of confidence in the same situation with different people.

Consider the table on page 46 where you wrote down how confident you feel being assertive with certain people in certain situations. Are there certain people who would be ok with letting you practise these skills with them? Consider those you've rated as a 2, 3 or 4. Are there any situations where you would feel comfortable practising assertiveness? Of these, are there any that you would really like to work on? Or is something going on for you at the moment that gets in the way of you trying out being assertive? Discuss this with your clinician.

Assertiveness hierarchy

Specific situation:	Confidence (0-5)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

0
➔
1
➔
2
➔
3
➔
4
➔
5

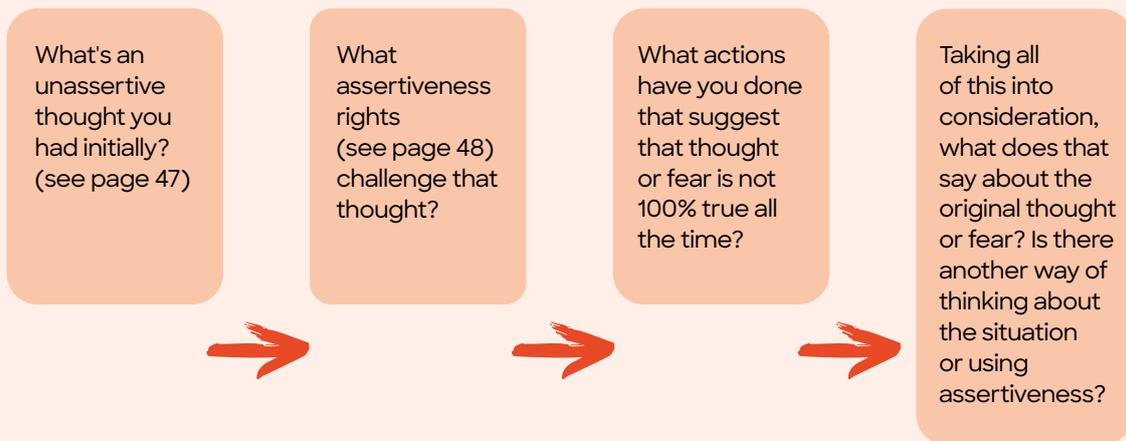
Least confident
Most confident

MAKE A PLAN

Now that you know the situations you want to be assertive in, it's time to make a plan and start practising. Starting from the bottom, take your time practising assertiveness in each of the situations on your assertiveness hierarchy. When you feel confident in one situation (i.e. your confidence rating goes to a **4** or **5**), move on to the next scenario and begin practising that one.

CHALLENGE UNASSERTIVE THOUGHTS

Typically the more confident we feel at communicating assertively the easier it is for us to challenge our unassertive thoughts and fears. When you've worked your way through a few of the scenarios on the assertiveness hierarchy, have a go at challenging those thoughts yourself.



HOW'D YOU GO?

What do you notice about the thought you had when you have been able step-back from an evaluate it? Does it seem to only focus on specific evidence? If so, can it really be considered 100 per cent truthful if it only reflects one side of what's actually going on? How would you have responded to the situation if you acted based on the initial thought versus putting things into practice?

CHALLENGES OF ASSERTIVE COMMUNICATION

Think about how people may respond to the changes you've made to the way you communicate. For example, you may have decided to communicate in a way that is more assertive and people may be surprised to see and hear that you are being assertive. What challenges may arise for you in becoming more assertive? Think about some of the ways you would handle the responses of other people and discuss these with your clinician.

UNDERSTANDING MY ANGER

CLINICIAN OVERVIEW

Managing anger and aggression is a real concern for young people whether they understand the precipitants and consequences or not. Research shows that aggression is a learned behaviour and the way we express this can lead to damaging relationships and physical violence and/or injury.

This module has been developed to help young people presenting with mild-to-moderate anger and aggression management concerns. The focus of the module is to increase awareness and insight into emotional response with the view to understanding consequences of behaviours to improve relationships with others and the self.

Please note

Clinical consideration needs to be given to individual experience and expression of anger. Therefore, some suggested activities and resources may not be suitable. For further information, please see Orygen's evidence summary: Understanding and assessing anger-related difficulties in young people.

AIMS

The aims of this module are to support the young person to:

- Normalise the experience of anger as an appropriate emotional response.
- Understand the difference between anger and aggression, and to recognise that aggression is a learned response.
- Begin to identify the physiological, cognitive and behavioural build up during an anger response.
- Conceptualise the 'anger as a volcano' metaphor by observing different physical, emotional and behavioural cues in each state, including the consequences of each state.
- Explore and investigate their previous experiences of anger by examining the events before, during and after, with particular emphasis on the short-term and long-term.
- Introduce ongoing self-reflection by encouraging the young person to be their own 'scientist' or 'experimenter'.
- Trial practical strategies to vent their anger and/or aggression in a more meaningful and helpful way that is not damaging to themselves or others.
- Enhance understanding of empathy and its impact on emotional response.
- Consider relaxation techniques, exercise intervention, and assertiveness building with adjunctive BIYMH modules.

MODULE BREAKDOWN

Introduction

The module has been written to provide equal emphasis on the information and psychoeducation on anger and aggression, and on practical strategy and intervention. The material attempts to provide an understanding of anger and aggression from a neutral stance allowing the young person to explore challenges they may face in their own lives without positive or negative bias.

The opportunity to explore an anger or aggression response from this stance promotes awareness and insight into emotional regulation, which is positively reinforced throughout the module and remaining sessions with the young person. While exploring the emotional response of the young person as part of this intervention, it is important for clinicians to recognise common myths and stereotypes about the function of anger as an emotion, who gets angry and how anger is expressed. It's also important to understand that anger can be expressed in different ways: outwardly through verbal or non-verbal behaviour; or it can be suppressed and internalised.⁽⁶⁾ This can also differ at different times depending on the context. Either way, it is important for clinicians to normalise this emotional response based on the shared understanding of the young person's experience.

Psychoeducation

Psychoeducation can take many forms and there are many different resources that can be offered at this point that may help the young person including factsheets (refer to resources below).

In the module, a brief understanding of anger in comparison to aggression is offered from a neutral stance. The YouTube clips provided in this module are a great alternative to providing written information and may be used to engage the young person during session to help them to explore their own emotional response. It is appropriate to explain to the young person that everyone gets angry, and it is in fact reasonable to get angry in particular situations. How we respond to this emotion is the key to understanding anger and its impacts on relationships with others and ourselves.

Interventions

These modules have been designed to be flexible and should be tailored to meet the needs of the young person and complement the clinician's own style of practice. It is acknowledged that every clinician will bring with them their own skills and resources from which drawn upon in the service of the young person. The approach and extent to which the module is utilised can be determined in session through dialogue with the young person. Providing young people with the freedom to shape their own therapy session can be a good way to neutralise any power dynamics and cultivate a fun, emergent and collaborative therapeutic experience.

The interventions suggested in this module are designed to foster a sense of curiosity in the young person to be their own scientist or investigator when exploring how they respond to particular stimuli. The 'before, during, after' technique is encouraged to be maintained throughout the sessions to further increase the young person's level of insight. An empathy building activity has also been included to allow young people to view situations from others' perspectives with the aim to begin regulating their own anger responses.

Reference

6. Understanding and assessing anger-related difficulties in young people: a guide for clinicians. Melbourne: Orygen; 2016. Available from: <https://www.orygen.org.au/Training/Resources/Clinical-complexity/Evidence-summary/Understanding-and-assessing-anger>

FURTHER RESOURCES

Books

French R. Getting along and keeping cool: a group program for aggression control. Perth: Rioby Publishing; 2001.

Giarratano L. Clinical skills for treating traumatised adolescents: evidence-based treatment for PTSD. NSW: Talomin Books; 2004.

Giarratano L. Managing psychological trauma: clinician and client resources for the clinical skills series. NSW: Talomin Books; 2004.

Peacock J. Anger management. Mankato, Minn: LifeMatters; 2000

Websites

headspace. What is anger & the effects on mental health?

headspace.org.au/get-info/anger/

Orygen. Moving away from common myths to a better understanding of anger and anger related difficulties in young people.

orygen.org.au/Training/Resources/Clinical-complexity/Mythbusters/anger-in-young-people/

ReachOut. 8 ways to deal with anger.

reachout.com/articles/8-ways-to-deal-with-anger

UNDERSTANDING MY ANGER

This topic aims to help you build some skills and strategies that make it easier to deal with anger and aggression. It focuses on understanding what anger and aggression is, learning to recognise when you get angry, and figuring out what you can do instead.

We all have a fair idea what anger is, but what is anger really?

What is anger?

Anger is an emotion or feeling that can be experienced by anyone, at any time, in any situation. Sometimes it can be constructive and warn you of problems so you can take some action, and it can also protect you from danger. For example, if someone steals your phone you will probably feel angry and tell someone about it. Anger can be useful for changing situations that are wrong or unjust, and people can sometimes group together to right the wrong. Anger can be a healthy emotion and in some circumstances, the way we express our anger can support the development of healthy skills such as being assertive. But what happens when our expression of anger leads to unhelpful or unwanted outcomes?

Anger can be expressed in very different ways. Some people may express their anger outwardly in ways that can be problematic, for example aggressive behaviour. Other people bottle up their feelings of anger and it may not be obvious, however when anger is suppressed frequently it can be problematic, for example it can cause problems in relationships and reduce the chances of a person's needs being met. It's also important to note that the way you express your anger can differ, depending on the context, for example, how you're feeling that day, who you're with, what has triggered your anger.

Practising how to express your anger in a healthy way gives you a chance to build your confidence in dealing with anger and to learn that it is an emotion that we can manage, just like any other emotion.

What's the difference between anger and aggression?

Many people think that anger can be bad or dangerous, but what most people don't know is that anger is a feeling that is neither good nor bad. What's most important is how people deal with anger, because the feeling of anger and how a person responds to it are separate things. Intense and frequent anger can cause physical stress and can lead to aggression and violence. Whereas anger is a 'feeling', aggression is a 'behaviour' - what someone may do because they are very angry. Aggressive behaviour is not always a sign that someone is feeling very angry, it can result from other strong emotions. Similarly, aggressive behaviour can occur in the absence of anger (for example, intimidation).(7)

Choosing to respond to a situation with aggression is something we learn to do over time and can often become a way for someone to attempt to solve their problems. However, this can often lead to unhelpful outcomes for people and for those around them.

Aggression can take the form of verbal abuse, such as yelling or swearing at someone, or intimidating behaviour, such as threatening someone or making them feel unsafe.

Aggression can damage relationships and isolate a person from family members, friends and co-workers, even in the absence of violence. It can result in feeling low, and can sometimes lead to health problems. Extreme anger can lead a person to violence, criminal behaviour, self-harming behaviour, and even to suicide.

Reference

7. Moving away from common myths to a better understanding of anger and anger-related difficulties in young people. Melbourne: Orygen; 2016. Available from: orygen.org.au/Training/Resources/Clinical-complexity/Mythbusters/anger-in-young-people/Orygen-Anger-Mythbuster?ext=.

 **ACTIVITY**

What happens when you get angry? Use the image below to help you mark down which parts of your body are affected when you feel angry. What do you feel? What do you do? And what do you think when you are angry?



What do you think about?

What do you feel?

What do you do?

LEARN THE SIGNS!

Here are some more signs that happen to other young people when they get angry.
Do these make it on your list?

EMOTIONAL

Feeling rejected
Abandoned
Afraid
Guilty
Humiliated
Jealous

PHYSICAL

Feeling hot or flushed
Increased heart rate
Tightness in chest
Butterflies in tummy
Sweating

THOUGHTS

Negative talk about
yourself
Misinterpreting others
comments as critical
Seeing aggressive
images

BEHAVIOURAL

Clenching fists/jaw
Pacing back and forth
Slamming doors
Throwing/hitting things
Shouting

.....
CHECK THIS OUT



headspace. Understanding anger.
[youtube.com/watch?v=F82ALeWEJPs](https://www.youtube.com/watch?v=F82ALeWEJPs)
Young minds. Talking about anger.
youtu.be/M2O5eK7YMzE

We can almost think about the build-up of our anger as a volcano! Just like volcanoes, anger has three main phases listed below.

What do these phases look like for you?

Can you recognise the three phases when you think about the last time you got angry?



ESCALATION

Steam builds up!

It's here where we usually see the things mentioned above: the physical, emotional, behavioural and thought cues that happen when we get angry.

What's your steam?



EXPLOSION

The volcano erupts!

If the escalation continues our anger can explode. Some young people may feel that this is uncontrollable and their only way to explode is to be verbally or physically aggressive. It's here where we usually run into trouble.

How does the lava flow?



POST-EXPLOSION

The eruption takes effect!

Post-explosion includes the negative consequences of the explosion, like being suspended from school, losing a job, or family and friends, and having other feelings like guilt, shame and regret.

.....
CHECK THIS OUT

Watch this quick clip to find out a little about the long term effects of anger and aggression.



Brain Games DIY: The Anger Game
<https://www.youtube.com/watch?v=bPHqPDVnA14>

SO WHERE DO WE GO FROM HERE?

So you've got a fair idea about anger and aggression and what each of those looks like. Now it's time to think about how this might specifically relate to you. At first this might feel uncomfortable to explore, or you might even feel a little nervous, but learning to recognise when the steam builds up can help us choose decisions which may be more helpful and have less negative consequences.

Let's look at the table below to think about the last time you got angry.

	WHAT HAPPENED?	
BEFORE	What was going on before the event happened? • What triggers contributed to the event? • What 'steam' did you notice? – physical, emotional, thoughts • Can you remember how you felt before?	
DURING	Sometimes it can be helpful to start here: • What happened? • What did you do? • What were your feelings?	
AFTER	Short-term What happened immediately after?	Long-term How did this affect the future in the long run?

 **ACTIVITY**

Give it a go yourself. Use the table below to look back at the last time you got angry. Using this tool regularly will help increase your awareness, or help you pay a bit more attention to the times when anger and aggression become an issue for you.

An extra column has been added to the right ... can you think about the things you could have done instead *before, during and after*, to help you let off the steam in a more effective way?

Need help? No problem! You can do this in session at headspace, or ask a family member or friend to help you out when it's safe to do so.

	WHAT HAPPENED?		WHAT COULD I DO?
BEFORE			
DURING			
AFTER	Short-term	Long-term	What else could I do to achieve these effects without having to explode?

SO HOW CAN YOU VENT THE STEAM?

There are lots of different things that you can do to let off steam before the volcano explodes. Across the next couple pages you'll find different handy tools to help you. Some things can be done in response to something that's made you feel angry, and other things can be done without any reason, but more of a way to prevent you from feeling overwhelmed with anger.

Just remember, not every strategy will work for you specifically, but it's important to give it different options a try. If you find something that works, is helpful and effective – do more of it!

TAKE TIME OUT

Before the heat gets too hot, walk away! Although it won't always fix a situation or conflict, walking away can give you some head space and help avoid more arguments.

COUNT TO 10

It might sound silly, but counting to 10 gives you time to cool off, releases some of the anger and allows you to be able to respond to others with better responses.

GET A DIFFERENT PERSPECTIVE

Getting a different perspective can help you understand why a conflict may have occurred. It can also help you work out ways to improve the situation.

Continue to monitor yourself using the form above, and check out the next activity below for more detail.

LEARN TO RELAX

There are many ways to relax and lots of different relaxation techniques to use to overcome challenging emotions, like anger. Some commonly used techniques are: progressive muscle relaxation, deep breathing, mindfulness and guided imagery.

Check out the module: [Mindfulness and relaxation](#) and give it a go on your own or with your clinician.

EXERCISE

Physical exercise is good for our brains and our mental health. Any activity, from walking around the block to cycling, may contribute to improving mood and letting off steam. Regular physical activity can also help maintain a healthy head space

Check out the module: [Physical activity for wellbeing](#) to find out more about different activity plans and schedules for you to try out!

COMMUNICATE WITH CONFIDENCE

Assertiveness helps build your self-respect and self-esteem because it allows you to be yourself. Being assertive is not the same thing as being aggressive. It's about being able to put your view forward with confidence and respect for others, avoiding explosion or attack.

To build up those assertiveness skills, check out the module:

[Communicating with confidence.](#)

BODY LANGUAGE

The way we hold and move our body can communicate messages which sometimes might be different to the words we use. Review your behaviour signs and watch out for: clenched fists, pointing fingers, rolling eyes, or standing with your arms crossed.

Open body language can look like: open and relaxed posture, arms uncrossed, leaning forward if sitting, and appropriate eye contact.

TALKING IT OUT

Talking it out can be tricky and sometimes even stressful, but it can be helpful to sort out issues and resolve the conflict. Just consider the following:

- Find a time when no one is angry, upset, tired or stressed
- Be willing to compromise, and have options you're willing to accept
- Don't make it personal, avoid judgment, and remember their view might be as valid as yours
- Be honest, and communicate with confidence
- Once a compromise is agreed, stick to it! Maybe consider a contract?
- If you can't find a way to compromise, you might find you have to 'agree to disagree'

GROUND YOURSELF

Feeling very worked up? Self-safe hypnosis can be used to distract you from some angry thoughts and allow you to become more aware of your body and your environment to feel safe again.

1. Look around your immediate environment and say out loud:
 - a. Five things you can see
 - b. Five things you can hear
 - c. Five things you can feel touching your body
2. Then say:
 - a. Four things you can see
 - b. Four things you can hear
 - c. Four things you can feel
3. Then go down to three things you see, hear and feel. Then two things, then one.

It doesn't matter if you get them out of order, or if you lose count. It is good to say them out loud if you can, or in a whisper.

.....
CHECK THIS OUT



Business Insider. How to read body language
[youtube.com/watch?v=Nmp_-JByPaY](https://www.youtube.com/watch?v=Nmp_-JByPaY)



Julian Treasure
Ted Global : How to speak so that people want to listen
<https://www.youtube.com/watch?v=elho2S0ZahI>

ACTIVITY

Seeing things from another person's point of view can be challenging, especially when we're really angry. Below are some different scenarios which might occur in real life. Read the box in Column A and chat with your clinician about what you might say or do. Then read the box next to it in Column B and do the same. What's changed?

Column A

Your mum yells at you for making a mess in the kitchen, and it's not even your fault - your brother made the mess. You try to tell her it wasn't you, but she doesn't seem to listen and tells you to clean it anyway.
What do you do?

You are driving along the freeway and a car swerves in front of you, causing you to brake suddenly, narrowly missing a collision. You catch up to the person at the lights.
What do you do?

You say hi to a guy you sort of know at school and he gives you a dirty look.
What do you do or say?

An elderly man in the supermarket is pushing his trolley very slowly in front of you, taking up the whole aisle. You ask him to move over several times, but he ignores you.
What do you do?

Column B

Your mum just found out that there have been some changes at her work, and she's been worried all day that she might lose her job. She can't get this off her mind, and when you talked to her she couldn't really concentrate.
What do you do?

The person in the car at the lights has just found out their partner and children have been injured in a car accident, and they are racing to the hospital to see them.
What do you do?

The guy you said hi to watched his mother getting hurt by his father last night. He tried to help his mum, and got hurt too. He's always worrying about his mum, and is having a tough time dealing with this.
What do you do or say?

The elderly man is a war veteran and he is mostly deaf from all the gun fire he heard. He moves slowly from the injuries he sustained which continues to leave him in pain. *What do you do?*

What's it all mean?

The way we act and treat other people is greatly influenced by how much we know about their needs and fears. Seeing things from another person's point of view is known as empathy.

We don't always know why people behave towards us the way that they do, but by asking questions and getting more information, we can avoid mind reading or making assumptions potentially avoiding further arguments and conflict.

PHYSICAL ACTIVITY FOR WELLBEING

CLINICIAN OVERVIEW

Building on research conducted at headspace Sunshine and Glenroy (the simple interventions trial) on behavioural activation and its effects on mood, stress levels and physical health, Physical activity for wellbeing module aims to deliver relevant and recent psychoeducation and intervention to young people. This module is designed to give young people a 'kick-start' to getting active again to alleviate low mood and increase

motivation, potentially impacting on a young person's overall health.

Together with the module: **Problem solving skills**, this module can be delivered to almost all young people, particularly those who do not meet the Australian Government's physical activity guidelines. The module can be delivered early on in sessions, accompanied by periodic 'check-ins' by the clinician alongside other modules selected by the young person.

AIMS

The aims of this module are to support the young person to:

- Understand the short-term and long-term benefits of physical activity on physical and mental health.
- Be aware of the recommendations in the Australian Government's physical activity guidelines.
- Assess and examine their current level of physical activity quickly.
- Acknowledge the challenges or barriers around being active or increasing physical activity in their routine by looking at the cost and benefits of exercise.
- Develop their own list of activities they currently engage in or would like to engage in.
- Plan and schedule physical activity into their weekly routine as structure can help achieve set goals.
- Feel excited about being active!

MODULE BREAKDOWN

Introduction

The module has been written to provide adequate psychoeducation with emphasis on practical intervention. The material attempts to engage the young person in thinking about the impact their current level of physical activity has on their physical and mental health.

Psychoeducation and interventions

Psychoeducation can take many forms and there are many different resources that can support young people to become more physically active. Feel free to print off the Australian Government physical activity recommendations, appropriate for the young person's age, from the links below.

Psychoeducation in this module is purposefully kept brief, with material focusing on intervention and activity scheduling. What is not represented in this module for young people, but is required from the clinician, is the

assessment of a young person's motivation. Consider revising motivational interviewing (MI) skills such as: person-centred guiding skills; rolling with resistance; recognising, eliciting and reinforcing change talk; developing a change plan; and, consolidating commitments. The MI resource by Naar-King and Suarez published in 2011; is a good resource to read, written specifically for adolescents and young adults.

Some young people may experience a sense of insecurity or a lack of achievement when discussing this, and so the discussion should also focus on their strengths and incidental physical activity they are already doing (for example walking or cycling to school/uni/work). It is recommended that the clinician regularly 'check-in' on the young person's activity schedule and discuss further goal setting or motivation enhancement where necessary.

FURTHER RESOURCES

Acknowledgments

Adapted from resources developed for the 1) Simple Interventions Trial: A factorial RCT testing the effectiveness of simple psychological and exercise interventions for high prevalence mental health problems in young people, and 2) YODA-C (RCT): First-Line Management of Youth Depression: Predictors and moderations of treatment response.

Parker AG, Hetrick SE, Jorm AF, MacKinnon A J, Yung AR, McGorry PD, Purcell R. The effectiveness of simple psychological and physical activity interventions for high prevalence mental health problems in young people: a factorial randomised controlled trial. *Journal of Affective Disorders*. 2016;196:200–209.

Books

Biddle SJH, Gorely T, Mutrie N, Faulkner GE. *Psychology of physical activity: Determinants, well-being and interventions*. 4th ed. New York: Routledge; 2021.

Friedberg RD, McClure JM. *Clinical practice of cognitive therapy with children and adolescents: the nuts and bolts*. New York: Guilford Press; 2002.

Harris R. *ACT made simple: an easy-to-read primer on acceptance & commitment therapy*. Oakland: New Harbinger Publications; 2009.

Naar-King S, Suarez M. *Motivational interviewing with adolescents and young adults*. New York: Guilford Press; 2011.

Pascoe M, Bailey A, Craike M, Carter T, Patten R, Stepto N, Parker AG. Exercise interventions for mental disorders in young people: a scoping review. *BMJ Open Sport and Exercise Medicine*. 2020; 6(e000678).

Websites and factsheets

Australian Government, Department of Health.

Physical activity and exercise guidelines for all Australians.

[health.gov.au/health-topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians](https://www.health.gov.au/health-topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians)

Australian Institute of Health and Welfare.

Physical activity.

[aihw.gov.au/reports/children-youth/physical-activity](https://www.aihw.gov.au/reports/children-youth/physical-activity)

headspace

Tips to keep good mental health.

[headspace.org.au/explore-topics/for-young-people/tips-for-a-healthy-headspace/](https://www.headspace.org.au/explore-topics/for-young-people/tips-for-a-healthy-headspace/)

World Health Organization.

Physical activity.

[who.int/news-room/fact-sheets/detail/physical-activity](https://www.who.int/news-room/fact-sheets/detail/physical-activity)

Australian Institute of Health and Welfare.

Physical activity.

[aihw.gov.au/reports/children-youth/physical-activity](https://www.aihw.gov.au/reports/children-youth/physical-activity)

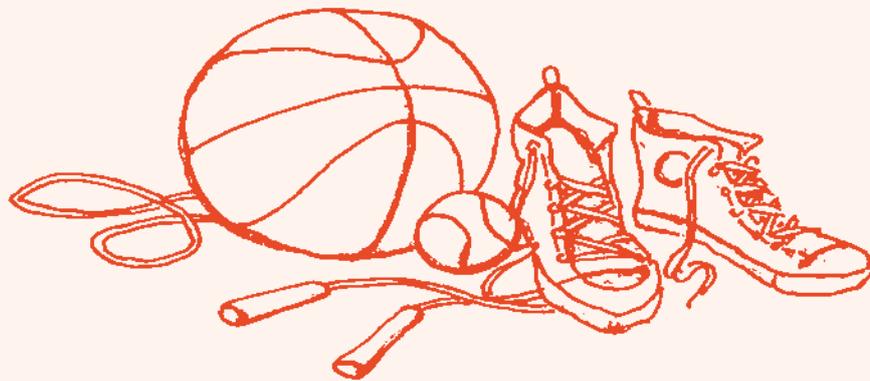
PHYSICAL ACTIVITY FOR WELLBEING

Physical activity is essential to keeping us physically fit and mentally well, and has many positive short-term and long-term benefits. Not only can it help keep you strong and fit and prevent you from developing physical health issues, but it can also lift your mood, reduce stress, increase energy, improve concentration and improve the quality of your sleep.

If you are going through a tough time research suggests that regular physical activity can significantly reduce symptoms of stress,

anxiety and depression. Not only can it give you something to distract you from difficult thoughts or feelings but it releases your brain that make you feel better, and can create opportunities for you to hang out with others.

Even though physical activity does all these great things we know that it can be difficult to get into a routine. This module will support you to explore fun ways to ways make physical activity a part of your daily life!



The Australian Government recommends that we aim to be active most days (or every day if you can), include muscle-strengthening activities throughout the week, limit sedentary behaviours (such as sitting, lying down, being in front of screens) and have healthy sleep. To find out about the guidelines for your age group see the link below.

If you haven't been doing this much physical activity though, doing any is better than doing none, and you can gradually build up to the recommended amount over time.

The most important thing to remember is that different forms of physical activity will suit different people, so have fun exploring as many different things until you find things that are fun and work for you!

.....

CHECK THIS OUT

Australian Government: Department of Health.
Physical activity and exercise guidelines for all Australians.
health.gov.au/health-topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians

NOW LET'S TALK ABOUT YOU ...

So we've put forward the reasons why physical activity is important for our physical and mental health but now we want to hear from you. Below is a table that will give you some space to explore your own motivations for increasing your physical activity.

Not only will this help us understand how you feel about it but it will also be useful for you to look back on when you need some motivation!

Physical activity snapshot

On average I am active for _____ minutes.

I am usually this active for _____ days of the week.

I would like to be active for _____ minutes per day.

The sport or activity I enjoy the most is _____

My level of physical activity has changed **Y** **N**

I used to enjoy, or would like to try _____



BENEFITS OF NO PHYSICAL ACTIVITY

COSTS OF NO PHYSICAL ACTIVITY



BENEFITS OF PHYSICAL ACTIVITY

COSTS OF PHYSICAL ACTIVITY



Right. Now that we have an understanding of why you want to increase your daily physical activity we can get to the fun stuff and consider things that you might enjoy!

Tick the activities you think would be fun to try. Try and get a mixture of activities that you feel might be easy and some that might be more challenging. We have also left you some space to put your own ideas down ...

- Running
- Walking
- Cycling
- Skateboarding
- Swimming
- Dancing
- Surfing
- Walking the dog
- Jogging
- Tidying up or cleaning
- Gardening
- Playing a sport
- Flying a kite
- Ice skating
- Rollerblading
- Horse-riding
- Going to the gym
- Doing a group fitness class
- Doing yoga or pilates
- Doing kickboxing or martial arts
- Canoeing/ white-water rafting
- Bowling
- Rock-climbing or abseiling
- Playing frisbee
- Jumping rope



LET'S GET PLANNING!

Before taking some action it's important to plan out what we would like to achieve. Planning also helps us feel more confident in achieving our goals, and can sometimes be that extra motivation we need to get to it! You can use the table below to map out some physical activity for the rest of your week then keep track of your actual activity that the week progresses.

Remember: keep your goals realistic and achievable. Maybe start small, or break a goal up into smaller steps. Actual activity can also include 'incidental exercise', or physical activities that you do in your day-to-day life, like walking to school or climbing the stairs at work.

PRINT ME OFF
AND FILL ME
OUT AGAIN
AND AGAIN!

	Planned Activity	Actual Activity	Mood or stress level before activity (scale of 1-10)	Duration (minutes)	Mood or stress level after activity (scale of 1-10)
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

HERE ARE A FEW TIPS THAT YOU CAN GET STARTED WITH ON YOUR OWN

ACTIVE TRAVEL

- For quick trips, consider walking, riding or skateboarding instead of travelling by car.
- For longer trips, walk or cycle part of the way.
- Get off the bus one stop earlier and walk the rest of the way.
- If driving, park further away from your destination and walk the rest – get in some exercise and maybe even save some money on parking!
- When at the shops, use the stairs instead of the escalator.

WORK ACTIVE

- Park your car further away for an extra 5- or 10-minute walk.
- Walk over to your colleague rather than sending an email.
- Leave your desk at lunch and enjoy a walk outside.
- Better yet, rope your colleagues in for walking meeting.

ACTIVE SAFETY

- Start slow and build up the amount of activity you do.
- Consider the elements – wear sunscreen and a hat or a helmet if cycling.
- If you have a medical condition, consider chatting with your GP or health professional first.

SOCIALLY ACTIVE

- Catch up with friends for a walk, instead of a coffee (or walk to go and get coffee).
- Plan outdoor activities together, like bike riding, jogging or kicking the footy around together.
- Bad weather? Try going for a swim or shoot some hoops at the leisure centre, or push the furniture aside and dance with your friends like 'no one's watching!'

#TRENDING

The Australian Institute of Sports recently surveyed young people who revealed the most popular sports currently trending are:

Soccer
21%

Basketball
15%

AFL
11%

Cricket
9%

Netball
6%

% of all sports played

UNDERSTANDING AND MANAGING MY MOODS AND ANXIETY

CLINICIAN OVERVIEW

Feelings of sadness and anxiety are common in young people. Learning how to manage stress and bounce back when feeling sad can prevent young people from developing more serious psychological concerns such as depression and anxiety.

This module has been developed to assist young people presenting with mild-to-moderate depression and anxiety, and has been written from

a cognitive-behavioural perspective, drawing on cognitive behavioural therapy (CBT) and the third-wave CBT approach of acceptance and commitment therapy (ACT). The focus of the module is to develop resiliency in young people by being able to notice and challenge unhelpful thoughts and accept rather than attempt to control and/or avoid unpleasant feelings so as to do what they feel is important in life.

AIMS

The aims of this module are to support the young person to:

- Understand why we have emotions and develop an awareness of the relationship between thoughts, feelings and actions.
- Understand sadness and anxiety, and how these emotions vary in intensity.
- Consider the truthfulness of their thoughts, and learn how to challenge thoughts and develop a more rational perspective.
- Explore the brief nature of emotions, the impact of judgement, and emotions as physical sensations.
- Experiment with different ways of accepting and sitting with emotions rather than act based on a temporary mood state.
- Increase activity and enjoyment by re-engaging in activities of achievement or pleasure.

MODULE BREAKDOWN

Introduction and psychoeducation

The module begins by exploring what emotions are, why we have them, and how our emotions are related to our internal and external environments. The emphasis is on emotions being short-term mood states that vary in intensity. The young person is encouraged to explore their emotions in the context of their

own experience and how they vary using a spiral metaphor.

Psychoeducation is also provided on how thoughts, feelings and actions all interrelate and influence each other, again reiterating the temporary nature of emotions.

Interventions

These modules have been designed to be flexible and should be tailored to meet the needs of the young person as well as complement the clinicians own style of practice. It is acknowledged that every clinician will bring with them their own skills and resources from which they draw upon when working with the young person. The approach and extent to which the module is utilised can be determined in session through discussion with the young person. Providing young people with the freedom to shape their own therapy session can be a good way to neutralise any power dynamics and cultivate a fun, emergent and collaborative therapeutic

experience. In this module, this flexibility and autonomy is set up by diving treatment into three main aspects (thoughts, feelings and actions), and providing a range of activities to practice and explore.

The interventions suggested throughout the module have been designed to provide young people with a range of tools through which to understand and respond to varying mood states with a focus on increasing resilience and self-acceptance. Multimodal approaches to supporting the young person have been provided by using reflective exercises, YouTube clips and arts based activities.

FURTHER RESOURCES

Books

Clarke DA, Beck AT. Cognitive therapy of anxiety disorders. New York: The Guilford Press; 2011.

Harris R. ACT made simple: an easy-to-read primer on acceptance & commitment therapy. 2nd ed. Oakland: New Harbinger Publications; 2019.

Friedberg RD, McClure JM. Clinical practice of cognitive therapy with children and adolescents: the nuts and bolts. New York: Guilford Press; 2002.

Hayes LL, Ciarrochi J. The thriving adolescent: using acceptance and commitment therapy and positive psychology to help teens manage emotions, achieve goals, and build connection. Oakland CA: New Harbinger; 2015.

Websites

ReachOut.

Information on stress, anxiety, sadness, and depression

reachout.com/?gclid=CKiQ1bGnicYCFQOWvQods0wA7A

Factsheets

headspace.

Tips to keep good mental health.

headspace.org.au/get-info/tips-for-a-healthy-headspace/

headspace.

What is depression?

headspace.org.au/get-info/depression/

headspace.

What is anxiety & the effects on mental health.

headspace.org.au/get-info/anxiety/



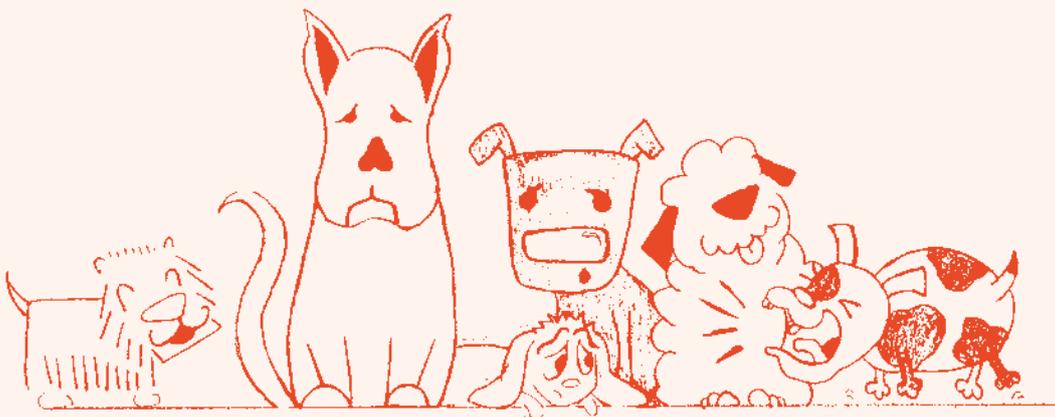
UNDERSTANDING AND MANAGING MY MOODS AND ANXIETY

This topic aims to provide you with skills and strategies to make it easier to deal with feelings like sadness, depression, stress and anxiety. It focuses on understanding what emotions are, exploring the emotions you experience, and learning different strategies that will help you manage your low mood and/or anxiety.

SO WHAT ARE EMOTIONS AND WHY DO WE HAVE THEM?

Moods like depression and anxiety are emotional states that have a purpose – they signal us to act in a particular way or encourage those around us to respond in a particular way.

For example, a feeling of fear is a signal to protect oneself in some way and if a person appears sad then other people know that it would be helpful to provide some sort of care. Feelings of sadness also signal us to slow down and take things easy in our lives because for one reason or another, we are hurting.



Our moods are usually triggered by things going on in our internal environment (for example thoughts, feelings, memories, sensations, urges) and external environment (for example being bullied, going through a break up, feeling stressed about schoolwork) and are usually coupled with changes in our bodies, thoughts, and views of the world, other people, and ourselves. Sometimes changes in our moods can feel unpleasant because they are accompanied by things like an increase in our heart rate, muscle tension, feelings of hopelessness and worthlessness.

Our moods are strongly related to our **thoughts and actions**, and these factors all interact and influence each other. What can be helpful in learning to manage our emotions is understanding what they are and exploring the different thoughts, feelings, and behaviours that increase or decrease their intensity.

One thing we know is that our mood states are typically **short-term**. When our mood states last a long time, they can sometimes stop us from doing the things we like, lead us to behave in a different way and impact on our relationships, and that's when it can be helpful to seek support.



Look at the relationship between your emotions, thoughts and actions, and to see how they interact and influence each other. You can do this by chatting to your clinician or by looking at the following prompts which may be helpful.

<p>Things from my past that may have contributed to how I feel at present:</p>	<p>Three words to describe how I feel at the moment:</p>	<p>What these thoughts, feelings and actions have resulted in: e.g. loss of confidence, less friends, poor school performance etc.</p>
<p>The thoughts I have at the moment about the world, others, and myself that impact how I feel:</p>	<p>The things I do to avoid or reduce my mood: e.g. stay inside, watch TV, drink alcohol, avoid friends.</p>	<p>The changes that happen in my body when I feel this way:</p>

Now that we know a little bit about how you're feeling and how your thoughts and actions. We're going to refer to these answers a little later on so keep them in mind!



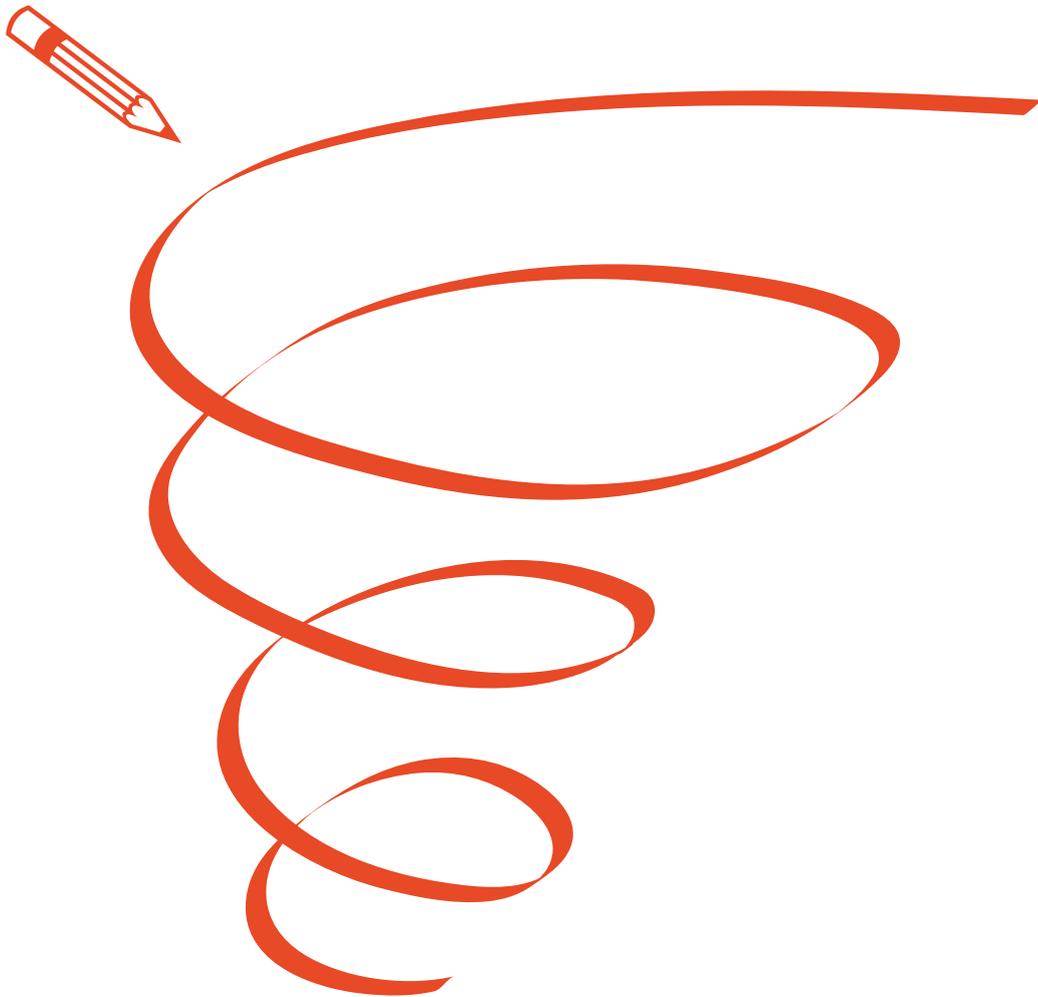
Have you ever asked yourself ...

WHY DO I FEEL SAD AND DEPRESSED?

Feeling sad is usually a sign that we need to slow down and take things easy in our lives because for one reason or another, we are hurting. This can result in us taking time out from socialising with others, doing the things we like (such as art and sport), and dialling down our efforts at school or work because we feel fatigued and unmotivated.

In the short-term, this might be helping us reboot and look after ourselves, but they become problematic when we don't bounce back into doing all the things we were doing beforehand. We can start to feel quite distanced from our friends and family, and struggle to get to school or work. We can also start thinking really negatively about ourselves and our life. As a result, our **mood starts to spiral down** and we feel sad, unmotivated, alone, and negatively about ourselves and the future in general.

Using your responses to the questions above, use the spiral below to create a representation of how your mood has spiralled down. You may choose to chat with your clinician or to draw or create a piece of work that represents this.



Have you ever asked yourself ...

WHY DO I FEEL SO STRESSED OUT AND ANXIOUS?

When we feel anxious, it's typically because we are faced with something fearful, scary or threatening, whether it is a scary thought, situation, or memory. An in-built energy system called the **fight-flight response** kicks in to help us manage these situations by helping our minds think things through and focus on the thing that has us feeling worried. This system also activates our bodies. One example of this is making our hearts beat faster so we have more energy going to our muscles and can respond as we need to. As a result, we're activated, focused and ready to fight or flee the threat.

When the threatening or scary situation or thought is gone, our fight-flight system deactivates and our body calms down. However, sometimes our mind continues to worry and stress about things and our fight-flight system remains activated. This results in us feeling tense, stressed, on-edge and worrying about things that may or may not happen in the future. Our anxiety and stress spiral up. We might avoid situations that make us feel this way, which can result in us feeling frustrated, alone, and unable to live life to the fullest.

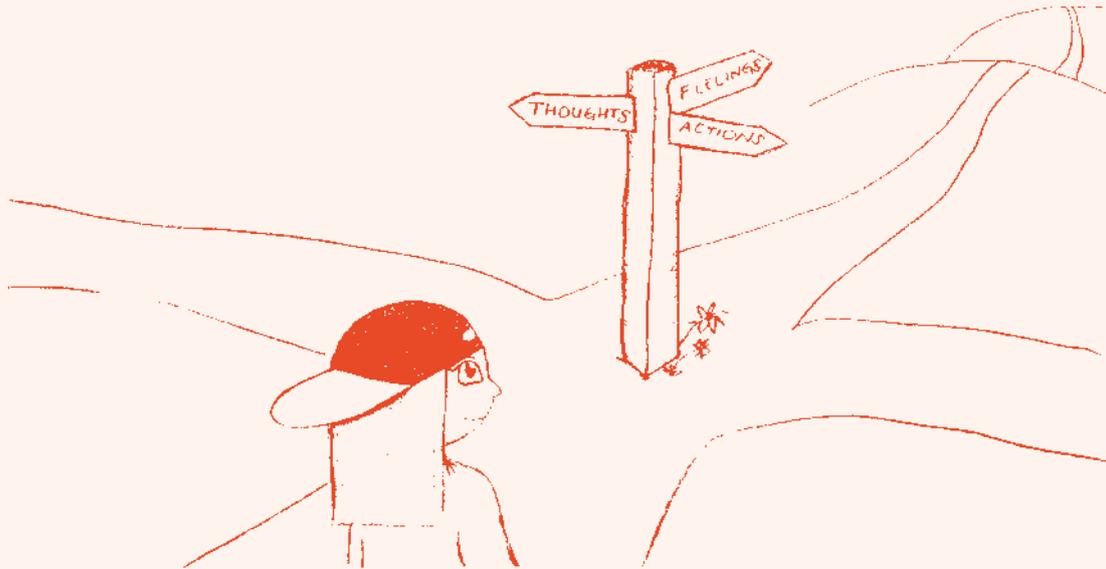
Using your responses to the questions above, use the spiral below to create a representation of how your stress has spiralled up. You may choose to chat with your clinician or to draw or create a piece of work that represents this.





So far we have started to explore and understand how our thoughts influence how we feel about ourselves, the situations we're in, and how we act. What we know about managing our moods is that we can reduce the intensity and duration of our feelings by challenging our thoughts, accepting our feelings, and doing what's important to us.

It's up to you about what path you choose and what works for you!



“Life offers you possibilities. It's up to you to choose the path.

Dr. Jeff Kane

CHALLENGE YOUR THOUGHTS

What will I learn along this path?

Just because I have certain thoughts pass through my mind it doesn't mean those thoughts are true.

Our minds are constantly working, thinking, analysing, and judging things going on externally (e.g. situations we're in) and internally (e.g. our thoughts feelings, sensations, memories, urges). Sometimes our minds evaluate external and internal experiences in a negative way, and when we act based on these negative evaluations it can become problematic, and we end up viewing the world, others and ourselves in an unrealistic way.

STOPP is an acronym that can be a useful tool when you find yourself thinking negatively. Rather than accept these negative thoughts as the truth, this tool can assist you to step back and challenge the way you are thinking using evidence, rather than the things your mind says.

S Stop and step back from the situation in your mind.

T Take a few slow deep breaths.

O Observe what's happening. Try not to judge yourself on what's happening (for example, "I'm feeling sad because I'm a bad person"; "I'm panicking which means I'm going to lose it.") but rather describe the feelings, images, thoughts, body sensations you're experiencing (for example, "I feel worthless because no one will reply to my texts"; "I'm worried because I feel like they're judging me.")

This can be hard, so try asking yourself:

- What's happening right now?
- Where is my focus of attention?
- What am I thinking? What thought just went through my mind?
- What physical sensations do I notice in my body?
- Is this thought based on fact or opinion?
- How is it making me feel?

Once you've had a go at this, try to:

 Put it in **perspective**. This thought may be focusing on certain pieces of information. This can also be hard, so try asking yourself:



What would someone else make of this situation? What advice would I give to a friend?

What meaning or judgement am I giving this event for me to react in this way?

What are the benefits of holding on to this thought?

Will it bring me closer to achieving my goals?

Is there another way of thinking about this?

What is a more balanced way to think about this situation that takes into consideration all the evidence, not just the negative?

How important is this thought right now, and will it be important in six months?

Is my reaction in proportion to the actual event?

Initially when trying to challenge and explore our thinking, we can sometimes get caught up in other thoughts and feelings that pop up and it can get hard to work through the process. When you're just starting out, it can be easier to work through the process using a thought record until it becomes automatic and you're able to challenge your thoughts on your own.

STOPP THOUGHT RECORD

<p>Notice the thought, image, memory or trigger going through your mind.</p>	
<p>S Stop and step back from the situation in your mind.</p>	
<p>T Take a few slow, deep breaths.</p>	
<p>O Observe what's happening. Describe (not judge) the feelings, images, thoughts, body sensations you're experiencing</p> <p>(e.g. "I feel worthless because no one will reply to my texts"; "I'm worried because I feel like they're judging me".)</p>	

 <p>Put it in perspective.</p> <p>This thought may be focussing on certain pieces of information.</p> <p>Ask yourself:</p> <ul style="list-style-type: none">• What meaning or judgement am I giving this event for me to react in this way?• What would someone else make of this situation?• What advice would I give to a friend?• What are the benefits of holding on to this thought?• Will it bring me closer to achieving my goals?• How important is this thought right now, and will it be important in 6 months?	
 <p>Practise what works.</p> <p>What is the best thing for me to do right now for myself, others, and the situation?</p>	

Have a go at challenging some of the negative or anxious thoughts you experience that can stop you or result in your feeling stressed or sad.

What do you notice about the thought you had when you have been able step back and evaluate it? Does it seem to only focus on specific evidence?

If so, can it really be considered 100 per cent truthful if it only reflects one side of what's actually going on?

How would you have responded to the situation if you acted based on the initial thought versus considering all of the evidence?

Adapted from: STOPP worksheet. Vivyan C; 2011.
Available from: getselfhelp.co.uk/docs/STOPPworksheet.pdf



ACCEPT YOUR FEELINGS

What will I learn along this path?

When we judge emotions, moods, bodily sensations, thoughts and feelings as 'bad or unpleasant', it can make them feel even more so.

As discussed earlier, all emotions have a purpose – they vary in how they are experienced in our minds and bodies. It can be helpful to think of moods as being on an

intensity continuum. Some moods can be easily managed because they're less intense, but it can become difficult when your emotions are really intense and you feel like you have to avoid certain situations and stop doing important things just to have a break from feeling them.

Look at the continuum below and the examples listed there. See how an emotion can vary in intensity and is associated with a range of thoughts, urges and bodily sensations.



Using the continuum below, see if you can brainstorm situations where you've felt varying degrees of a certain emotion, whether it is sadness, anxiety, or even happiness.

ACTIVITY



What do you notice about the impact these emotions have on your ability to enjoy life?

How do they impact on your relationships, school or work performance?

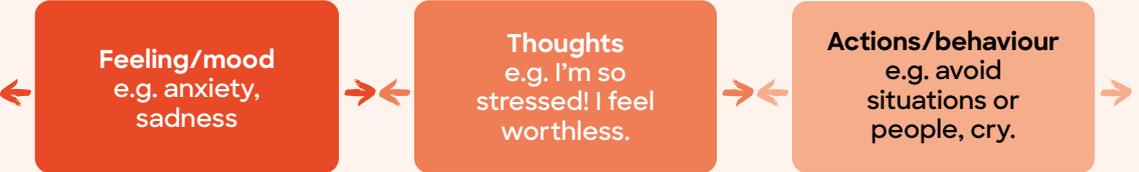
As they become more intense, does anything happen to your focus and attention?

In the midst of an intense emotional experience it can be easy to assume that it will get worse and that it cannot be stopped. In fact, it is likely to lessen, then stop and be part of the past rather than the present or future.

By noting down on the continuum all the times your emotion has varied in intensity over time, you've provided proof of this!

Our emotions are so strongly linked to how we think and behave, that sometimes they can become more intense and/or last longer because of how we view and judge them and what we do when we experience them.

To explore this, think about a strong emotion or mood you feel and the thoughts and actions that often accompany that emotion.



Have you ever felt that emotion intensify because of your thoughts or actions? Like when you say no to going out (actions) because you're feeling sad and don't feel up for it (thoughts), but then end up feeling even more sad that you're missing out (more intense emotion). If YES, feel free to jot it down below.

Can you think of a time where your judgements about an emotion made you feel even worse? Like when you feel yourself getting stressed and anxious (emotion) about a test, and then feel angry (another emotion) at yourself for not being able to control your stress (judgement). If YES, feel free to jot it down below.

What this suggests is that when we judge ourselves based on the emotions or moods we feel, or stop doing important things because of how we feel, it can make us feel worse.



We know emotions and moods will reduce in intensity over time, so rather than getting caught judging our emotions it can be helpful to instead **make room** for these emotions, view them from a curious stance, and ride them out rather than judge and reject them.

Let's have a go at doing this with your clinician, who will read out the following script.

MAKING SPACE FOR AN EMOTION OR MOOD

The first step is to identify the emotion you're experiencing. If you are experiencing more than one emotion, just pick one you feel comfortable exploring. If you are having trouble identifying an emotion, sit for a moment and pay attention to your physical sensations and thoughts. See if you can give an emotion you are having a name (e.g. sadness, anger, shame).

Now that you have identified an emotion, close your eyes and imagine taking that emotion out of your body and putting it a meter in front of you. For just a few minutes you are going to put it outside of yourself so that you can look at it. Later on you will take it back, but for now you are going to allow yourself just a bit of distance so that you can observe the emotion.

Now that the emotion is out in front of you, close your eyes and answer the following questions:

- If this emotion had a size, what size would it be?
- If this emotion had a shape, what shape would it be?
- If this emotion had a colour, what colour would it be?
- What do the edges of this emotion look like?
- Are they distinct or soft?
- How far do they reach?
- Is the emotion solid or opaque?
- Does it move inside, or remain still?

Once you've answered these questions, imagine the emotion out in front of you with the size, shape and colour you gave it. Just watch it for a few moments and recognise it for what it is. When you are ready, you can let the emotion return to its original place inside you.

- What happens to this emotion inside you when you breathe?
- Notice how it moves with each breath.
- If you take a deep breath, what happens to the emotion?



Once you've completed this exercise, just take a moment to reflect on what you noticed about this experience.

- Did you notice any change in the emotion when you got a little distance from it?
- What about changes in your reactions to the emotion?
- Was it more threatening or less?
- Did the emotion feel different in some way once the exercise was finished?
- Did your mind start to drift as you did this? Did you start to judge and get caught up in your thoughts? That's ok. In fact, that's normal. All you need to do is just gently bring your attention back to the task you're doing. No judgment needed.

This exercise may seem a little strange at first, but many people notice that it helps them start to think differently about, and be more accepting of, their emotions.

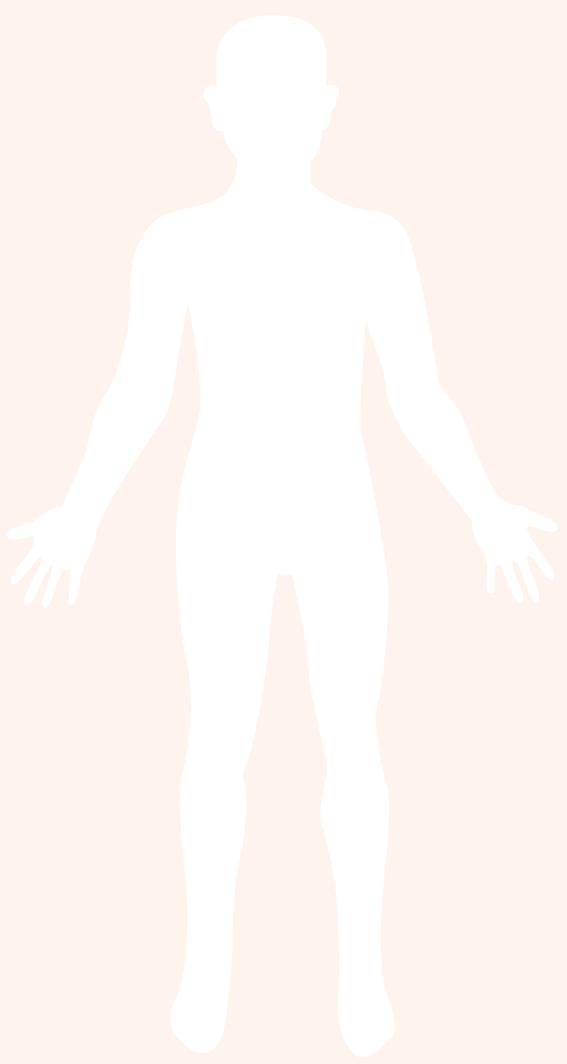
It can be helpful to practise mindfulness for a few minutes every day rather than waiting until you're feeling an intense mood state. This way you're well equipped to use these skills to manage your moods when they become more intense. You have to learn how to crawl before you can run.

 **ACTIVITY**

BODY MAP OF EMOTIONS

It can be helpful to explore the physical warning signs your body gives off when you're feeling certain emotions and moods. If we know these early warning signs, we are in a better position to make space for the emotion and ride it out, rather than judge or try to get rid of the emotion which may intensify it.

Firstly, think of an emotion or mood you experience, and write or draw on the body map below all the thoughts, feelings, sensations, urges and bodily sensations that change when you experience it. Then, note down the order in which you feel these sensations - the first 2-4 are your early warning signs.



 **My early warning signs**

- My to do list:**
- As you start to notice your early warning signs, see if you can notice how these sensations shift across time.
 - Use your breath to help you ride out the emotional waves like a surfboard; you can simply observe your breath and notice these sensations as you ride out each emotional wave that arises.

Sometimes when we feel emotions we lose sight of what's going on around us and focus only on what we're thinking, feeling or doing (or in some cases, not doing).

Mindfulness is a tool that can be used to help bring your attention back to your environment. Here are some ways you can adopt a more mindful stance despite feeling an emotion. If you'd like to give it a try, consider the following ways mindfulness can be cultivated and explored.

PRACTISE MINDFULNESS AND DEEP BREATHING

- **Notice your senses.** What can you hear, see, smell, feel and taste right now?
- **Turn off auto pilot.** Take a moment to really feel what it's like: to have a warm shower; to brush your teeth using your opposite hand; when you comb your hair - take notice of the sensations this generates on your head and how these change.
- **Take a few deep breathes.** Place your hand on your belly and breathe deeply into your stomach, pushing your stomach out against your hand. See if you can notice the air travelling through your nose, down your throat and filling up your belly. As you slowly breathe out, feel your body relax and become heavy, and notice how your body knows just how to start breathing in again.
- **Use guided meditation.** Phone applications like **Smiling Mind** can be really useful in learning to practise mindfulness. They help you focus your attention so you're not getting caught up in thoughts, feelings, bodily sensations and things in your environment.

Initially it might be helpful for your clinician to talk you through a few of these techniques. We have written scripts for diaphragmatic breathing (page 102) and the leaves on a stream exercise (page 103) that can be practised in session.

Otherwise, check out these YouTube clips (they talk you through it!) and find a quiet place to meditate or practice deep breathing.

.....

CHECK THIS OUT:

		Naomi Goodlet. Leaves on a stream. youtube.com/watch?v=jovZDkEnFng
		Calm. Take a deep breath. youtu.be/aNXKjGFUIMs
		The Guided Meditation Site. Mindfulness of sounds. youtube.com/watch?v=wGFog-OuFDM

CHANGE YOUR ACTIONS

What will I learn along this path?

You don't need to wait for motivation to strike or mood to improve; take action now and get the ball rolling to improve mood and motivation!

When we feel intense emotions and moods, we stop doing things because we don't have the energy or motivation to. We also avoid the situations that make us feel stressed or sad. While this may be helpful in the short-term, it can become problematic when we're trying to avoid our feelings and stop doing things we once enjoyed. In fact, the more we stop, the less motivated we become to start again, and we can sometimes continue withdrawing from the things we enjoy in life because it feels really hard to bounce all the way back to where we were. So what can we do?

If we wait until we don't feel these emotions to start, we might not start!

So, we can start to move; start to get back into doing activities that are important to us even though we may not feel like it. This can be done by picking a few small activities we can do each day that make us feel good about ourselves or that are important to us. We can also take long-term goals and break them down into smaller steps. We can try new things, or we can start to slowly face our fears by putting ourselves in situations that trigger changes in our moods.

Try answering the following questions:

What are some of the things I've been avoiding?

What am I not doing that I want to be? What's important to me?

What have I stopped doing because of my mood and emotions?

e.g., seeing friends, homework, doing presentations, exercise

What are my big life goals?

How can I break them down into smaller steps?

What's something new I've wanted to try?

What is the thing that scares me the most?

What scares me the least?

“ The journey of a thousand miles begins with a single step.

Lao Tzu



If you're looking for some inspiration, take a look at the list of pleasurable activities below and choose a few that stand out!

PLEASURABLE ACTIVITIES LIST

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells, etc.)
4. Recycling old items
5. Going on a date
6. Going to a movie
7. Jogging, walking
8. Listening to music
9. Buying household gadgets
10. Lying in the sun
11. Planning a career change
12. Laughing
13. Thinking about happy memories
14. Listening to others
15. Reading magazines or books
16. Hobbies (stamp collecting etc.)
17. Spending an evening with good friends
18. Planning a day's activities
19. Meeting new people
20. Card and board games
21. Going to the gym, doing aerobics
22. Eating
23. Practising karate, judo, yoga
24. Repairing things around the house
25. Working on my car (or bicycle)
26. Having quiet evenings
27. Taking care of my plants
28. Going swimming
29. Doodling
30. Collecting old things
31. Going to a party
32. Flying kites
33. Having discussions with friends
34. Going camping
35. Singing around the house
36. Arranging flowers
37. Going to church, praying
38. Going to the beach
39. Thinking I'm an OK person
40. Going ice skating, roller skating/blading
41. Travelling
42. Sketching, painting
43. Doing something spontaneous
44. Doing embroidery, cross stitching
45. Sleeping
46. Driving
47. Entertaining
48. Going to clubs (garden, sewing, etc.)
49. Going bird watching
50. Singing with groups
51. Playing musical instruments
52. Doing arts and crafts
53. Making a gift for someone
54. Buying CDs, tapes, records
55. Watching boxing, wrestling
56. Planning parties
57. Cooking, baking
58. Going hiking, bush walking
59. Writing (books, poems, articles)
60. Sewing
61. Going out to dinner
62. Discussing books
63. Sightseeing
64. Going to the beauty salon
65. Early morning coffee and newspaper
66. Kissing
67. Daydreaming
68. Refurbishing furniture
69. Watching TV, videos
70. Making lists of tasks
71. Going bike riding
72. Walks on the riverfront/foreshore



- | | |
|--|--|
| <p>73. Travelling to national parks</p> <p>74. Completing a task</p> <p>75. Thinking about my achievements</p> <p>76. Going to a footy game</p> <p>77. Chatting on the internet, checking emails</p> <p>78. Photography</p> <p>79. Going fishing</p> <p>80. Star gazing</p> <p>81. Flying a plane</p> <p>82. Being alone</p> <p>83. Writing diary/journal entries or letters</p> <p>84. Cleaning</p> <p>85. Dancing</p> <p>86. Going on a picnic</p> <p>87. Saying "I did that well" after doing something</p> <p>88. Meditating</p> <p>89. Playing cards</p> <p>90. Seeing and/or showing photos or slides</p> <p>91. Knitting/crocheting/quilting</p> <p>92. Doing crossword puzzles</p> <p>93. Shooting pool/playing billiards</p> <p>94. Dressing up and looking nice</p> <p>95. Reflecting on how I've improved</p> <p>96. Buying things for myself</p> <p>97. Talking on the phone</p> <p>98. Going to museums, art galleries</p> <p>99. Lighting candles</p> <p>100. Listening to the radio</p> <p>101. Having coffee at a cafe</p> <p>102. Getting/giving a massage</p> <p>103. Saying "I love you"</p> <p>104. Thinking about my good qualities</p> <p>105. Going bowling</p> <p>106. Doing woodwork</p> <p>107. Fantasising about the future</p> <p>108. Doing ballet, jazz/tap dancing</p> <p>109. Playing computer games</p> <p>110. Having an aquarium</p> <p>111. Going horseback riding</p> | <p>112. Going rock climbing</p> <p>113. Become active in the community</p> <p>114. Making jigsaw puzzles</p> <p>115. Playing with my pets</p> <p>116. Having a barbecue</p> <p>117. Rearranging the furniture in my home</p> |
|--|--|



MAKE A PLAN

Look at the weekly schedule on the following pages and have a go at planning ahead what activity/ies you would like do for the week and when you will do them. It can be easier to start by scheduling in the things you already have planned, like work, school and social or sporting activities. Then, add in some of the additional activities you thought of or from the pleasurable activities list. Remember to be **realistic** and start **small**.

HOW'D YOU GO?

Let's review how your planned activities went. Consider the following questions.

- Were there any thoughts or feelings or barriers to you completing these tasks?
- Can you challenge those thoughts, or make space for those emotions?
- Were any tasks too much? Can they be broken down into smaller, more achievable tasks?
- How did you feel before and after you completed each activity?
- Looking at what you did for the week, how do you feel?

Creating a plan to achieve bigger goals often involves breaking goals down into smaller steps. Remember to keep your goals and plans SMART:





DEEP BREATHING SCRIPT

Deep breathing, also known as diaphragmatic breathing is intended to help you use the diaphragm correctly while breathing to:

- help you to breathe more effectively;
- use less effort and energy to breathe; and
- feel more relaxed and at ease.

It can be helpful to get your clinician to read out the following steps so you can really focus on feeling and noticing your breath.

STEPS

1. Lie on your back on a flat surface or sit comfortably, with your hands resting gently in your lap. Place one hand on your upper chest and the other just below your rib cage on your belly. This will allow you to feel your diaphragm move as you breathe.
2. Breathe in slowly through your nose so that your stomach pushes out against your lower hand. The hand on your chest should remain as still as possible. Once your lungs are full, pause for a few seconds to notice the pressure in your belly.
3. Breathe out through your mouth. As you breathe out, relax your stomach muscles letting them fall inward as you exhale, slowly expelling all the air you have in your lungs. Notice how the pressure releases as you breathe out. Keep the hand on your upper chest as still as possible. Once the air is gone, pause for a few seconds before breathing in again.

When you first learn the diaphragmatic breathing technique, it may be easier for you to follow the instructions lying down. As you gain more practise, you can try the diaphragmatic breathing technique while sitting in a chair.





LEAVES ON A STREAM: MINDFULNESS SCRIPT

Being present in the here and now and choosing to observe your thoughts rather than getting caught up in their content is what many people call mindfulness. The following is a mindfulness activity that helps you distance yourself from the content of your thoughts by encouraging you to view them as leaves on a stream.

It can be helpful to get your clinician to read out the following steps so you can really focus on feeling and noticing your breath.

- Imagine you are sitting or standing in the middle of a stream.
- The water is flowing away in front of you.
- Notice if there is any sound from the running water.
- Notice if there are any trees, etc. on the banks of the stream.
- Now see leaves floating down the stream away from you.
- They can be any shape, colour, or size.
- Now notice as any thoughts that start to come into your mind.
- Be aware of what the thought is, and then place it on a leaf.
- Now watch it float away down the stream.
- Even if you have the thought, "why am I doing this?", or "this exercise is pointless", that's okay. Just place these thoughts on the leaf and let them float down the stream.
- When you're ready, bring your attention back to the room. Notice any sounds that you can hear. Notice your feet in your shoes, and your body sitting in the chair. And when you're ready open your eyes.



PROBLEM-SOLVING SKILLS

CLINICIAN OVERVIEW

Improving a young person's problem-solving skills helps them to cope more effectively with their current difficulties and perform better in other areas of their lives. It assists young people to systematically generate solutions to problems, and implement structured plans to resolve their difficulties. The therapy focuses on implementing changes in the 'here and now' rather than working through the meaning and impact of past experiences.

This module has been developed to help young people to effectively solve their own problems. The focus of the module is to introduce young people to the systematic problem-solving approach in an accessible way so that they can practise in session and easily replicate the approach on their own. It can be delivered early on in sessions, accompanied by periodic 'check-ins' by the clinician throughout, or towards the end as an additional skill to equip the young person. This module can be delivered to most young people as a module of focus or as an adjunctive module delivered early on in sessions and regularly monitored across subsequent sessions.

AIMS

The aims of this module are to support the young person to:

- Normalise having problems and to recognise that problems can be solvable.
- Understand the difference between worrying and problem-solving.
- Explore the vulnerability that is experienced in relation to confronting problems and that we can create new opportunities from a position of vulnerability.
- Be realistic that problem-solving takes time.
- Conceptualise the six-step problem-solving approach, taking time to explore each step and the additional tips provided.
- Practise implementing the model using real-life examples or the case examples provided.
- Consider relaxation techniques, exercise intervention, and assertiveness building with adjunctive BIYMH modules.

MODULE BREAKDOWN

Introduction

The module has been written to provide equal emphasis on: psychoeducation on the difference between worrying and solvable problems, and on practical strategy and intervention. The material attempts to engage young people in problem-solving skills with a position of curiosity and an understanding that new and exciting opportunities can arise. It is likely that most people will experience a sense of vulnerability when discussing their problems so it is important to acknowledge this and make necessary provisions to allow a young person to feel more comfortable to do so. The opportunity to explore our problems promotes self-efficacy and confidence to consider our own already adapted coping skills.

Psychoeducation

Psychoeducation can take many forms and there are many different resources that can be offered at this point that may help the young person, including factsheets (refer to resources on page 106).

In the module, a brief understanding of the difference between worrying and solvable problems is presented by a dialogue between the BIYMH toolkit characters. This is to encourage conversation between the young person and clinician to explore different perspectives held about each process which can be used and constructed to discuss further. Although not directly related to the problem-solving approach, the YouTube clip *How simple ideas lead to scientific discoveries* gives the young person, and clinician, an opportunity to see firsthand how problems can give rise to new opportunities and discoveries. It is appropriate to show the young person that acknowledging our problems can initially be a confronting experience, but this quickly dissipates with practise and repetition.

Interventions

These modules have been designed to be flexible and should be tailored to meet the needs of the young person as well as complement the clinician's own style of practice. It is acknowledged that every clinician will bring with them their own skills and resources from which they draw upon when working with the young person. The approach and extent to which the module is utilised can be determined in session through dialogue with the young person. Providing young people with the freedom to shape their own therapy session can be a lovely way to neutralise any power dynamics and cultivate a fun, emergent and collaborative therapeutic experience.

The six steps to the problem-solving approach are clearly defined for the young person, allowing them to raise further questions they may have. Young people should be encouraged to attempt to apply the model with assistance of the clinician in session with one of their own examples or the case examples provided. It is recommended that the process is completed on paper to provide the young person space between their problems and thoughts attached to them. The blank problem-solving approach handout may be printed off several times for the young person to complete on their own or with others outside of session. Over time, with practise and repetition, the model may become more fluid and accessible to the young person and may not be needed to be completed on paper.

FURTHER RESOURCES

Acknowledgments

Adapted from resources developed for the 1) Simple Interventions Trial: A factorial RCT testing the effectiveness of simple psychological and exercise interventions for high prevalence mental health problems in young people, and 2) YODA-C (RCT): First-Line Management of Youth Depression: Predictors and moderations of treatment response..

Books

Brown B. Daring greatly: how the courage to be vulnerable transforms the way we live, love, parent, and lead. USA: Penguin Publishing Group; 2015.

Clark DA, Beck AT. Cognitive Therapy of Anxiety Disorders: Science and practice. New York: Guilford Press; 2010.

Friedberg RD, McClure JM. Clinical practice of cognitive therapy with children and adolescents: the nuts and bolts. New York: Guilford Press; 2002.

Mynors-Wallis LM. Problem-solving treatment for anxiety and depression: a practical guide. Oxford: Oxford University Press; 2005.

Saulsman L, Nathan P, Lim L, Correia H. What? Me worry!?! Mastering your worries. Perth: Centre for Clinical Interventions. 2005.

Websites

KidsMatterAustralia.

Starting school video 4: problem solving.

https://youtu.be/a3Y7dl_-39U

ReachOut.

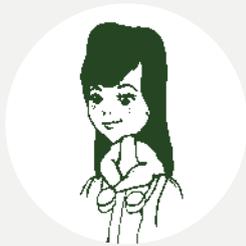
A step-by-step guide to problem solving.

reachout.com/all-about-problem-solving



PROBLEM-SOLVING SKILLS

We all encounter problems that can sometimes really stump us and leave us wondering, "what on earth should I do?" Problem-solving skills are really important to help us cope with difficult situations and issues that we face in our day-to-day lives. This module looks at a simple and effective way of sorting through our problems, working out some solutions and putting these in place 'here and now'.



Hang on ... problems can **really suck!** They sometimes leave me feeling down and frustrated. Won't looking into my problems make me feel **even worse?**

Mmm ... that's what I was thinking, but that sounds like **worrying**. I heard that worrying is a **negative thought process**, like thinking about the worst case scenario which can make us **fear** something that may or may not happen ... but how is problem-solving different?

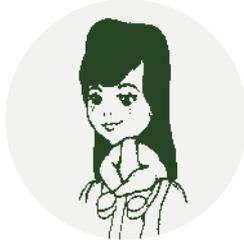


Well, problem-solving is more of a **constructive process**. It focuses on **problems at hand** and not so much on things that **might not happen**. It sounds like a pretty useful skill to have and can **save us time** working things out instead of worrying. What's involved?



Problem-solving really is different. It involves **identifying** what the problem is, working out a **goal**, **generating solutions**, coming up with a **plan**, **implementing** it, then **reviewing** the outcome. Let's look into it together now ...





IS THERE A PROBLEM?

Often when we feel overwhelmed or stressed, it can be challenging to be solution-focused. Rumination and worry can become barriers to moving forward.

A way of exploring whether a problem-solving approach could be helpful, is by establishing if there is a problem that requires solving in the first place.

Ask yourself:

- Is there a problem that actually requires solving?
- Is the problem something that's happening right now?
- Is the problem something I have control over?

If you answered yes, chances are problem-solving strategies may be a great way to deal with the situation.

It's important to recognise that not every problem is going to be 100 per cent solvable. There may even be some situations where there's very little that we can do, but making an attempt to solve these problems can have a positive impact on our lives.

At times, dealing with our problems can leave us feeling vulnerable, uncertain and even exposed. However, by having the courage and willingness to engage in problem-solving we are creating opportunities to experience our own ability to cope.

Just make sure to:

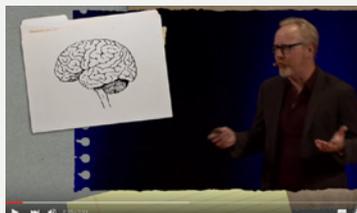
Set aside time – problem-solving takes energy and concentration

Tackle one at a time – work through your problems one by one

Use paper – I know it might feel weird, but writing it down on paper takes the clutter out of your mind giving you space to generate some great solutions

.....

CHECK THIS OUT:



Adam Savage. TED-Ed.
How simple ideas lead to scientific discoveries.
[youtube.com/watch?v=F8UFGu2M2gM](https://www.youtube.com/watch?v=F8UFGu2M2gM)

Remember: a problem is an opportunity to discover something amazing.



THE SIX-STEP PROBLEM SOLVING APPROACH

There are six steps in this problem-solving approach. In each of the boxes, there are some additional tips to help you through each step. The more information we have about the problem, the better. Work through each step with your clinician, or a friend or family member at home. After reading and understanding each step, why not try one of the examples below and see if you can apply the six steps!

1. IDENTIFY

STATE THE PROBLEM AS CLEARLY AS POSSIBLE

- What is the problem?
- When and how often does it occur?
- Who else is involved?
- Be **specific** – does the problem need to be split in two?
- Can you describe the problem in terms of what you can **observe**, rather than how you feel about it?

2. GOAL

SET A GOAL

- What do you want to **do** about the problem?
- What would make you **feel better**?
- Can you think of goals in terms of **observable behaviour** that is within your control?

3. GENERATE SOLUTIONS

LIST ALL THE POSSIBLE SOLUTIONS

- Be **creative**, forget about the quality of the solutions – remember that simple and even far-fetched ideas can lead to amazing discoveries.
- Quantity! Quantity!** – the greater the number of solutions, the greater the chances are of success.
- Suspend judgment** – there's no good or bad.
- What will help? From small steps to big goals, **what would you tell a friend to do** if they were in the same situation?

4. DECIDE AND EVALUATE

LIST THE PREFERRED SOLUTIONS

- Eliminate the less desirable** or unreasonable solutions.
- List the preferred solutions in **order of preference**.
- Evaluate the top three or four by listing their **advantages and disadvantages**.

5. PLAN AND IMPLEMENT

DECIDE AND PUT IT IN PLACE

- Before implementing, can you **breakdown** your solution into small achievable steps?
- Decide** on the best solution and **implement** it!

6. REVIEW

HOW EFFECTIVE WAS THE PLAN?

- Does the plan need to be revised?
- Return to step 3 and select another solution if necessary.

THE SIX-STEP PROBLEM-SOLVING APPROACH

IDENTIFY AND DEFINE THE PROBLEM

Large empty rectangular area for identifying and defining the problem.

PRINT ME OFF
AND FILL ME
OUT AGAIN
AND AGAIN!

SET A GOAL

Large empty rectangular area for setting a goal.

	GENERATE SOLUTIONS	PREFERRED SOLUTIONS
1		
2		
3		
4		
5		
6		

#	ADVANTAGES	DISADVANTAGES
1		
2		
3		
4		

DECIDE ON A PLAN

Large empty rectangular area for writing a plan.

ACTION TIME!

Small empty rectangular area for writing action steps.

REVIEW THE PLAN

Large empty rectangular area for reviewing the plan.

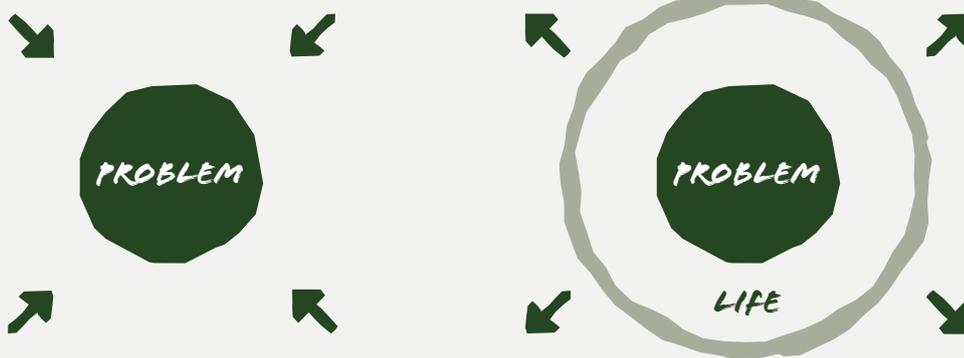
Have a go! See if you can use the six-step problem-solving method to tackle these real-life solvable problems below.



- > I have too many assignments to finish for school/uni due by the end of the week.
- > I had a fight with my best friend and now we aren't talking.
- > My phone bill is due and my car needs petrol, and I don't have enough money to pay for both.

As you work through this process, reflect on how problem solving can help you;

- move from a position of vulnerability and create endless possibilities to do something amazing; and
- if you get stuck, that's ok! The following image can help support young people to think about your problem a little differently.



We can make the problem smaller

Or, we can make life bigger!

.....
CHECK THIS OUT:



Jack Kavanagh. TEDxTallaght.
Fearless like a child - overcoming adversity.
[youtube.com/watch?v=gMvMW6YNXxl](https://www.youtube.com/watch?v=gMvMW6YNXxl)

MINDFULNESS AND RELAXATION

CLINICIAN OVERVIEW

Learning to relax and being aware of the present moment can help young people develop another coping strategy alongside the strengths and skills they already have, or the skills they may also develop through working through the BIYMH toolkit. This module is designed to give young people a basic understanding of mindfulness and relaxation techniques. Specifically, the focus is placed on sampling different strategies until the young person finds a technique that works for them.

Mindfulness and relaxation skills are great additions to other modules within the BIYMH toolkit, including including: **Understanding my anger; Understanding and managing my moods and anxiety;** and **Understanding and accepting myself.** The module can be delivered in early sessions, with techniques delivered and practised in session with the clinician, and accompanied by periodic 'check-ins' throughout subsequent sessions. Alternatively, the module may be implemented towards the end of a series of sessions as an additional skill to equip the young person.

AIMS

The aims of this module are to support the young person to:

- Gain a basic understanding of mindfulness and relaxation and the usefulness of implementing these practices to assist with managing feelings of tension and discomfort.
- Increase awareness of their current physical, or body state, together with the thoughts, fears and memories that intrude into the present moment.
- Acknowledge and compare feelings of discomfort with those of freedom and relief.
- Promote curiosity and sample different mindfulness exercises from a position of openness, free of judgement.
- Normalise the challenge they may face when it comes to trying something new for the first time.
- Develop their own list of relaxing activities that they can enjoy on their own or with others.
- Practise these skills regularly, and consider using a relaxation schedule to seek full benefit.

MODULE BREAKDOWN

INTRODUCTION

The first two pages of this module provide a platform to discuss the impact of mindfulness and relaxation skills on managing difficult thoughts and feelings. The emphasis is placed on trying the different exercises offered, and to encourage the young person to think about the strengths and skills they already possess and use them to relax.

PSYCHOEDUCATION AND INTERVENTIONS

There are endless resources and explanations of the intricate processes of mindfulness and relaxation practice. Psychoeducation in this module is purposefully kept brief so as not to overwhelm or bombard young people with information that may not be necessary. If young people would like further information it can be provided to them from one of the resources below.

A basic explanation of mindfulness and relaxation is provided within this module. The language used to discuss these processes is critical because of the anxiety that undertaking the exercises may elicit from the young person. Normalising feelings of discomfort or awkwardness is highly encouraged as young people typically report feeling 'weird' when first introduced to these exercises. The same may be felt by the clinician too, and that's ok! If it feels appropriate and comfortable to do so, this might be a nice opportunity for the clinician to share with the young person that they too might have felt uncomfortable at first, but with practise and regular use of exercises were able to seek relief and assistance.

The approach and extent to which the module is used can be determined in session by talking to the young person. This may include running through the entire module, or only using elements where needed, such as grounding techniques. The clinician is encouraged to demonstrate, and participate in, each exercise with the young person for the first time. This can be done reading through the instruction steps provided or using a script that you may have in your resources. Alternatively, YouTube clips or recordings can be used in session for both young person and clinician to participate in together; however, please review any recordings to determine appropriateness before sharing with young people. Internet links may be sent via text message to encourage the young person to practise at home, or in an environment where they would feel most comfortable to do so. If used, it is recommended that the clinician regularly 'check-in' on the young person's relaxation schedule and discuss further goal setting or motivation enhancement where necessary.

FURTHER RESOURCES

Books

Brown B. Daring greatly: how the courage to be vulnerable transforms the way we live, love, parent, and lead. USA: Penguin Publishing Group; 2015.

Collins-Donnelly K. Starving the anxiety gremlin: a cognitive behavioural therapy workbook on anxiety management for young people. London: Jessica Kingsley Publishers; 2013.

Giarratano L. Clinical Skills for Treating Traumatized Adolescents: Evidence-based treatment for PTSD. NSW: Talomin Books; 2004.

Harris R. ACT made simple: an easy-to-read primer on acceptance & commitment therapy. 2nd ed. Oakland: New Harbinger Publications; 2019.

Websites and factsheets

ReachOut

Ways to relax

reachout.com/collections/ways-to-relax

ReachOut

Mindfulness - is it for you?

reachout.com/what-is-mindfulness

Smiling Mind

smilingmind.com.au/

YouTube

Andy Puddicombe, TED

All it takes is 10 mindful minutes

youtube.com/watch?v=qzR62JJCMBQ

Gozenonline

4-7-8 breathing exercise by GoZen

youtube.com/watch?v=UxbdX-SeeOOo

Naomi Goodlet

Leaves on a stream

youtube.com/watch?v=jovZDkEnFng

Relaxation Audio with Candi

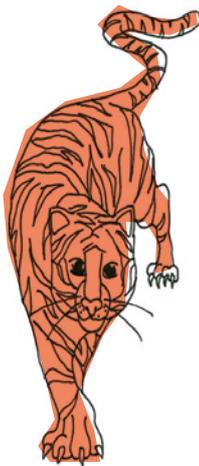
Progressive muscle relaxation

youtube.com/watch?v=HFwCKKa--18

MINDFULNESS AND RELAXATION

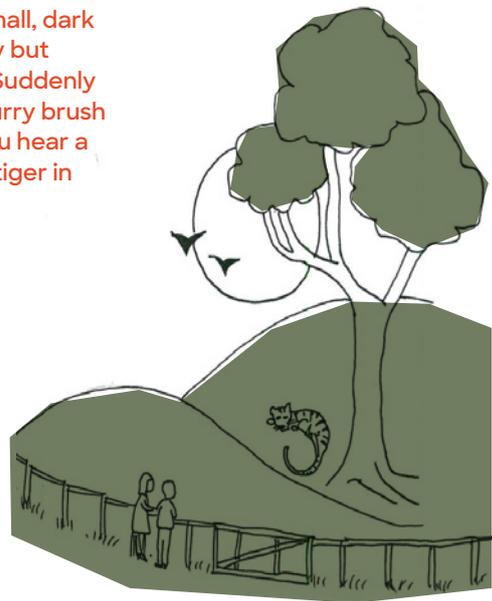
We all get stressed out from time to time. Sometimes we know why and other times we just feel really overwhelmed. These feelings are normal and while there is no way of switching these uncomfortable feelings 'off' completely, developing mindfulness and relaxation skills can help to keep us grounded so that we don't get swept away by them.

BEFORE WE GET STARTED ...



Imagine for a moment that you are locked in a small, dark room. You feel uneasy but you're not sure why. Suddenly you feel something furry brush past your arm and you hear a low growl. There is a tiger in the room!

Now imagine that you are standing just outside a big, green paddock. The sun is shining and the wind feels nice against your face. You notice that there are a few tigers in the paddock but they are on the other side of the fence. One is sleeping under a tree and the other is just wandering around. You see them but they don't frighten you. You know that you are safe and that they can't hurt you.



When we are overwhelmed by difficult, painful or uncomfortable thoughts and feelings it can feel like we are locked in a small dark room with a scary beast. This can interfere with everything we do: we can't sleep, relax or enjoy anything because we feel like we are in danger.

Mindfulness and relaxation skills help us to create space in our hearts and minds so that uncomfortable or scary thoughts, feelings and experiences no longer feel as threatening. We stop struggling with them or trying to flee from them. This frees us up to be able to go about our day doing the things that are important.

What is mindfulness?

Mindfulness is the practice of focusing our attention on what is happening for us in the present moment (rather than getting caught up in our thoughts, fears or memories). There are a number of different ways that we can incorporate mindfulness into our daily lives which we will explore. Like a muscle, our ability to be mindful strengthens the more we work at it.

What is the difference between mindfulness and relaxation?

Whilst mindfulness activities can sometimes be relaxing the purpose of mindfulness is not relaxation but a feeling of being grounded and centred in the present moment and not tangled up in your thoughts and feelings.

Relaxation is a state of being free from tension and anxiety. Relaxation can be achieved many different ways and the things you find relaxing are entirely decided by you. What works for you might be different from what works for someone else.

WHAT IS IN THIS MODULE?

Throughout this module we will introduce you to a number of different mindfulness exercises that you might like to try in session or at home.

We have also included a list of relaxing activities that you might be interested in trying out and there is room to add your own as well.

Towards the end you will find a mindfulness and relaxation schedule. This is to help you make time each day to do something relaxing or mindful. It doesn't have to be a big thing, even just taking a few minutes to focus on your breathing can go a long way.

The final page is a colouring-in sheet that has been specially developed for young people and adults. Colouring isn't just for kids and can be very relaxing!

ENJOY!

MINDFULNESS EXERCISES

Below are four short mindfulness exercises for you try. Remember you can use these anywhere, anytime!

DROP AN ANCHOR

This is a simple exercise to centre yourself and connect with the world around you. Practise it anytime you find yourself getting tangled up in your thoughts and feelings.

1. Plant your feet firmly on the ground.
2. Push them down – notice the floor beneath you, supporting you.
3. Notice the muscle tension in your legs as you push your feet down.
4. Notice your entire body – and the feeling of gravity flowing down through your head, spine, and legs into your feet.
5. Now look around and notice what you can see and hear. Notice where you are and what you are doing.

NOTICE FIVE THINGS

This is yet another simple exercise to centre yourself and engage with your environment. Practise it throughout the day, especially any time you find yourself getting caught up in your thoughts and feelings.

1. Pause for a moment.
2. Look around and notice five things you can see.
3. Listen carefully and notice five things you can hear.
4. Notice five things you can feel in contact with your body.
5. Finally, do all of the above at the same time.

MINDFULNESS OF PLEASANT ACTIVITIES

Pick an activity that you enjoy such as hugging a loved one, eating lunch, playing with the dog, walking in the park, listening to music, painting, having a hot shower etc.

Do this activity mindfully: engage in it fully using all five of your senses and savour every moment.

When your attention wanders, as soon as you realise it, note what distracted you and re-engage in whatever you are doing.

You might like to try a mindful activity in session with your counsellor

4 - 7 - 8

Here is a little breathing technique that can help you to centre yourself and calm down when you feel stressed. It helps by focusing attention on the breath and also ‘tricks’ your body into feeling more relaxed by reducing an accelerated heart rate. You can use this anytime, anywhere.

1. Exhale deeply through your mouth.
2. Take a deep breath through your nose for 4 counts.
3. Hold the breath for 7 counts.
4. Exhale through your mouth for 8 counts.
5. Repeat 4–8 times.

... AND MORE MINDFULNESS

These exercises will take a little more time. In session, your clinician can walk you through them. There are also some links to recorded versions so that you can do them together or practice at home

LEAVES ON A STREAM

While sitting quietly, close your eyes or focus on a particular object in the room. Bring your attention to your breath, then start to notice the thoughts that come into your mind. As you notice each thought, imagine putting those words onto a leaf as it floats by on a stream. Put each thought that you notice onto a leaf, and watch it drift on by. There's no need to look for the thoughts, or to remain alert waiting for them to come. Just let them come, and as they do, place them onto a leaf.

Your attention will wander, particularly so at first, and that's okay – it's what minds do. As soon as you notice your mind wandering, just gently bring your focus back to the thoughts, and placing them onto the leaves.

After a few minutes, bring your attention back to your breath for a moment, then (open your eyes and) become more aware of your environment.

PROGRESSIVE MUSCLE RELAXATION

Loosen your clothing, take off your shoes, and get comfortable either sitting or lying down. Take a few minutes to relax, breathing in and out in slow, deep breaths.

When you're ready to start, shift your attention to your right foot. Take a moment to focus on the way it feels. Slowly tense the muscles in your right foot, squeezing as tightly as you can. Hold for a count of 10.

Relax your right foot. Focus on the tension flowing away and the way your foot feels as it becomes limp and loose.

Stay in this relaxed state for a moment, breathing deeply and slowly.

When you're ready, shift your attention to your left foot, and repeat the process.

Move slowly up through your whole body, contracting and relaxing the muscles as you go.

FORTY-FIVE RELAXING ACTIVITIES

Below is a list of relaxing activities. The list has blank spaces for you to write down a few of your own.

- | | |
|---|---|
| 1. Snuggle up with a stack of good books <input type="checkbox"/> | 27. Hug someone you care about <input type="checkbox"/> |
| 2. Make some popcorn and watch your favourite DVDs <input type="checkbox"/> | 28. Write in a journal <input type="checkbox"/> |
| 3. Buy yourself some flowers or a magazine <input type="checkbox"/> | 29. Play a board game with a friend <input type="checkbox"/> |
| 4. Go on a swing at the park. See how high you can go <input type="checkbox"/> | 30. Do some yoga or gentle stretching <input type="checkbox"/> |
| 5. Make yourself a lovely cup of tea <input type="checkbox"/> | 31. Do some gardening <input type="checkbox"/> |
| 6. Write a short story <input type="checkbox"/> | 32. Go to an art gallery or museum <input type="checkbox"/> |
| 7. Clean your room (and then relax in it afterwards!) <input type="checkbox"/> | 33. Jump in some puddles or have a water fight <input type="checkbox"/> |
| 8. Listen to music <input type="checkbox"/> | 34. Look up at the stars <input type="checkbox"/> |
| 9. Bake a cake or do some cooking <input type="checkbox"/> | 35. Go and feed some ducks <input type="checkbox"/> |
| 10. Write a gratitude list of all the people and things you are grateful for <input type="checkbox"/> | 36. Go to a concert or watch some live music <input type="checkbox"/> |
| 11. Pamper yourself, get your hair cut or give yourself a manicure <input type="checkbox"/> | 37. Sing in the shower <input type="checkbox"/> |
| 12. Go to the beach or your local pool. Be near water <input type="checkbox"/> | 38. _____ <input type="checkbox"/> |
| 13. Take yourself out for coffee or lunch <input type="checkbox"/> | 39. _____ <input type="checkbox"/> |
| 14. Catch up with a friend <input type="checkbox"/> | 40. _____ <input type="checkbox"/> |
| 15. Explore your artistic side: colour in, paint, draw, or write! <input type="checkbox"/> | 41. _____ <input type="checkbox"/> |
| 16. Exercise! Go for a walk, bike ride, skip ... anything that is fun! <input type="checkbox"/> | 42. _____ <input type="checkbox"/> |
| 17. Dance around the house to your favourite tunes! <input type="checkbox"/> | 43. _____ <input type="checkbox"/> |
| 18. Get some friends together and play sport <input type="checkbox"/> | 44. _____ <input type="checkbox"/> |
| 19. Do a cross word or a Sudoku <input type="checkbox"/> | 45. _____ <input type="checkbox"/> |
| 20. Light some scented candles <input type="checkbox"/> | |
| 21. Take a friend on a picnic <input type="checkbox"/> | |
| 22. Hike up a mountain <input type="checkbox"/> | |
| 23. Do a jigsaw puzzle <input type="checkbox"/> | |
| 24. Watch some funny YouTube videos and have a good giggle! <input type="checkbox"/> | |
| 25. Go outside ... lie on the grass ... and cloud watch <input type="checkbox"/> | |
| 26. Pick up a new hobby - maybe one you've put off for years <input type="checkbox"/> | |



Below is a relaxation schedule.
Give yourself a small mindfulness or relaxation activity to complete each day.

RELAXATION SCHEDULE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

NOTES

RELAX AND BE MINDFUL WHILE YOU COLOUR ME IN!



UNDERSTANDING AND ACCEPTING MYSELF

CLINICIAN OVERVIEW

Body image is an issue of concern to young people. Research shows that body image issues can impact general wellbeing, inhibit social participation and can lead to serious psychological concerns such as depression, anxiety and disordered eating.

This module has been developed to help young people presenting with mild-to-moderate body image concerns and has been written from an acceptance and commitment therapy (ACT) framework. The focus of the

module is moving away from control (controlling internal experiences or external appearances) and avoidance (avoiding internal or external experiences) towards self-acceptance. Although there is limited research available of the effectiveness of using an ACT approach for working with body image issues, activities and interventions that may be more engaging for young people in particular, have been included in this module. As always, the use of these interventions needs to be guided by clinical judgement.

AIMS

The aims of this module are to support the young person to:

- Share their own body image story in a supportive and non-judgmental space.
- Consider the impact their concerns are having, both the short-term (for example emotional distress) and long-term (patterns of avoidance, time, money).
- Normalise their experience through psychoeducation and destigmatising language.
- Consider media consumption from a more critical perspective.
- Increase their appreciation of diversity, both in themselves and in others.
- Consider the impacts of critical talk about self and others and practice viewing and valuing their bodies from a more phenomenological perspective
- Move towards self-acceptance through whole-of-person appreciation, with a particular focus on strengths and values.
- Expand their lives through engaging in meaningful life experiences that might have been avoided due to body image issues.
- Experiment with different ways of reconnecting to their physical selves in a positive way through relaxation, mindfulness and increased self-care.

MODULE BREAKDOWN

Introduction

The first two pages provide a platform to discuss the impact body image concerns have on various aspects of the young person's life. These are just suggestions and clinicians are encouraged to give the young person space to explore the impacts in the context of their own experience.

Gaining an understanding of the negative impact associated with their body image issues creates an opportunity to empathise and strengthen the therapeutic alliance between the clinician and the young person. This increased understanding will also support the young person to consider the broader implications of body image issues and help them move towards making positive changes.

An arts-based activity has also been suggested within this module, which will be entirely up to the young person. If time is limited but the young person would like to do it they could do it at home and bring it along to a future session.

Psychoeducation

Psychoeducation can take many forms and there are many different resources that can be offered at this point that may help the young person, including factsheets (refer to resources below).

In the module a brief explanation regarding the origins and function of comparing oneself to others has been provided, which can assist in normalising experiences. If it feels appropriate and comfortable to do so this might be a nice opportunity for the clinician to share with the young person that they too find that they compare themselves to others – in fact everyone does!

Interventions

These modules have been designed to be flexible and should be tailored to meet the needs of the young person as well as complement the clinician's own style of practice. It is acknowledged that every clinician will bring with them their own skills and resources from which they draw upon when working with young people. The approach and extent to which the module is used can be determined in session through dialogue with the young person. Providing young people with the freedom to shape their own therapy session can be a lovely way to neutralise any power dynamics and cultivate a fun, emergent and collaborative therapeutic experience.

The interventions suggested throughout the module have been designed to provide young people with a range of tools and lenses through which to understand and respond to body image concerns with a focus on increasing resilience and self-acceptance. Multimodal approaches to supporting the young person have been provided through the use of reflective exercises, YouTube clips and arts based activities.

FURTHER RESOURCES

Books

Cash T. The body image workbook: an eight-step program for learning to like your looks. 2nd ed. Oakland: New Harbinger Publications; 2008.

Harris R. ACT made simple: an easy-to-read primer on acceptance & commitment therapy.x 2nd ed. Oakland: New Harbinger Publications; 2019.

Pearson A, Heffner M, Follette V. Acceptance and commitment therapy for body image dissatisfaction: a practitioner's guide to using mindfulness, acceptance and values-based behaviour change strategies. Oakland: New Harbinger Publications; 2010.

Fact sheets

National Eating Disorders Collaboration.

Body image fact sheet.

<https://nedc.com.au/assets/Fact-Sheets/NEDC-Fact-Sheet-Body-Image.pdf>

Butterfly Foundation.

Body image explained.

butterfly.org.au/body-image/body-image-explained/

Butterfly Foundation.

Body image tips for young people.

<https://butterfly.org.au/wp-content/uploads/2020/05/Body-Image-Tips-for-Young-People.pdf>

Butterfly Foundation.

Body image tips for parents.

<https://butterfly.org.au/wp-content/uploads/2020/05/Body-Image-Tips-for-Parents.pdf>

Butterfly Foundation.

A conversation about boys' body image.

butterfly.org.au/get-involved/campaigns/reset/

Websites

Butterfly Foundation.

<https://butterfly.org.au/>

ReachOut.

Understanding body image.

reachout.com/what-is-body-image



UNDERSTANDING AND ACCEPTING MYSELF

Body image refers to the relationship we have with our appearance and how we think or feel about our bodies. While we all have bad hair days, being comfortable and accepting the skin you are in is important. What we know, however, is that most young women (and increasing numbers of young men) worry about their bodies, in fact, it is often their number one concern!

So what is all this time spent worrying about our looks really costing us?

TIME

Being really unhappy with our bodies can cost us a lot of time. Not just time spent in front of the mirror wishing we looked different but time spent trying to change our appearances and time spent worrying!

How much time do you spend worrying about or trying to change your appearance during an average day?

EMOTIONAL DISTRESS

Although it is normal to feel insecure about your body from time-to-time when people become preoccupied with negative thoughts or feelings about their body it can start to have a big impact on their mental health and overall wellbeing. The impact is even more significant if the value placed on their appearance becomes tied with their value as a human being, or the quality of their life. For example, "I am ugly therefore I am worthless" or "if only I was skinnier my life would be so much better".

What emotional impact are your body image insecurities having on you?

MISSED OPPORTUNITIES

Feeling badly about ourselves can also stop us from having fun and meaningful experiences. Have you ever avoided going to a party, seeing your friends, having your photo taken or swimming in public because of how you were feeling about your appearance? Perhaps you have tried restricting your diet and passing up your favourite foods? These are all common experiences for people struggling with their body image.

Are there things you have missed out on because of how you were feeling about your body?

MONEY

It is virtually impossible to watch TV for two minutes or walk to the shops without seeing an ad for a product that promises to make you more attractive. From diet pills to cosmetics to surgical procedures. Don't get it wrong, having fun with and taking pride in your appearance is great but advertising campaigns are designed to capitalise on our insecurities and it can end up costing us a lot of money.

What have you invested in to change your appearance? How much has it cost you?

WHAT ARE YOUR BODY IMAGE WORRIES COSTING YOU?

If you were to rate the impact of your body image concerns on your life, including time, distress, missed opportunities and money what would that look like? You might like to complete the sections below to explore what your body image worries are costing you.



Empty rectangular box for writing about time costs.



Empty rectangular box for writing about distress costs.



Empty rectangular box for writing about missed opportunities costs.



Empty rectangular box for writing about money costs.

How could you invest these resources into other areas of your life? Or put differently, if you accepted that how you see yourself and your body image as no longer being a concern for you, what sort of different activities would you be doing? You might like to jot some points down in the space above.

Before we continue, take some time to explore your relationship with your body through art, perhaps through painting, drawing or creative writing.

- Create a representation of the impact that your body image worries are having on your life
- Create a representation of what life might be like if you accepted yourself and were more comfortable with yourself as you are

... SO WHY DO WE CARE?

When we were cavemen, our survival depended on being part of a tribe or community. If we were in a pack we had a better chance of protecting ourselves and each other from dangers like sabre tooth tigers on the hunt for a human snack. So to prevent ourselves from being kicked out of the tribe we learned to measure ourselves up against each other – to calculate where we were positioned within the hierarchy of the tribe.



Although our survival no longer relies on our ability to remain part of a tribe or to be the strongest, smartest or most fertile, our minds have not caught up with us. And while our minds have evolved to continuously compare ourselves to others, our 'tribe' has also become infinitely larger – it includes every person we have ever come into contact with and every person we have ever seen in a movie, social media or on TV! It doesn't take long to find an image of someone we judge to be more attractive – skinner, curvier, better skin, more muscles ... the list goes on! So, given that we have all these people to measure up to, it's unsurprising so many of us are having a hard time!

... so where do we go from here?

While it might seem like the only answer is to scramble to the first available deserted island, all is not lost! You don't have to stop watching TV or watching movies, or delete social media. It is possible to be friends with your body and fully participate in society. The following are a few pointers that you might like to explore. They might feel a bit odd or uncomfortable at first but just take it easy. Giving ourselves a hard time doesn't get us very far so perhaps it is time to try something totally different.

BECOME A CRITICAL CONSUMER

Media in all its many, many forms is a central part of our lives and it isn't going anywhere! While there are many pros to media (for example, connecting with friends via social media or online games, sharing photos, kicking back with your fave TV show, scrolling through Instagram and deciding which shoes to buy); we are limited in the ways we can control or moderate the images we see.

For someone who is feeling unhappy with their body, images of models rocking skimpy swimwear can leave them feeling pretty rotten. While models are not responsible for our body image crises, a lack of diversity in mainstream media and heavy manipulation of images has significantly narrowed the dominant beauty ideal, making it literally unachievable for most people. This can skew the way we view ourselves.

.....

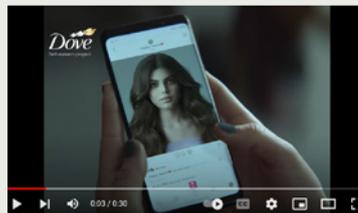
CHECK THIS OUT:



Dove US.

Dove real beauty sketches: you're more beautiful than you think

[youtube.com/watch?v=XpaOjMXyJGk](https://www.youtube.com/watch?v=XpaOjMXyJGk)



Dove.

Reverse selfie | Have #TheSelfieTalk

[youtube.com/watch?v=z2T-Rh838GA](https://www.youtube.com/watch?v=z2T-Rh838GA)

A **critical consumer** is someone who is able to filter media messages that they are exposed to rather than just accept everything they see as absolute truth, like a detective or scientist. Learning to be a critical consumer and approaching media with a filter means that we can have our cake and eat it too! Questions that can help us to filter what we see in the media include:



- Who is this coming from?
- What is their objective? Is it to sell something?
- How might these image have been manipulated?
- How does it make me feel and why might it make me feel this?
- If I buy into this or accept it without questioning, is it going to take me closer to self-acceptance or further away?

ACTIVITY

- Consider an advertisement in a magazine or on TV from the perspective of a critical consumer asking yourself these questions.
- Did consulting your critical consumer help you to see it differently?

Celebrate diversity

Imagine that a law was passed stating that the only foods we could eat were pizza and ice cream. While most people like pizza and ice cream pretty soon we would be craving variety (maybe not brussel sprouts). Variety really is the spice of life. Appreciating diversity in human beings of all shapes and sizes and shades is a really important step towards accepting difference in our own bodies.

.....

CHECK THIS OUT:



Eve Ensler
Love Your Tree
[youtube.com/watch?v=UEUsbLNAfW0](https://www.youtube.com/watch?v=UEUsbLNAfW0)

Change your talk

People who are struggling with their body image are very critical of their bodies and may also make critical comments about others. How we talk about ourselves and how we talk about others not only impacts our own body image but contributes to shaping the world that we live in. Many of us have engaged in 'fat talk' or some form of criticism about our appearance. Check out the clip below and then complete the activities.



Highway Solutions
Shhhut Down Fat Talk - Special K
vimeo.com/81884124

ACTIVITY

Close your eyes and take a few deep breaths. Working from the top of your head down to the tip of your toes scan your body. What judgments come up for you? Label them on one side of the **body scan mannequin** below.

Now repeat the body scan but pay attention only to the function of your body parts and note them down on the other side of the picture. Note any subtle shifts or differences in how you feel about your body when you are being descriptive rather than critical or judgmental.

THE BODY SCAN MANNEQUIN

List your judgments:

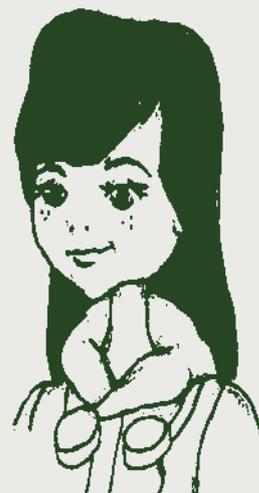
List the functions:





ACTIVITY

In the first speech bubble below, write a criticism that you have made about your appearance. In the second bubble, write how you might respond to a friend if they said this to you.



CONSIDER YOURSELF AS A WHOLE PERSON

You are more than a number on a scale or the sum of your appearance. Take some time out to reflect on yourself as whole human being not just body parts. List your strengths, achievements, and the things in your life that are most important to you (for example, values, relationships, activities, your dog). Reminding ourselves of the bits we like about ourselves and our lives can really help to ground us when we become tangled up in negative thoughts about our bodies.

If at first it feels difficult to think of anything that you like, you might consider asking close friends and family about what they like most about you. Refer back to this list as often as you want to help remind yourself that you are a whole person, not just a body.

MY VALUES

MY STRENGTHS

THE THINGS THAT ARE MOST IMPORTANT TO ME

RECLAIM MISSED EXPERIENCES

We talked a lot at the beginning about things we miss out on as a result of the negative thoughts and feelings we hold about ourselves, but it is not too late to reclaim experiences you feel you have missed out on.

Write a list of things that you would like to try. Perhaps they are things that you have been avoiding or just haven't had the time for. Working up to these and ticking them off is often a big part of the healing process and can help you to get out of your head and into your life. By enriching your life with new experiences you are making your life bigger and your body image concerns smaller in comparison.

LIST



RELAX AND BE MINDFUL

People of all walks of life are finding that putting aside time on a regular basis to relax and be mindful can have a profound impact on their psychological and emotional wellbeing. Mindfulness is the practice of untangling from painful or distracting thoughts, feelings and experiences. It is about connecting with ourselves and experiencing the fullness of the present moment.

Whilst mindfulness can be relaxing its central objective is to ground us in the 'here and now'. This is particularly useful for people who are often caught up in their thoughts or who worry about the past or the future. If you are interested in trying some different approaches to mindfulness check out the module: [Mindfulness and relaxation](#).

Relaxation techniques can be any process or activity that helps us to release tension and increase our sense of calm. Approaches to relaxation will change from person-to-person and will also depend on what mood they are in. After a long day some people find it helpful to go for a run while others will soak in a hot bath with a good book. On some days relaxation might be spending time colouring-in while on other days it's catching up with a friend.



ACTIVITY

Write a list of activities that help you to feel relaxed. Make sure that you have some activities that don't require too much effort! Refer back to this list anytime you recognise that you need a bit of 'me time'.

SLEEPING WELL

CLINICIAN OVERVIEW

Many young people we work with report difficulties sleeping. This is a common symptom of stress and other mental health, and alcohol and drug issues. If the young person is open to addressing their sleep hygiene issues it can significantly increase their capacity to engage in therapy and can increase their confidence to address other presenting concerns.

This module is designed to help young people to recognise their current sleep habits in the context of other concerns or stressors in their life. More specifically, the focus is placed on the effects of sleep rather than negatively viewing sleep as problematic. It can be delivered early on in sessions, accompanied by periodic check-ins by the clinician throughout, or towards the end of a series of sessions as an additional skill to equip the young person.

AIMS

The aims of this module are to support the young person to:

- Describe their sleep experiences and their own thoughts about what interferes with sleeping well.
- Normalise the challenge of sleeping well within the context of other stressors.
- Explain the importance of sleeping well.
- Explore their current sleep routine.
- Experiment with different ways of reconnecting to their physical selves in a positive way through relaxation, mindfulness and increased self-care.

MODULE BREAKDOWN

Introduction

The first two pages provide a platform to discuss the impact sleep has on mental and physical health. Although most likely briefly assessed during intake, the young person's current sleep routine should be examined further.

Time is spent looking at the sleep 'thieves' and 'allies' and engaging young people to critically think about how these affect their sleep. Understanding the impact of different stressors, substances and life events have on sleep, empowers young people to think about future decision-making to enable sleeping well.

Psychoeducation and interventions

Psychoeducation can take many forms and there are many different resources that can be offered at this point that may be useful to give to the young person, including factsheets (refer to resources below).

In this module, psychoeducation forms the bulk of the intervention. If a young person is aware of the impacts of sleep then they are already empowered to make healthy changes to attain a higher quality sleep. Where possible, the psychoeducation and sleep intervention should always be tailored to the young person's needs using information they have

provided during intake and sessions, or using information provided collaterally by family, friends and significant others.

When discussing sleep thieves and allies, emphasis is placed on normalising and using neutral language to encourage the young person to think about the impacts of sleep holistically, as opposed to negatively. If it feels appropriate, and comfortable to do so, this might be a nice opportunity for the clinician to share with the young person that they too are aware of factors that impact on their own sleep.

The approach and extent to which the module is used can be determined in session by talking to the young person. Each element of sleep discussed is done so providing the young person an invitation to think about how the thief or ally applies to them. The option to change or maintain a thief or ally always lies with young person.

Ongoing self-reflection by encouraging the young person to be their own 'scientist' or 'experimenter' is facilitated by the sleep diary provided. Copies of the sleep diary can be provided to the young person so they can continue to track their sleep patterns and behaviours. It is recommended that the clinician regularly 'check-in' on sleep across sessions to promote awareness of sleep changes.

FURTHER RESOURCES

Websites

Beyond Blue

Who does it affect? Young people

beyondblue.org.au/who-does-it-affect/young-people

headspace

Tips to keep good mental health

headspace.org.au/get-info/tips-for-a-healthy-headspace/

ReachOut

Sleep issues

reachout.com/mental-wellbeing/sleep-issues

Sleep Health Foundation

Quick facts and FAQ about sleep for high school students

sleephealthfoundation.org.au/quick-facts-and-faq-about-sleep-for-high-school-students.html



SLEEPING WELL

Sleep is like food for your brain; and just as you can't function without food, you also can't thrive without sleep. During sleep your body repairs itself, your brain catalogues your day and the chemicals and hormones that help you manage life are regulated. This is why when you're sleeping well your body feels healthier, your mind is more focused and you feel more balanced and optimistic.

Some of the common things we hear from people that aren't sleeping well are:

I find that I just want to sleep all the time but even when I spend most of the day sleeping I wake up tired ...



I find myself waking up through the night - particularly in the early hours of the morning. By the time I get back to sleep it is time to get up!

I get to sleep but I have bad dreams and I wake up feeling exhausted ...

It takes me hours to fall asleep! Even though I feel tired my mind just keeps racing!

Before we continue, let's get a quick snapshot of your current sleep patterns. You can refer back to this further down the track to see if there have been any changes or improvements ...

Sleep snapshot

On average I get _____ hours of sleep per night.

I tend to go to bed at _____ and wake up at _____.

It usually takes me _____ to get to sleep.

On average I wake up _____ times a night.

When I wake up I usually feel _____.

Out of 10 (10 being amazing!) I would say the quality of my sleep is ____/10.

The National Sleep Foundation recommends that young people (14 - 17 years) get between 8-10 hours of sleep each night to function at their best. Although this might vary slightly from day-to-day it is a good idea to try and get into the habit of getting a decent sleep every night. If your sleep has been out of whack for a long time or there is a lot going on for you it might take a little while to get your sleep back on track but the important thing to remember is that **there are things that you can do to help.**

MY CURRENT SLEEP ROUTINE

Alright, now it's time for a bit of detective work. To establish what might be getting in the way of a good sleep, it is helpful to get an idea of what you do in the lead up to bed. In the space below, jot down what you would normally be doing during these hours.

WHERE WERE YOU BETWEEN THE HOURS OF ...

5PM

6PM

7PM

8PM

9PM

10PM

11PM

12AM

1AM



SLEEP THIEVES AND SLEEP ALLIES

Alright, now that we have established a picture of your current sleep habits we are going to run through a number of common sleep thieves and introduce you to some helpful sleep allies. Sleep thieves are habits or factors that can prevent you from sleeping well. Sleep allies are things that we can incorporate into our sleep routine to give ourselves the best chances of having a deep, relaxing sleep.

Sleep thieves

Under each thief is a space for you to write notes about your own experiences.

STIMULANTS

Caffeine, sugar and nicotine are stimulants that make it harder for us to fall asleep. Similarly, drugs and alcohol can also prevent us from sleeping. It is generally best to avoid or limit these things anyway but if you do use these substances it is best and avoid using them at least four hours before bedtime.

Some medications can also interfere with sleep. If you are taking any medications that you think might be making it harder for you to fall asleep, chat with your GP about ways that you can manage this.

Could stimulants be stealing your sleep?

Yep Nope



BRIGHT SCREENS

Most of us are pretty attached to our phones these days. Our phones are often the first thing we look at in the morning and the last thing at night. What we know is that looking at bright screens stimulates the brain and can prevent us from feeling tired. We are not suggesting here that you ditch all your favourite electronic devices (phones, laptops, iPads etc.) but it is a really good idea to avoid spending time on these devices at least 30 minutes before bed to allow your brain to wind down. Reading books or magazines in bed or listening to an audio book can be a great alternative.

Could bright screens be stealing your sleep?

Yep Nope



STRESS

When we feel anxious and stressed our thoughts can be like monkeys swinging around in our heads and it can be really hard to put them to bed. If you have a lot on your mind and it is keeping you up at night it might be a good idea to experiment with some different relaxation techniques to calm your mind before going to bed. We will introduce you to some helpful sleep allies in the next section but you can also chat to your clinician about looking at the mindfulness and relaxation module that is included in this pack.

Could stress be stealing your sleep?

Yep Nope



NOT ENOUGH ACTIVITY

The busier we are during the day the more energy we expend and the more tired we feel when we get to bed. If you don't currently do a lot of physical activity during the day, part of the problem might be that your body just isn't getting enough exercise. Keeping yourself mentally and physically active during the day can really help prepare you for a good sleep. If you are interested in chatting more about increasing your daily exercise then check out our exercise module.

Could lack of exercise be stealing your sleep?

Yep Nope



NAPS

The occasional nap on a Sunday afternoon can be lovely. But if you are napping regularly throughout the day this is going to make it much harder for you to sleep through the night. When you're in the habit of sleeping throughout the day and staying up all night we call this a 'reverse sleep cycle' - basically you are nocturnal. The best way to start to balance this out is by avoiding sleeping throughout the day. You will feel pretty tired at first but by keeping yourself busy you will find that sleeping through the night will come a lot more easily.

Could naps be stealing your sleep?

Yep Nope



Perhaps there are sleep thieves that aren't listed here but that get in the way of your sleep? Feel free to make a note of them below.

Sleep allies

KEEPIN' BUSY

We have chatted a bit already about the impacts that not getting enough exercise can have on your sleep. If physical activity doesn't really feature in your day-to-day life, it might be worth thinking about ways you can gently introduce it.

The most important thing though is that you choose something you enjoy. If slogging it out at the gym isn't your cup of tea then perhaps something like going for a walk with a friend, shooting hoops in the park, dancing, swimming or yoga is more for you? The exercise module can also help you look at this in more detail.

Is there room for improvement here?

EATING WELL

What we fuel our body with has a big impact on how we function. Making simple changes to your diet over time can have huge benefits for your sleep and overall health.

When you eat and how much you eat is also important. Avoid going to bed too full or hungry. Having a balanced, nourishing meal a few hours before you go to bed will ensure that you have the nutrients you need for your body to repair itself.

Is there room for improvement here?

A REGULAR BEDTIME

Your body gets used to getting up at the same time and it also likes to go to bed at the same time. To get enough sleep it is important to try and stick to a regular bed time.

If you currently go to bed during the early hours of the morning then you might need to gradually bring back your bedtime by 30 minutes every few days. If you suddenly go to bed at 9pm and you usually go to bed at 1am then you might find yourself lying awake. Which brings us to the next point ...

Is there room for improvement here?

SLEEP WHEN SLEEPY

While it is important to establish a regular bedtime, forcing yourself to go to bed when you are wide awake is only going to leave you feeling frustrated.

If you have tried everything in the lead up to bed and you find yourself lying there awake for more than 20 minutes, try doing something that you find relaxing (or boring) like reading a book. You might also consider getting up and having a glass of water and reading in another room until you are tired. The worst thing you can do is lie there staring at the clock and worrying about how tired you will be the next day.

Is there room for improvement here?

BEDROOMS ARE FOR SLEEPING IN

This might sound a bit obvious but many of us get into the habit of using our bedrooms (or beds) to study or hangout in. When we do this too much we don't just think of our beds as places to sleep and this can make it harder to get our minds in sleep mode. If you study or spend a lot of time in your room it might be worth thinking about changing this up a bit and leaving your bedroom for sleeping in.

Is there room for improvement here?

MAKE IT COSY

The environment you sleep in can also affect your sleep. Try and keep it clean, tidy and clutter free so that you feel relaxed when you are in it. There is nothing better than crawling into clean fresh sheets!

It is also important that you can shut out the light so that it is dark enough and that you have extra blankets (or a fan) on hand to adjust your temperature.

Make your bedroom a sleep sanctuary!

Is there room for improvement here?



RELAXATION FOR SLEEP

Below is a list of relaxation techniques and activities that can help you prepare for sleep. Different things will work better for different people but give some a try. You might already have relaxation practices that you find helpful so make sure you add them to the list.

SLEEP APPS

So ... you know how we said earlier that phones everywhere are stealing sleep? Well if used in a certain way they might actually be helpful! There are a number of different apps available for download on smart phones that are designed to help soothe you in to sleep. Some cost a few dollars but there are also a lot that are free.

Here's one we recommend:

<http://au.reachout.com/recharge-sleep-app>

I'd like to try this ...

Yes! 😊 Not now

KEEP A JOURNAL

If your thoughts are using your mind like a jungle gym and you just can't get them to settle then it can be really helpful to jot them down. If you are running through all the things you need to do, write a list. If something has upset you or you have woken up from a horrible dream, write it down or draw a quick picture of it.

The process of writing things down or drawing can help to get things off your chest and clear your mind, creating more room for rest.

I'd like to try this...

Yes! 😊 Not now

RELAXATION

Relaxation can take different forms for different people as previously mentioned. If you are interested in learning more specific techniques check out the module: [Relaxation and mindfulness](#). Other suggestions include:

- having a warm bath or hot shower;
- reading a good book;
- having a warm, caffeine-free drink;
- doing some gentle stretches; and
- listening to some soothing music.

I'd like to try some of these ...

Yes! 😊 Not now

4 - 7 - 8

Here is a little breathing technique that can help you get to sleep or calm you down when you feel stressed. It helps to 'tricks' our body into feeling more relaxed by slowing down our breathing. It helps to 'trick' your body into feeling more relaxed by slowing down your breathing. It also gives your mind something to focus on.

- Exhale deeply through your mouth.
- Take a deep breath through your nose for 4 counts.
- Hold the breath for 7 counts.
- Exhale through your mouth for 8 counts.
- Repeat 4-8 times.

I'd like to try this...

Yes! 😊 Not now

Alright, we have done a lot of talking so let's breakdown what we now know and what you would like to try ...

MY SLEEP THIEVES ARE:

- | | |
|---|--|
| <input type="checkbox"/> Stimulants | <input type="checkbox"/> Not enough activity |
| <input type="checkbox"/> Bright screens | <input type="checkbox"/> Naps |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Other: |

THINGS I WOULD LIKE TO STOP OR REDUCE ARE:

THINGS I WOULD LIKE TO START OR DO MORE OF ARE:

MY SLEEP DIARY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
What time did you get to sleep last night?							
What time did you wake up today?							
How would you describe the quality of your sleep?							
What helped?							
What didn't help?							

Track your sleep each day so that you can keep an eye on what's working and what's not.

NUTRITION FOR WELLBEING

CLINICIAN OVERVIEW

A common challenge faced by many young people we work with is nutritious eating. Many young people report skipping meals or irregular meal patterns. Many report high consumption of nutrient-poor and calorie-dense foods. Many report not knowing what to eat, due to the numerous confusing and misleading messages about nutrition which are becoming more wide-spread on TV and social media.

Not only is there solid emerging evidence that improving diet can reduce mental health symptoms, but growing evidence for the prevention of some mental disorders and cognitive decline with nutrition intervention.

The nutrition for well-being module aims to deliver recent and relevant psychoeducation to young people from the growing field of nutritional psychiatry. This includes information about the benefits of making healthier food choices such as alleviation of low mood, increased concentration, better sleep quality and improved and sustained energy levels, to encourage behaviour change.

This module will help young people examine their current eating habits, and explore the barriers to balanced eating. The module will introduce young people and their families to making 'healthy swaps', rather than labelling food as either 'good' or 'bad', or focusing on foods to avoid. This module is designed to encourage young people to view eating as a positive experience that can be fun and enjoyable, while also being beneficial to their health.

This module can be delivered to young people of all ages, especially to those who do not meet the minimum recommended servings for fruit, vegetables and wholegrains, according to the Australian Dietary Guidelines. This module can be delivered early on in sessions, with periodic check-ins by the clinician, alongside other modules elected by the young person, such as **Physical activity for wellbeing; Sleeping well; or Understanding and accepting myself.**

Please note

The content and activities contained in this module do not focus on weight management, and do not include interventions specifically targeted at treating eating disorders.

This module would not be suitable for young people with known or suspected disordered eating behaviours, or those with specific dietary requirements due to a physical health condition, pregnancy or nutrient deficiency.

Please refer young people to a GP or dietician for more specialised dietary advice in these instances.

AIMS

The aims of this module are to support the young person to:

- Understand the short-term and long-term benefits of good nutrition and balanced eating on physical and mental health.
- Be aware of the recommendations for food and beverage intake, according to the Australian Dietary Guidelines.
- Examine their current eating patterns and routines, and identify areas for change.
- Normalise and acknowledge the barriers to balanced eating or making dietary swaps.
- Identify current food preferences or things that they would like to try.
- Plan and set goals for making healthy food swaps or participating in meal planning and preparation at home.
- View balanced eating as achievable, fun and delicious!

MODULE BREAKDOWN

Introduction

The module has been put together to provide basic psychoeducation on the benefits of particular foods and nutrients on physical and mental health, but also a consideration of other aspects that can influence food choice such as routine and environment.

It then focuses on implementing an action plan to make practical changes to their eating regime.

The first part of the module introduces the concept of 'food as energy', and how the quality of what goes into a person's body can affect the way they think and feel.

The module then examines the young person's current eating patterns, and aims to identify barriers or challenges that may be standing in the way of making small changes.

By encouraging the young person to critically think about the impact of how often they eat, where they eat and the types of food choices they are making, they will be armed with more knowledge to be able to make future decisions towards more healthy and balanced eating.

Psychoeducation and interventions

A number of useful resources can be offered to young people to supplement the brief information provided in this module; see section: Further resources.

Psychoeducation forms a large part of this module. This will allow for the young person to make a relevant connection between what they are consuming and how they are feeling. However, the module aims to also encourage implementation of practical strategies by exploring fun and creative ways to move toward change.

When discussing barriers or challenges to change, it will be important to highlight and normalise this as a difficult area of change for many people for a variety of reasons. Motivational interviewing techniques are of great use in this part of the module to support commitment to change, but to also highlight any current positive habits contributing to their health.

Some time may be spent debunking myths about cost and access to healthy foods (as they are in fact much cheaper and easy to buy!) and around lack of skills or knowledge.

The resources included in this module have links to easy and quick recipes, as well as brief clips to explain basic cooking skills, such as those on the Nutrition Australia website. There are terrific apps available that focus on balance and wellness, rather than weight management.

For the younger cohort (12–16 years), family involvement may be helpful or necessary. These young people may not have much control or choice around what they eat, as shopping for food and meals may be done by a parent or carer. In these cases, discuss with the young person and their family member/s how they may be able to get more involved in food selection and meal preparation to increase their motivation and confidence to make healthy choices now, and into the future.

The module includes ‘healthy habit tips’ throughout and focuses on encouraging healthy dietary swaps, as opposed to viewing the young person’s current habits as negative or detrimental.

During your discussions, it will be important to avoid using language where food is labelled as being ‘good’ or ‘bad’, or ‘healthy’ or ‘unhealthy’. Rather, encourage the young person to be curious about how their current habits make them feel. The use of the food and mood diary at the end of the module seeks to assist with this self-reflection.

The Australian Government’s *Guide to healthy eating* will be important for providing much of the information with regard to food groups, food variety, nutrient requirements (these differ with age), and portioning.

Where possible, keep this relatively simple when implementing the meal plan at the end of the module, as being too prescriptive about portioning, or meeting servings per day may feel overwhelming and unattainable for some young people.

Encourage young people to ‘start small’ and incorporate one or two things of priority first, then engage in continuous review to add more changes as others are completed or implemented.

FURTHER RESOURCES

App (free for iPhone and Android)

Plant Nanny

plantnanny.app/

Books

Mindful eating practice

Kabat-Zinn. From Segal ZV, Williams JMG, Teasdale JD. Mindfulness-based cognitive therapy for depression. NY: Guilford; 2002.

Motivational interviewing

Naar-King S, Suarez M. Motivational interviewing with adolescents and young adults. New York: Guilford Press: 2011.

Videos

Food Insight

6 tips for mindful eating

[youtube.com/watch?v=oJSpQHcJfKs](https://www.youtube.com/watch?v=oJSpQHcJfKs)

Food Insight

Benefits of mindful eating

[youtube.com/watch?v=g9gEc81inls](https://www.youtube.com/watch?v=g9gEc81inls)

Websites and factsheets

Better health channel

Healthy eating

betterhealth.vic.gov.au/healthyliving/healthy-eating

EatForHealth.gov.au

Australian dietary guidelines

eatforhealth.gov.au/guidelines

EatForHealth.gov.au

Australian guide to healthy eating

eatforhealth.gov.au/guidelines/australian-guide-healthy-eating

EatForHealth.gov.au

Healthy recipes

eatforhealth.gov.au/eating-well/healthy-recipes

Eating Disorders Victoria

Mindful eating

<https://www.eatingdisorders.org.au/wp-content/uploads/2019/04/EDV-Mindful-eating.pdf>

headspace

Tips to keep good mental health

headspace.org.au/get-info/tips-for-a-healthy-headspace/

Healthy eating advisory service

heas.health.vic.gov.au/

Nutrition Australia

nutritionaustralia.org/

NUTRITION FOR WELLBEING



Food is the body's source of energy; just like a car can't go without fuel, we can't function to our best ability without food. The body is constantly at work, processing food to use as energy, and extracting nutrients to keep the body operating. Not only is eating regularly and healthily important for our physical health, but it contributes to the way we feel and how we perform.

What we eat can either help us or hinder us. Eating foods that are nutrient-poor (for example takeaway) will often leave us feeling sluggish, fatigued and irritable.

On the other hand, eating a wide range of nutritious foods can contribute to reduced symptoms of stress, anxiety and depression, as well as increased concentration, energy levels, better sleep quality and healthy skin, nails and hair!

However, there's no such thing as 'good' and 'bad' foods. Rather, the amount we consume and how often we consume certain foods can impact how we feel physically and mentally.

When we are going through a tough time, making choices about what to eat, or having the motivation to prepare a healthy meal, can be really overwhelming. This module will support you to explore simple and fun ways to incorporate nutritious foods into your regular

routine, and address some of the barriers that may be in the way of making small changes to your diet.

A balanced diet includes a range of foods from a number of different food groups.

The [Australian dietary guidelines](#) outline the amount and types of foods recommended to maintain health and well-being.

The recommendations vary depending on age and gender, as well as other factors such as body composition and level of physical activity.

In brief, it is recommended that children aged 12-18 have 5-5 ½ serves of vegetables, two serves of fruit and between 5-7 serves of wholegrains daily (five for girls, seven for boys). For adults over 18, the quantities are almost identical (refer to eatforhealth.gov.au for exact amounts and standard serving sizes).

Just remember that the guidelines are just that: guidelines. Most of us don't eat the same way every single day - some days we may eat a little more, some days a little less. Everyone will have different food likes and dislikes, but making a few healthy changes can still be beneficial. Most importantly, find what works for you to make eating an enjoyable, rather than a stressful experience!

Firstly, let's look at your current eating habits. This will give us a good starting point to see where there might be some opportunities for change, and see what could currently be getting in the way.

It's also a good opportunity to think about the reasons why you might like to make some small changes to your diet. You may like to refer back to this down the track to see how far you've come!

Nutrition snapshot

On average, I eat _____ main meals per day and _____ snack meals per day.

I usually eat breakfast _____ times per week.

On average, I eat _____ portions of fruit and _____ portions of vegetables per day (include raw, cooked, frozen, canned).

When I'm hungry between main meals, I usually snack on _____.

I drink _____ glasses of fluids per day. Of these, _____ are sugary/caffeinated/alcoholic.

I am involved in shopping for food or planning or preparing meals at home.

Yes No

Now, let's look into this in a bit more detail. To figure out what, when and where you're eating, note down what you would consume on a typical day.

You might like to complete this for one weekday (for example, when you're at school or work) and a weekend day, when you might be involved in other activities, as our regular routines can certainly impact what we eat.

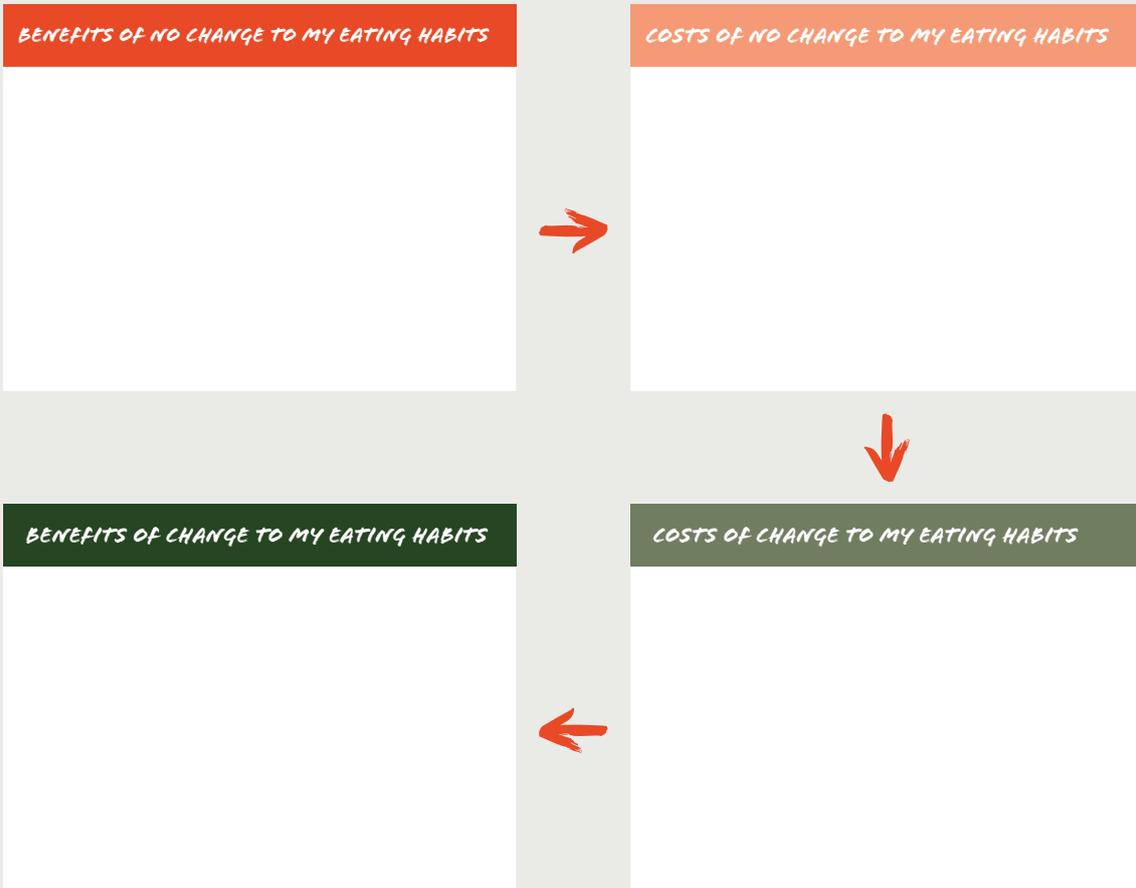
PRINT ME OFF
AND FILL ME
OUT AGAIN
AND AGAIN!

MY DAY ON A PLATE...

	WEEKDAY #1	WEEKDAY #2	WEEKEND DAY	LOCATION	WITH WHOM
Breakfast					
Morning snack					
Lunch					
Afternoon snack					
Dinner					
Night-time snack					

How does what you're eating now fit into the [Guide to healthy eating?](#)
What similarities/differences do you notice?

Now that we have an idea of what you're currently eating, let's have a think about your motivation to make some changes.



Are there any other barriers/challenges that you can think of that are getting in way? Note them down here:

.....
CHECK THIS OUT

Check out this brief podcast which talks you through a relaxation exercise to explore the benefits of making a change to your eating habits! This may help you to identify what your motivations/ drivers to change are.

Mental Health Foundation. Wellbeing and nutrition.

<https://play.acast.com/s/5ef8e468fbb57f46fc4dee2a/tag%3Asoundcloud%2C2010%3Atracks%2F18492488>

HEALTHY HABITS

Ok, now that we have an overview of what you're currently eating and what you might like to work on, let's look at some healthy habits that can help you achieve a healthy, balanced diet.

Underneath each habit is a space for you to write notes about your own experiences and ideas about what you might like to try. You may like to pick one or more to incorporate into your routine.

Variety is the spice of life

Selecting a wide range of foods from the five main food groups will ensure that you are getting the nutrients you need to feed your body and your mind. Variety can be easily achieved when it comes to fruits and vegetables



JUST THINK COLOUR!

Ever heard of the saying eat the rainbow? Well why not give it a try! Challenge yourself to incorporate a range of colourful fresh fruit and vegetables into your daily meals. Eating fresh foods with different colours will ensure that you are getting a wide range of vitamins and minerals needed to keep your body and mind happy and healthy.

Wholegrains are so important, because they provide your body with fibre to keep you feeling full and assist with healthy digestion, but also provide your body with its preferred energy source, which is released gradually to keep you going all day long.



TIP

Think broadly - ask others about their favourite food/meals, or look up traditional foods/ingredients from other cultures and try something new.



TIP

Pick a colour - try to eat one additional fruit and vegetable of your chosen colour each day. Never had a purple vegetable before? Why not find out what one is, and give it a go!



Other ways that I could incorporate more variety into my diet:

KEEP IT REGULAR

Eating regularly is key for sustaining energy and concentration levels throughout the day, and keeps your metabolism ticking over. It is especially important for those of us who are physically active, are still growing and developing (that means you teenagers!), and those who get hungry more often. Skipping meals or leaving large gaps between meals triggers our bodies to conserve energy. So that myth that eating less will help you feel good and lose weight, is just that: a myth.



Think about how often you eat on a typical day and your energy levels.

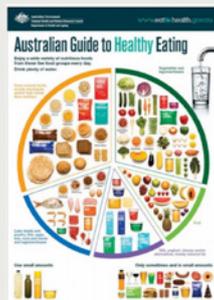
Perhaps you tend to skip breakfast and find it hard to get going in the morning? Or maybe, you find yourself hitting that 3pm slump each afternoon, so you reach for a snack to tie you over until dinner?

Often in these situations we feel tired, are lacking in energy, and our concentration is hard to maintain, so it's tempting to go for a little pick-me-up. What do you reach for? An energy drink to start the day? A sugary soft drink, chocolate bar or cookie to pep yourself up for afternoon?

It may sound weird, but these types of foods will actually leave you feeling the opposite of energised! They contain very few vitamins, minerals and essential fatty-acids, all of which are important for brain health. You may feel that initial 'sugar hit' as your blood sugar surges, but find that you experience an energy crash soon after, as it drops straight back down again. You might also find that your mood drops too. An ideal healthy meal or snack includes a combination of the three main macronutrients: carbohydrates, fats and protein. This will leave you feeling energised and focused, and full enough until your next meal.

.....

CHECK THIS OUT:



EatForHealth.gov.au.
 Australian dietary guidelines.
eatforhealth.gov.au/guidelines

It may seem tricky at first but having healthy snacks on hand for times like this is easier than you think.



TIP

Plan ahead – make a list of healthy snacks that you enjoy and save them in your phone. Refer to this when feeling hungry or tempted to opt for a ‘quick fix’.

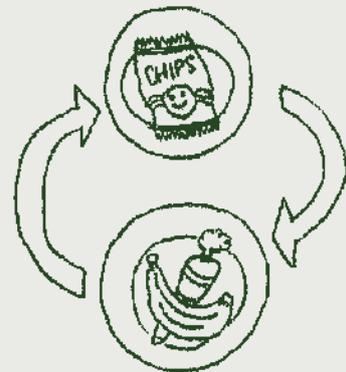


TIP

Make healthy foods accessible – this may be as simple as throwing a piece of fruit, tub of yoghurt, or a muesli bar in your bag for when you’re on the go.

Some easy, healthy snack ideas you might like to try:

- A bowl of muesli/wholegrain cereal with milk.
- Fresh veggies and/or wholegrain crackers with hummus or avocado.
- Cheese and whole grain crackers.
- A piece of fruit with yoghurt or peanut butter for dipping.
- Tub of yoghurt with a handful of nuts.



What are some other healthy swaps that you’d like to try?

Have a look at the [Guide to healthy eating](#) for some more ideas.

STAY HYDRATED

We've all heard the 'eight glasses of water a day' rule, right? Well, it's actually pretty spot on. Our bodies use water for numerous fundamental functions, like maintaining a stable body temperature, excreting waste and nourishing our cells so our organs can do their job.



Did you know, our brains are made up of approximately 80 per cent water? So, if we aren't replacing water that is lost over the course of each day (for example, via sweat, urine, breathing), our bodies have to start drawing it out of cells, including brain cells. As a result, brain tissue actually begins to shrink!

When our brains aren't adequately hydrated, we are often left feeling fatigued, mentally 'foggy', confused, more forgetful and even depressed or irritable. Many people often experience headaches too. These symptoms can make completing simple daily tasks really difficult.

It's important not to wait until you're really thirsty to have a drink, as dehydration has already started to set in. So, drink up!



TIP

Consume water regularly throughout the day; try carrying a water bottle with you, or have a glass with each meal and snack to make it easier to remember!



APP ALERT

Check out the app **Plant nanny**. Allow your phone to do the work and remind you when it's time to re-hydrate. The more water you drink, the more your little plant grows!

If you find it hard to stick to, just remember, most drinks we consume are primarily made up of water (like milk and juice), as well as many foods (like cucumbers, watermelon and oranges) and these all count! However, for the best source of hydration, good old water is your best bet.

Have think about the fluids you consume throughout a typical day - perhaps you tend to go for sugary soft drinks or sports drinks, caffeinated drinks like coffee or energy drinks, or alcohol? List them here:

These can be ok to have sometimes in small amounts as a part of a balanced diet, but can also negatively impact mood and physical health.

Drinks containing caffeine can contribute to, or mimic symptoms of, anxiety like shaking, increased heart rate, restlessness and agitation.



TIP

If you're prone to feeling anxious, it's best to swap out caffeinated drinks for water, juice, or herbal tea.

Alcohol and sugary drinks can contribute to a range of mental and physical health issues, so are best consumed infrequently.



What strategies can you think of to incorporate more water into your daily routine?
What could you swap out and replace with water?

GET INVOLVED

Eating is so much more than just food consumption. For many people, preparing and eating food is a creative experience, a social experience and a bonding experience.

Think about where you tend to consume your meals. Are you around a table with family, friends or housemates? Or perhaps you eat alone in your bedroom, or at different times to others? Perhaps in the car, or on the run due to being so busy?

Jot down some notes about where and when you eat, and who's with you:

Evidence suggests that sharing meals with others is extremely beneficial to both physical and mental health as it is linked to maintaining healthier weight, more enjoyment of the food itself, reduces the likelihood of over-eating and contributes to feeling more connected to others.

Great ways to get involved and increase enjoyment of eating are:

- Eat as a family/household at the same time (when possible) and at the table.
- Limit distractions – make meal times technology-free, turn off the TV and put those phones away!
- Create a relaxing environment – set the table, add some flowers or candles, or play some gentle background music.
- Encourage everyone to have a conversation about their day at school/work/home, or what's coming up.
- Invite friends/family over for a meal, an afternoon of baking, or host a dinner party.
- Create opportunities to have a meal outside of home occasionally (for example go out for dinner together).
- Plan and cook meals together – ask each household member to nominate a favourite meal to appear on the menu each week. Recruit this person to help with cooking, setting up and tidying up.
- Make it fun! Pick a theme or cuisine (for example Mexican) and make traditional food, play music or dress up!
- Experiment with new ingredients, recipes or cooking methods.
- Grow your own food and learn about where it comes from – this can provide a real sense of achievement and satisfaction.



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CHECK THIS OUT

Dietitians Australia. Recipes.

dietitiansaustralia.org.au/health-advice/recipes

Nutrition Australia. Recipes: nutrition and healthy eating resources.

nutritionaustralia.org/category/recipes/

What could you try to make eating a more positive and fun experience? List any of the above strategies that you may like to try. Perhaps think about your favourite food or recipe that you would like to try:

BE MINDFUL

All too often, we are busy rushing around, stressed out, or so distracted that we take eating for granted. As such, eating is often viewed as merely serving a purpose; such as alleviating immediate hunger or comforting us when we feel down or distressed. If we view eating in this way, we may then be inclined to continue to make food choices more impulsively or emotionally.



Eating quickly and mindlessly is usually a much less satisfying experience, as we are denying ourselves of the opportunity to truly appreciate the food we are eating and how it contributes to our wellbeing.

How often do you pay attention to the food choices you make or what you're eating in the moment? I mean really pay attention; like noticing the array of different sights, smells, tastes and textures of the food you're eating, while savouring each mouthful before taking the next, and noticing how you feel while you're doing it.

SOUND WEIRD? MAYBE.

But did you know, that eating in this way (termed 'mindful eating') can actually contribute to better awareness of physical hunger cues (when we feel hungry and full), food preferences (likes and dislikes) and the nurturing properties of food (how it makes us feel).

Mindful eating contributes to a reduced likelihood of overeating, a healthier relationship with food, less judgement of our food choices, and increased enjoyment in choosing, preparing and eating food as experiences in their own right.

YOU MAY LIKE TO TRY THESE SIMPLE STRATEGIES TO HELP YOU EAT MORE MINDFULLY:

Before eating anything, think about how your food choice will help or nurture you. Be curious. Pause for a moment and ask yourself, what influenced me to choose this food? How am I feeling right now? How will this food make my body feel?

You may like to write down two or three things about your choice. Does this change your choice?

Engage your senses - before putting food in your mouth, enjoy your food with your eyes first, then your nose. Notice the presentation on your plate and the different colours and smells.

When you do put the food in your mouth, notice the textures and temperature. Chew slowly, and notice how these may change as you chew and swallow. Only take another bite/mouthful once you have finished the previous one. Notice if slowing down the tempo of your eating changes how much you consume or helps you notice when you're full.

Ask your clinician for more information on mindful eating activities if you want to know more!

MAKE IT ACCESSIBLE

Not only does what we eat influence our mood, but how we are feeling at any particular moment can influence what we choose to eat; it's a two way street.

When we are feeling tired, stressed or down, making a decision about what to eat can be really hard, or we may not have the motivation or energy to prepare a healthy meal.

These times are tricky, and may lead to less planned, and more emotion-driven, choices.

Let's be clear, none of us feel 100 per cent happy or positive all of the time. We all have days when even deciding what to have dinner can seem really overwhelming.

That's why it's so important to surround ourselves with nourishing food. If we purchase mostly healthy foods, most of the time we will end up eating something that will do us some good!

A few things to try to assist with making a healthy choice on tough days:

Capitalise on days when you feel more positive and energetic. Use these days to prepare a few meals and snacks for the week ahead, or freeze meals to grab when things get tough.

Make a list of easy 5-minute healthy meals for those days when you're lacking energy or motivation, or having trouble making a decision.

Take a different route – stopping in for some quick take-away when you're feeling tired or down can be really tempting – walk or drive a different way home if you notice this happening for you.

Have healthy snacks on hand – think fresh fruit, nuts, sliced raw veggies, bread. Carry healthy snacks in your bag or car to manage those 'junk food stop-offs'.

Ask for help – if you don't feel up to preparing a meal yourself, ask your partner/parent/friend to help out. Having someone there for support can make a big difference.

What do you notice about your food choices when you don't feel so good? What else would help you eat well when you don't feel up to it?



BALANCE, BALANCE, BALANCE



So often we hear people talking about foods being either ‘good’ or ‘bad’ or suggesting that eating less is better.

It’s true that some foods are more nutritious and have more health-promoting properties than others, however a healthy diet includes all foods. The key is how often we chose certain foods, and in what quantity.

Foods such as sweets, biscuits, chips and take-away foods usually taste good, but are generally low in nutrients.

However, if you stick to eating mainly whole foods such as fruits, vegetables, wholegrains, dairy (or alternatives), fish/meat/poultry/eggs (or alternatives) and nuts/seeds, the occasional piece of cake or packet of chips is perfectly healthy and acceptable.

That’s why these foods are often called ‘occasional’ or ‘sometimes’ foods, not ‘never’ foods!

Healthy eating is certainly about making healthy choices most of the time, but also about enjoyment and balance.

Depriving ourselves of particular foods because we label them as ‘bad’ can create a dysfunctional relationship with food, and lead to being preoccupied with food choices, rigid rules and calorie counting. This can have a seriously detrimental impact on physical and mental health, relationships, and day-to-day functioning.

One of the most important things about achieving healthy eating is looking at our diet quality as a whole, as opposed to analysing every individual food or meal that we eat every day. That means enjoying special occasions where you may eat a little more than usual, or having that piece of cake because it’s your birthday and not criticising yourself for it!

If you find yourself thinking or worrying a lot about food, or limiting the foods you eat, it’s important to speak to your clinician about it.

There are many ways to help create a more positive relationship with food while enjoying all types of foods.

Now that we have explored a few ideas about making healthy eating easier and fun, have a think about some small steps that you might like to take based on your notes above, and let's create a plan.

MY ACTION PLAN

The biggest challenges for me around healthy eating are:

My reasons/motivations for making some healthy changes are:

Things I would like to try to address these challenges:
(Also consider any healthy habits that you're currently engaging in, and wish to continue)

Things I would like to swap out or reduce:

Before jumping straight in, let's see how these things could fit in to your routine. Planning is great for reminding us of what we want to achieve, and to help us feel more confident in being able to maintain motivation.

Remember to start small, and check whether your goals are achievable – have a chat to your clinician about this.

PUT THESE IDEAS INTO YOUR NEW PLAN FOR A WEEK AND SEE HOW YOU GO!

	MY STRATEGY/SWAP	WHERE AND WHO'S INVOLVED?	HOW DID IT GO?
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

If you decide to make some healthy swaps to your meals, rate your mood before and after a meal, and begin to notice how certain foods make you feel.

Use the table below to record this, circling if the meal/food choice made you feel more positive (e.g.: more energised, satisfied), or negative (for example sluggish, tired, anxious). You can also use an app if you prefer. Review this with your clinician and have a chat about why this may be the case. It may also be helpful to add where you ate and with whom.

My food and mood diary

	Breakfast	Snack	Lunch	Snack	Dinner
Monday	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞
Tuesday	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞
Wednesday	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞
Thursday	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞
Friday	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞
Saturday	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞
Sunday	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞	😊—😐—😞

Adapted from: The British Diabetic Association.

Available from: https://www.diabetes.org.uk/resources-s3/2019-06/1766_Food%20and%20Mood%20diary_A4%20landscape_HC_V4.pdf



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