Introduction

Many people participating in Illness Management and Recovery identify leading a healthier lifestyle as an important recovery goal. This module does not cover all the possible topics related to a healthy lifestyle, but it does provide a foundation in four of the basic areas that help people lead a healthy life:

- Diet
- Exercise
- Personal Hygiene
- Sleep Habits

Some clients may need more resources, either to address additional specific health problems (such as diabetes, hypertension, and high cholesterol) or to locate more intensive programs (such as for weight loss, smoking cessation, aerobics, and independent living skills). It is the role of the practitioner to be knowledgeable about the resources that are available in the community and to encourage interested clients to take part.

Practitioners should keep in mind that clients are most motivated to make lifestyle changes that help them accomplish personally meaningful goals. For example, if a client wants to do more activities with his children, eating a more healthy diet and losing weight might help him be more active and able to play physical games with them. If a client wants to get a job, improving her grooming might help her to look better and feel more confident in approaching potential employees. If a client is interested in going back to school, he might be interested in improving his sleep habits so that he is more alert during class time.
For people with co-occurring substance use disorders, cutting down or abstaining from substances can be viewed as another aspect of a healthy lifestyle. The tools in this module encourage persons to live a healthy lifestyle and feel better about themselves. Persons are encouraged to take an experimental approach to changes in their exercise and dietary habits. Like other lifestyle changes, practitioners should try to link a decrease in substance use to an increase in the ability to accomplish their wellness and recovery goals.

Note: For the practitioner’s convenience, information and strategies that relate to COD are placed in italics. In addition, there is an additional category called “Substance Use Strategies” that provides specific strategies for COD within this particular module.

**Goals of the Module:**

- Explore with clients how having a healthy lifestyle can help them achieve personal goals.
- Provide information about how people can lead a healthy lifestyle, focusing on diet, exercise, personal hygiene, sleep habits, and substance use.
- Help clients select and try out strategies and skills for improving their health and making lifestyle changes.
- Help clients make individualized plans for making changes in their lifestyle.
- Work with additional support persons (such as staff members or family members) to help people develop skills and follow through on their plans to change lifestyle habits.
- Help clients understand that cutting down or stopping substance use is a goal for many people who are trying to develop a healthier lifestyle.
- Provide information about the basic facts and health risks of long-term use of drugs and alcohol along with information about how abstinence can generally reduce these health risks.
- Provide information about the co-morbid problems around substance use and use of nicotine. For example, there is a high rate of liver problems associated with alcohol use. There is a high rate of lung cancer associated with nicotine use.

**The Importance of Getting Additional Support for Clients in this Module**

Because making lifestyle changes can be especially challenging, it is usually helpful for clients to get support from others, including staff members, family members, friends, therapists, fellow IMR participants, case managers and peer support groups. As clients select specific strategies and skills to try, it is often critical to have the support of other people.
In general, support persons are most helpful when they can assist clients in making lifestyle changes in the following ways:

- Break down desired changes into small steps.
- Teach skills as necessary (using modeling, role playing, reinforcement, and feedback).
- Encourage clients to practice new skills in their home environment.
- Assist in carrying out the steps of their plan to change their lifestyle.
- Provide positive, constructive feedback.
- Help clients progress from one step to the next.

Of utmost importance, support persons must provide encouragement all along the way, to keep up the client’s spirits and foster his or her internal motivation.

The practitioner is encouraged to be systematic about developing support for the clients during this module. Some clients are readily able to identify someone who can help them make lifestyle changes and will ask them directly for assistance and support. Other clients are less able to do so for a variety of reasons, including the severity of their symptoms, shyness, or lack of confidence. In these instances, the practitioner will usually be most effective by asking permission from the client to speak directly to a support person and to collaborate on developing a specific plan for providing support to the client as he or she works through the module. For example, while reviewing the “diet” topic with a client who lives with his parents and wants to learn how to prepare more nutritious meals for himself, the practitioner might ask permission to contact his mother or father to collaborate on developing a plan for the client to get practice in cooking at home.

In residential or inpatient settings, the practitioner should work directly with staff members to inform them about the module, request support for specific clients, and plan how to provide support step-by-step. It is usually most effective if a specific staff person is responsible for helping a specific client. Many staff members may be unfamiliar with the steps of teaching and reinforcing skills and will benefit from a short training on this topic. Regular follow-up meetings with staff members (e.g., weekly) during this module are also recommended. A possible agenda for such follow-up meetings might include:

- Review the home assignments and practicing of strategies and skills from past IMR session.
- Review current topic in the module (e.g., diet, exercise, personal hygiene, sleep habits), including description of strategies and skills covered and those selected by specific clients.
- Discuss current home assignments and identify opportunities for practicing new strategies and skills from the topic area.
- Discuss and demonstrate how staff members can actively teach clients new strategies and skills.
- Discuss how to prompt clients to use skills *in vivo* and how to provide reinforcement to clients when they spontaneously use skills.

The following table provides examples of how support persons can assist clients in making lifestyle changes:

<table>
<thead>
<tr>
<th>Skill or strategy</th>
<th>Setting</th>
<th>Support Person</th>
<th>Example of support</th>
</tr>
</thead>
</table>
| Doing laundry once a week (from "Personal Hygiene") | Inpatient treatment program | Staff member on 3-11 shift | 1. Teach client to sort clothes into dark and light  
2. Teach client to measure laundry detergent  
3. Teach client to select correct laundry cycle  
4. Provide encouragement at every stage  
Next steps: Teach client to use dryer and fold clothes |
| Cook more nutritional dinners (from "Diet") | Own apartment            | Sister                 | 1. Assist in making a list of 4 simple nutritional dinner entrees  
2. Help select one entrée. Assist in making a shopping list of ingredients  
3. Using a recipe, spend 1-3 sessions in kitchen teaching client how to prepare the first entree  
4. Provide encouragement at every stage  
Next steps: Client makes the first entrée on his or her own, selects another entrée to learn how to cook |
| Join a health club (from "Exercise")     | Supported apartment or Community residence | Case manager           | 1. Assist in locating local health clubs  
2. Accompany on visit to a club to evaluate services and pick up literature about membership  
3. If client decides to join, help work out schedule for visits to use exercise machines  
4. Offer to join client in exercise session of his or her choice  
5. Follow up on regularity of client’s independent visits |
5. If indicated, help person practice conversation skills that can be used to talk to other health club participants.

6. Provide encouragement at every stage.

7. Next steps: assist client in choosing an aerobics class and/or asking someone to join them on a walking program.

8. The importance of getting additional support for participants with COD in this module:
   a. Making a lifestyle change for persons with COD can present some unique challenges that often benefit from specialized resources. Practitioners can help persons with COD build support through attending peer recovery meetings.
   b. Example of assisting a person with COD in attending a peer recovery meeting:
      1. Identify local peer recovery group meetings.
      2. Choose a meeting that seems to be the best fit (time, place, type).
      3. Attend a meeting with a case manager or support person.
      4. Evaluate how the meeting went (advantages and disadvantages of attending).
      5. Attend more meetings of the same group or try different ones.

Using this module in a group

In using this module in a group format, the practitioner first encourages group members to explore, without pressure, the different areas in which they might want to make changes. It is then important for the practitioner to help group members decide for themselves about changes they would like to make and strategies they would like to try. The practitioner should also help group members apply the information from the module to their own experience and to tailor strategies and skills to the individual. In some instances, it may also be necessary to find extra information and resources for group members who want to pursue a lifestyle change that is not covered in this module or address a problem which requires a more intensive or specialized program (e.g., someone may want to join a weight loss group or explore a smoking cessation program).

Number and Pacing of Sessions

The “Healthy Lifestyles” module can usually be covered in 2 to 4 sessions, although some clients may benefit from spending more than 4 sessions. In providing this module in a group format, it is usually helpful to spend at
least one session for each topic (Diet, Exercise, Personal Hygiene, Sleep Habits).

**Structure of Sessions**

- Informal socializing and identification of any major issues while reviewing the previous session.
- Discuss the home assignment from the previous session.
- Praise all efforts and problem-solve obstacles to completing homework.
- Follow-up goals.
- Set the agenda for the current session.
- Teach new material (or review materials from a previous session if necessary).
  - **Possible Topic Starters:**
    - “Part of managing one’s recovery from mental health problems and/or substance use problems is identifying and working toward personal recovery goals. For many people, having a healthy life is either one of their personal goals or a way to help them achieve their goals. This module will help you get strategies and skills for living a healthy lifestyle.”
    - “Sometimes when people are struggling with mental health problems or substance use problems, they neglect their other health needs and don’t take care of themselves. However, having a healthy body is also good for your mental health and your sobriety. This module will help you improve your physical health, which will in turn help you improve your mental health and reduce problems related to substance use.
    - It is challenging to cope with mental health symptoms and substance use symptoms. It’s easier if you have developed some healthy lifestyle habits, such as eating well, exercising regularly, attending to your personal hygiene and getting good sleep. This module will help you get stronger both physically and mentally.
- Summarize progress made in the current session.
- Develop a home assignment to be completed before the next session.

**Strategies To Be Used in Each Session**

Motivational strategies  
Educational strategies  
Cognitive-behavioral strategies

**Motivational Strategies**

As in the modules “Using Medication Effectively” and “Drug and Alcohol Use,” it is important to avoid lecturing or preaching. It is more effective for practitioners to keep an open mind and to help people reach their own
conclusions about what’s best for them. Because society tends to blame people for their unhealthy lifestyle habits and fitness problems, many people feel ashamed of their difficulties and this can interfere with them talking about them. Empathizing with the person and avoiding being judgmental are the best strategies for creating an open and accepting environment in which unhealthy lifestyle habits and their effects can be discussed.

The following general motivational strategies may be helpful throughout this module:

- For each major topic covered in the handout, help the person to identify at least one way that information about that topic might be helpful to him or her.
- Keep in mind the goals that each person identified in the first module (“Recovery Strategies”) and the goals that are reviewed in each session.
- In each session, help the person identify information and strategies that could help him or her achieve his or her personal goal.

The following are examples of motivational strategies that may be helpful in the separate topic areas of the module:

**Diet**
A client might say she thinks that junk food slows her down and reduces her energy for playing with her children. The practitioner can use the strategies of “reflective listening” and “expressing empathy” by saying something like, “It sounds like your relationship with your children is important to you and you think your diet might be having an effect on the quality of the time you spend with them.” If she agrees, the practitioner can help her plan some changes in her diet.

**Exercise**
A client might tell the practitioner that he would like to begin to exercise to lose some weight and makes a plan to walk for 20 minutes five days a week. After 2 weeks the client may report that he only walked once and expresses that “it’s too much trouble to walk. It’s not worth it.” The practitioner can use the strategy of “exploring the pros and cons of change” by making a pros and cons list (or completing a decisional matrix) about exercise. If the client decides that the advantages of exercise outweigh the disadvantages, the practitioner can then help him to continue with his walking plan, and may help him make modifications to increase his chances for success. For example, the client may decide to start with walking a shorter time period (e.g., 10 minutes 5 days per week) or on a less frequent schedule (e.g., 20 minutes 2 or 3 days a week).

**Personal Hygiene**
In discussing personal hygiene, the client may say that bathing regularly is not necessary and that he feels like he is being pressured by staff members to bathe more often “for no reason.” Rather than argue with the
client, the practitioner can use the strategy of “connecting information and skill to the client’s personal goal” by helping the client see how bathing and smelling good might help him get a girlfriend, which he has identified as his goal. It is also important for the practitioner to “roll with resistance” rather than argue with the client or confront him about the “errors” of his thinking.

Sleep Habits
A client may decide to stop drinking coffee after 5 PM to see if it improves her sleep. After a week of cutting down on caffeine she may report to the practitioner that she is sleeping a little better. The practitioner can use the strategy of “supporting self-efficacy” to praise her success and then help her review additional strategies she might try. Because of the success the client has had she may become interested in trying other strategies, such as going to sleep at the same time every night and getting up at the same time every morning.

Substance Use
Understanding the person’s stage of treatment continues to be an important factor in this module as it has in others. Stage of treatment impacts what persons are willing to work on or even recognize as an issue regarding a healthy lifestyle change.

In engagement, a practitioner might encourage a person to begin an evaluation of her overall health by making an appointment for a complete physical. Often, abnormal findings from a physical and blood work showing effects of substances can be a wake-up call for people.

For persons who are in the persuasion stage of treatment in their substance use, sitting down and discussing the pros and cons of stopping related to their health currently, and then projecting the long-term consequences on their health and lifestyle if they do not stop using substances can push them into action.

For IMR participants who are in the active treatment stage and are working on changing their substance use, or maintaining abstinence, this module around having a healthy lifestyle can be very important. Relapse prevention is truly a quality of life concept. People in this stage of treatment are often willing to address exercise, nutrition, and other addictions such as smoking, gambling, or unhealthy relationships, as they work towards their goals.

Practitioners should help participants use the information in this module to set healthy lifestyle goals as well as work towards their other IMR goals.

Educational Strategies
Educational strategies for this module focus on ensuring that people understand the basic information about their health. The best learning takes place when people can relate information to their own life experiences. For example, clients may connect the information about
personal hygiene to their experiences in meeting new people. That is, clients may report that when they are well-groomed and wearing clean clothes, people react more positively to them (or, they react more positively to other people who are well-groomed and wear clean clothes). In discussing exercise, some clients may recall times that exercising has helped improve their mood or their energy level.

The following educational strategies can be used:

- Review the contents of the handout by summarizing or taking turns reading.
- Pause frequently to check for understanding and to learn more about the person’s point of view.
- Allow plenty of time for questions and interaction.
- Pause to allow the person to complete the checklists and questionnaires.
- Break down the content into manageable “pieces.”
- Find a pace that is comfortable for the person.

These educational strategies may also be helpful in Module 11:

- When reviewing all aspects of a healthy lifestyle, provide information about how the reduction of substance use can be an important part of such a lifestyle.
- Provide information to help persons with COD understand the health risks of long-term use of drugs and alcohol.
- Provide information about the co-morbid health risks that increase with substance use such as liver damage contracted from alcohol or drug use and HIV contracted from using unsanitary needles.

Cognitive-behavioral Strategies

Cognitive-behavioral strategies in this module focus on helping people learn and put into practice strategies and skills for leading a healthier lifestyle.

Practitioners can help clients learn and practice skills by breaking the skill down into small steps, modeling the skill, working on a few steps at a time, setting up home assignments to practice the steps, and using positive reinforcement as the client progresses. The practitioner can also help the person develop self-monitoring skills such as completing daily or weekly checklists for activities such as following one’s diet, exercising, bathing, brushing one’s teeth, or going to bed at the same time. It is often critical for practitioners to enlist members of the client’s support system to help with practice and reinforcement.

The following are examples of cognitive-behavioral strategies that may be helpful in the separate topic areas of the module:
Diet
Practitioners can model how to plan a balanced meal, followed by a role-play with clients taking the lead in planning their own meals. In an inpatient setting, clients can practice filling out their menu for the day or role-play going to the cafeteria and choosing their meal. People living in a community residence might do role-plays making choices from the menu of a local restaurant, followed up by a field trip to the restaurant. Clients living independently can be encouraged to make out a shopping list during the session, followed up by a home assignment of taking a trip to the grocery store. Clients living at home can be encouraged to ask family members to help them practice making healthy food choices at family meals.

Exercise
Different types of exercise (e.g., practicing a yoga routine, using an aerobics DVD) can be done in the session with a follow-up home assignment. If there is a local gym accessible to clients, the practitioner can organize a field trip to the facility to learn more about it. After helping clients to identify someone they would like to join them in an exercise activity, practitioners can also do role-plays to help clients practice how they might approach that person. Practitioners can also demonstrate the use of a self-monitoring sheet for recording exercise and encourage clients to record their own exercise as a home assignment.

Personal Hygiene
It is especially important in this topic area for practitioners to take into account the person’s living situation (e.g., inpatient, residential, or independent living), the area of hygiene the client wants to improve, and the client’s skill level. The following are some examples of using cognitive-behavioral strategies to assist clients in improving their personal hygiene:

Showering or bathing: In an inpatient setting, some clients may need assistance in breaking down the skill of bathing. Staff members can be helpful in reminding clients to bathe on specific days and record their bathing a self-monitoring sheet. Staff members can also be helpful in reminding clients of the steps of bathing or helping them to gather materials, such as soap, shampoo, and towels.

Using personal hygiene products: Some clients may be confused by the abundance of advertisements (especially on television) focused on grooming products (e.g., teeth-whitening products, mouth wash, special shampoos, deodorants for sports/dating/stress) and may benefit from problem-solving around identifying which products are important to basic grooming and locating stores for purchasing them economically. In a residential setting, practitioners might bring in small samples of shampoo, toothpaste and deodorant for clients to try.

Combing or brushing hair: Practitioners can do role plays to demonstrate the advantages of combing or brushing one’s hair. That is, practitioners can mess up their hair and ask for feedback, then
comb out their hair and ask for feedback. Practitioners can then ask clients what they observed as the differences between the two examples and which example they would prefer to see in a job interview or on a date. If possible, obtain inexpensive combs to give to clients so they can mess up their own hair, comb it out, and get feedback from each other.

**Wearing neat and clean clothes:** Doing laundry can be broken down into steps and then practiced. Staff members can be enlisted to help inpatients in using the laundry room of their facility. Clients living in the community can use their own washing machine or make a field trip to the laundromat.

**Washing hands regularly:** Behavioral tailoring (or example, putting post-a-note reminders on one’s bathroom mirror or in the kitchen) can be used to help clients remember to wash their hands before a meal or after they use the bathroom. Some clients may benefit from problem-solving around obstacles to washing their hands regularly, such as lack of easy access to a bathroom or sink. For example, some people carry small containers of waterless hand sanitizers in their pockets.

**Tooth brushing and flossing:** Practitioners can model brushing and flossing and then make arrangements for clients to practice these in session. A dentist or dental hygienist can be invited as a guest speaker to demonstrate and answer questions.

**Substance Use**
For persons with COD, the following strategies may be useful when helping persons learn and practice skills:

- **Use of role-plays to practice skills in session.** For example, you could set up a role play to practice a new exercise routine, or making a list to go to the grocery store, or asking someone to go for a walk together. For persons with substance use problems, you can integrate discussion of how substance use may have affected their ability to follow through with healthy lifestyle choices in the past. For example, a person may have used up all their money on drugs and not had any left over to buy healthy groceries. Or a person may have been so hung over in the morning they rarely made it to the gym. Or their appetite was affected by drug use (either decreased or increased) and it interfered with healthy eating habits.

- **Use of a pay-off matrix to review the advantages and disadvantages of making a change in diet or exercise, including how substance use may impact trying to eat healthier or exercise more often.**

- **Stress management and relaxation strategies that can be integrated into a new exercise routine, such as using relaxed breathing or imagery before going to a new exercise class or going for a walk in the park.**
strategies is especially important for people who previously used substances to cope with stress and anxiety.

Just as with other teaching strategies, the practitioner should continue to assess the person’s level of motivation to change their substance use and stage of treatment. For example, for persons in the engagement stage, given that they often are not aware of the role that substances play in their lives (when and how often they use substances), having them record what a typical day is like for them can be a very helpful exercise.

**Substance Use Strategies**

As noted in the introduction to the Practitioners’ Guidelines for COD-Enhanced IMR, there are 8 principles of COD Treatment. It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client’s stage of treatment.

Here is a review of the COD principles:

1. Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.
3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.
4. An assertive approach to treatment (i.e., not waiting for client to request treatment but using engagement strategies such as assertive outreach).
5. Using a harm reduction approach.
7. Long-term perspective of treatment or time-unlimited services.
8. Providing multiple psychotherapeutic modalities.

**Here are a few examples of opportunities for practitioners to use the COD principles in Module 11, “Healthy Lifestyles.”**

**Principle 1:** In this module, it can be helpful to provide information about how the benefits of a healthy lifestyle can support integrated treatment of mental health and substance use.

**Principle 3:** Practitioners can offer a comprehensive variety of services are to clients, including access to primary care services to assess physical health.
Principle 7: Practitioners can discuss healthy lifestyle change using a long-term perspective of treatment and how a healthy lifestyle can be maintained throughout lifetime.

Below are some additional examples of using the COD principles in this module.

- Substances may play a role in the four areas of the module—diet, exercise, hygiene, and sleep. Active substance use may have a negative effect on these areas without a person even recognizing it. The practitioner can help the person explore how substance use impacts these four areas.
- Harm reduction or cutting down the use of substances to live a healthier lifestyle may be something to consider if the person is in the engagement stage.
- A discussion of co-morbid health related issues such as heart, liver, diabetes, etc., pertaining to long-term substance use would be appropriate for all substance users, including persons in the engagement stage.

Home Assignments

It is very important to help clients identify situations outside the sessions where newly learned strategies and skills for leading a healthy life can be put into practice. Developing home assignments involves helping the person identify changes they want to make, breaking them down into small steps and then practicing the steps outside the sessions. Whenever possible, practitioners should enlist support persons (such as family members, staff members, fellow IMR participants, friends, case managers, therapists, and members of peer support groups) to help with home assignments.

In each topic area of this module there are checklists asking clients to identify strategies they might like to try for a leading a healthier life. Practitioners can use responses to these checklists as the basis for many home assignments, by helping the person select one of those strategies and make a plan to put it into practice.

Here are some suggestions for possible home assignments for a variety of clients in each topic area:

Diet:
- Plan a menu for this week’s meals.
- Make a grocery list that would include ingredients for this week’s meals.
- Cook a meal with a family member.
- Keep a food diary for a week.
- Limit desserts to once a day.
- Drink 4 glasses of water per day.
- Eat at least 2 servings of vegetables per day.
- Eat at least 2 servings of fruit per day.
- Have 1 bag of chips at lunch instead of 2.
- Have 2 sodas per day instead of 4.
- Have 1 helping of the entrée at dinner instead of 2.

**Exercise:**
- Take a 20-minute walk 3 times per week.
- Do an aerobics tape 3 times per week.
- Use the stairs instead of the elevator 5 days per week.
- Visit the local gym to see what is offered.
- Sign up for an exercise class.
- Identify someone who wants to lift weights together.
- Go on a bike ride with a friend.
- Use the exercise bike in the gym 3 times per week.

**Personal Hygiene:**
- Take a bath or shower twice a week.
- Use deodorant daily.
- Wash hair weekly.
- Comb hair daily.
- Brush teeth twice a day.
- Floss teeth daily.
- Do laundry on Saturday.
- Wash hands before each meal.

**Sleep Habits:**
- Keep a sleep log for a week.
- Go to bed and get up at the same time every day for a week.
- When you have a bad night’s sleep, avoid taking a nap the next day and keep track of how well you sleep that night.
- For one week, listen to music for 10 minutes each night before going to bed.
- For one week, read for 10 minutes each night before going to bed.

Follow up on the home assignment by asking how it went. For example, the practitioner can ask, “Were you able to take a walk this week? “How many times?” “How did it go?” It’s important to praise all efforts and highlight successes.

If clients do not complete the home assignment or encounter obstacles that made completion difficult, the practitioner can gently ask what got in the way. It may be helpful for the practitioner to role-play one or two strategies for overcoming obstacles.

**Substance Use**

- Make a list of any alcohol or drugs you have used during the week. Keep track of how much and what you use each day. Include any medication that you take more than prescribed, or any over the
counter medication that you take to feel different or high. Bring the list with you to the next IMR session.

- Make a list of all the people in your life that you consider friends or supports. List the ones that are sober or use substances only occasionally. List the ones that you use drugs and alcohol with. Consider speaking to a friend that does not use alcohol or drugs and asking them what they do to maintain a healthy lifestyle. Also consider asking them if they would be part of your healthy lifestyles plan (e.g., go for a walk once a week or cook a healthy meal together once a month).

**Special Issues for Group IMR**

- Encourage group members to share their experiences in trying to be healthy including diet, exercise, sleep, and personal hygiene. Discuss how substance use could interfere with achieving a healthy lifestyle.

- Discuss the similarities and differences between group members’ goals for a healthy lifestyle. Review common challenges that people face when working on healthy living goals such as low motivation, support from peers and family members, and financial resources. Help group members develop a list of suggestions for overcoming these challenges and distribute the list to all of the group members.

**Tips for Common Problems**

- People may be reluctant to acknowledge that they have a problem that requires a change in their lifestyle. It is best to avoid confrontation and to use some of the strategies listed under “Motivational Strategies” in order to help people feel comfortable learning and discussing information from this module. In an open, non-judgmental atmosphere, people often gradually begin to be interested in examining their diet, exercise, personal hygiene, and sleep habits.

- Some people may not want to make a decision about consistently changing behaviors in their lifestyle, but may be willing to brainstorm alternative activities and coping strategies for occasional situations. For example, they may not want to change their sleep habits on a regular basis, but would be interested in trying to get a better night’s sleep in preparation for an interview or taking a test.

- Some people want to change their lifestyle, but have had negative experiences in their previous attempts to do so. Provide support and encouragement, and suggest that this is a fresh start. Let people know that changing to healthier habits is a challenging goal, and that it often takes more than one attempt to succeed. Encourage a step-by-step approach and giving oneself credit for taking steps toward a healthier lifestyle.

- Encourage people to set realistic goals and not to get discouraged if their goals are not met quickly. It’s also important to continue to
make the connection between making lifestyle changes and achieving one’s personal goals.

• When clients are making plans to use a strategy or skill to make changes in their lifestyle, practitioners can help in the following ways: break down the strategy or skill into small steps, explore opportunities for practice, prompt and cue clients to use the skill, provide reinforcement, enlist someone in the person’s the strategy or support system (e.g., family members, friends, staff members). If clients have difficulty carrying out the plan, it is important for the practitioner to troubleshoot, guided by questions such as: Is the rationale for the skill clear to the client? Is the skill broken down into small enough steps? Are there sufficient opportunities to practice? Does the person need more support to carry out the plan?

• Some people may already know a great deal about a healthy lifestyle or feel they don’t want to make any changes. It is still desirable to go over the handout to check people’s understanding and to explore how their lifestyles affect their goals. Sometimes people have received information in a piecemeal fashion; going through this handout may help people synthesize what they have previously learned. It may be possible to review the module in a short period of time if people are already familiar with the contents.

**Substance Use**

• People who don’t view their substance use as a health risk may be willing to make a lifestyle change in other areas such as diet and exercise that may impact substance use and you can help them develop discrepancy. For example, if having a healthy lifestyle is important, how does drinking and/or using drugs fit in?

• Looking at how one’s lifestyle affects others. For example, being unable to keep up with one’s children or grandchildren because of failing health may encourage some persons with COD to consider healthy lifestyle changes.

**Additional Resources**

➢ In the Integrated Treatment for Dual Disorders book:
  o Information on developing skills for a lifestyle change, page 104.
  o Handout on infectious diseases Handout B.16, pages 410-414.

  Type in www.treatmentteam.com, click on learn more for team solutions, and scroll down to download the following in Workbook 6: Managing Stress and Problems and download session 11 for a handout with discussion on healthy lifestyles including not using substances.
COD-Clinical Vignette

George and Lynette reviewed the progress that George has made on his goals over the course of IMR and discussed some possible next steps for short-term goals. George identified that he would like to work on writing some new music and prepare six or seven songs of his own music he could play before contacting someone about making a demo CD. For the first time, he also discussed the financial aspect of trying to make a CD and decided he would need to get information about the costs and develop a budget. George continues to refine his sobriety plan and one of his last steps on the plan has been to share it with his sister. He would also like to bring his plan to the Dual Recovery group he has been attending to see if his new sponsor would agree to be part of it and give him some feedback.

George was excited about starting Module 11. He noticed since he quit drinking that he was more interested in changing his eating habits and was surprised at how much better he had been feeling since he was walking in the park about three times a week. In reviewing the information about diet, George reviewed his meals and snacks in the past week. He identified that he tends to cook things that are quick and inexpensive, such as macaroni and cheese and frozen pizza. One of the suggestions he thought might be helpful for him was to try to include more fruits and vegetables in his meals but he was unsure of whether or not he could afford to do that and if he knew how to cook vegetables he wanted to eat. Lynette and George made a list together of George’s meals for the week and identified either a fruit or vegetable that George could add to the meal. In addition, George picked his Monday night dinner to try a new recipe for butternut squash that he could bring to dinner with his sister. Lynette helped George print the recipe, make a grocery list, decide on the materials George would need to prepare the butternut squash, and went over how to complete each step. For home practice George would continue to work on his goals of writing his music and sharing his sobriety plan with his sister as well as trying a fruit or vegetable at each meal and making the butternut squash recipe for his sister on Monday night.

At the end of IMR, Lynette and George decided to meet a few more times over the next three months to check-in on progress towards George’s goals and problem-solve any challenges or obstacles. This was helpful for George in continuing to maintain his sobriety and to feel confident in working on his goal of making a CD of his music.

Some Tips for Separate Topic Areas

Diet
Clients often state a goal of losing considerable amounts of weight. It is important to help clients set a realistic beginning weight loss goal (such as 1-2 pounds per week) and to break it down into small steps. For example, the practitioner might help a client start with completing a weekly food log as a starting point and then help him select one or two changes he might
like to make in his diet, such as cutting down on desserts or increasing the number of daily servings of vegetables.

**Exercise**
Clients may be overzealous in their exercise goals, such as planning to practice yoga everyday even though they have not tried yoga before. The practitioner can help clients start small and build on their early successes. For example, a client might be more successful by starting with trying out a yoga tape or attending a class, followed by up making a plan for practicing yoga twice a week.

**Personal Hygiene**
It is often helpful to link behavior changes in this area to clients’ personal goals. For example, it may help clients feel more motivated to shower regularly if they recognize how it might help them in their goal of making new friends or getting a job.

**Sleep**
Clients with chronic sleep problems may be reluctant to try new strategies for getting a better night’s sleep. The practitioner can suggest taking a slow, step-by-step approach, starting with completing a sleep log. Using the initial sleep log as a “baseline,” the practitioner can encourage clients to take the role of scientists conducting an experiment. In this role, they would select a strategy to try, use it regularly for a week or two, keep a sleep log, and then compare the results to their original log.

**Review Questions**

At the end of this module, practitioners can use either open-ended questions or multiple choice questions to assess knowledge of the main points.

**Open-ended questions**

1. What are two benefits of following a healthy diet?
2. What are three reasons to exercise?
3. How often should you brush your teeth each day?
4. Name three things that can help you sleep better.
5. Name at least one way that substance use interferes with maintaining a healthy lifestyle.

**Multiple Choice and True/False Questions**

1. Which of the following is a good tip for shopping for groceries economically?
   - Shop on an empty stomach
   - Make a grocery shopping list
   - Shop for food in a convenience store

2. The following are reasons to exercise EXCEPT –
   - To help you look and feel better
➢ To have less energy
➢ Reduce the risk of medical problems

3. Which of the following is a reason to brush your teeth?
   ➢ Makes breath smell fresh
   ➢ Prevents tooth decay
   ➢ Makes your smile attractive to other people
   ➢ All of the above

4. Which of the following is NOT a strategy to get a good night’s sleep?
   ➢ Do something relaxing before bedtime
   ➢ Drink beverages with caffeine
   ➢ Have a bedtime routine

5. By eating a balanced diet you will gain weight.
   True or False

6. Five minutes of exercise a day is enough to stay healthy.
   True or False

7. The recommended time for hand washing is five seconds.
   True or False

8. Going to bed at the same time every night and getting up at the same time every day will help you sleep better.
   True or False

9. Using substances for a long-time can lead to long-term health problems such as HIV, liver disease, or hepatitis.
   True or False.