

Acknowledgments

We wish to acknowledge the many people who contributed to the workbook materials.

Co-leaders of the development team for the Illness Management and Recovery implementation resource kit

Susan Gingerich

Kim Mueser

Development team for the Illness Management and Recovery implementation resource kit

Bruce Bird

Patricia Carty

Mary Ellen Copeland

Pat Corrigan

Susan Essock

Pam Fischer

Lindy Fox

Kate Hamblen

Marvin Herz

David Hilton

James Jordan

Samuel Jordan

David Kime

Bodie Morey

Norman Melendez

Thang Pham

Annette Schaub

Nicholas Tarrier

Project Manager

Patricia W. Singer

This document is part of an evidence-based practice implementation resource kit developed through a contract (no. 280-00-8049) from the Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) and a grant from the Robert Wood Johnson Foundation (RWJF). These materials are in draft form for use in a pilot study. No one may reproduce, reprint, or distribute this publication for a fee without specific authorization from SAMHSA

Table of Contents

<i>1. Basics of Illness Management and Recovery</i>	4
Overview of Illness Management and Recovery	
Importance of Recovery	
Importance of Helping People Set and Pursue Personal Goals	
Logistics	
Core Values in Illness Management	
Teaching Principles	
Appendix A: Orientation Sheet	
Appendix B: Knowledge and Skills Inventory	
Appendix C: Progress notes	
Appendix D: Significant Others	
Appendix E: Goals Set in the Program	
Appendix F: Step-By-Step Problem-solving and Goal Achievement	
Appendix G: References	

Practitioner Guidelines for the Educational Handouts

<i>2. Recovery Strategies</i>	38
<i>3. Practical Facts about Mental Illness</i>	45
<i>4. Stress-Vulnerability Model and Treatment Strategies</i>	52
<i>5. Building Social Support</i>	58
<i>6. Using Medication Effectively</i>	64
<i>7. Reducing Relapses</i>	72
<i>8. Coping with Stress</i>	78
<i>9. Coping with Problems and Symptoms</i>	84
<i>10. Getting Your Needs Met in the Mental Health System</i>	90

Educational Handouts

Handout #1 Recovery Strategies

Handout #2a Practical Facts About Schizophrenia

Handout #2b Practical Facts About Bipolar Disorder

Handout #2c Practical Facts About Depression

Handout #3 Stress-Vulnerability Model and Treatment Strategies

Handout #4 Building Social Support

Handout #5 Using Medication Effectively

Handout #6 Reducing Relapses

Handout #7 Coping with Stress

Handout #8 Coping with Problems and Symptoms

Handout #9 Getting Your Needs Met in the Mental Health System

The Basics of Illness Management and Recovery

An Overview of the Illness Management and Recovery Program

The Illness Management and Recovery Program consists of a series of weekly sessions where mental health practitioners help people who have experienced psychiatric symptoms to develop personalized strategies for managing their mental illness and moving forward in their lives. The program can be provided in an individual or group format, and generally lasts between three and six months. In the sessions, practitioners work collaboratively with people, offering a variety of information, strategies, and skills that people can use to further their own recovery. There is a strong emphasis on helping people set and pursue personal goals and helping them put strategies into action in their everyday lives.

Materials for Providing the Illness Management and Recovery Program

In the Practitioners' Workbook (this document) there are two sets of materials for Illness Management and Recovery: the Practitioners' Guide (Chapters 1-10) and Educational Handouts. The educational handouts contain practical information and strategies that people can use in the recovery process. **The handouts are not meant to stand alone.** Practitioners are expected to help people select and put into practice the knowledge and strategies that are most helpful to themselves as individuals. The following topics are covered in nine educational handouts:

1. Recovery Strategies
2. Practical Facts about Schizophrenia/Bipolar Disorder/ Depression
3. The Stress-Vulnerability Model and Strategies for Treatment
4. Building Social Support
5. Using Medication Effectively
6. Reducing Relapses
7. Coping with Stress
8. Coping with Problems and Symptoms
9. Getting Your Needs Met in the Mental Health System

Chapter 1 of the Practitioners' Guide contains overall strategies for conducting the program, and Chapters 2-10 contain practitioner guidelines for using each of the educational handouts to conduct sessions. The guidelines contain specific suggestions for using motivational, educational, and cognitive behavioral techniques to help people use strategies from the handouts in their daily lives. They also provide tips for developing homework assignments and for dealing with problems that might arise during sessions.

Getting started

First, practitioners are advised to familiarize themselves with the format, content and tone of the program. This can be accomplished by first reading the following:

- Chapter 1 of the Practitioners' Guide
- Educational Handout #1 ("Recovery Strategies")
- Practitioner Guidelines for Educational Handout #1 ("Recovery Strategies")

It is optimal for practitioners to read the remaining educational handouts and accompanying practitioners' guidelines before beginning to work with people. Practitioners are advised to review specific handouts and guidelines prior to addressing these particular topic areas with people.

Preparing For Sessions

The first session is usually spent on orientation, using the "Orientation Sheet" (see Appendix 1) as a guide. The second (and sometimes third) session is spent on getting to know the person better, using the "Knowledge and Skills Inventory" (see Appendix 2) as a guide. This inventory is focused on the person's positive attributes rather than their problems or "deficits." It is important to

gather information in a friendly, low-key manner, using a conversational tone. The remaining sessions are focused on helping people to learn and practice the information and strategies in the educational handouts and to set and pursue their personal goals. Each session should be documented, using the “Progress Note for Illness Management and Recovery” (Appendix 3). The format of the progress note helps practitioners to keep track of the person’s personal goals, the kinds of interventions provided (motivational, educational, cognitive-behavioral), the specific evidence-based skill(s) that are taught (coping skills, relapse prevention skills and behavioral tailoring skills) and the homework that is agreed upon.

Before beginning each educational handout, the practitioner is encouraged to review the contents of the handout and the practitioner guidelines of the same title in the Practitioners’ Guide. Most educational handouts will require two to four sessions to put the important principles into practice. Preparation for sessions is most effective when practitioners review the educational handout and the corresponding practitioners’ guidelines side-by-side, noting the goals of the handout, the specific topic headings, the probe questions, the checklists, etc. As noted above, sessions should be recorded on the form “Progress Note for Illness Management and Recovery” (Appendix 3). Although for many people it is most helpful to go through the handouts in the order they are listed, it is important to tailor the program to respond to individual needs. For example, when a person is very distressed by the symptoms he or she is experiencing, it would be preferable to address this problem early in the program using Educational Handout #8, “Coping with Problems and Symptoms.” Practitioners need to be responsive to people’s concerns and use their clinical judgment regarding the order and pacing of handouts.

Importance of Recovery

There is widespread acceptance of the importance of recovery as a guiding vision for helping people who experience psychiatric symptoms to achieve personal success in their lives. The term recovery means different things to different individuals. Each person is free to define it in his or her terms. For some individuals, recovery means no longer having any symptoms or signs of a mental illness. For others, recovery means taking on challenges, enjoying the pleasures life has to offer, pursuing personal dreams and goals, and learning how to cope with or grow past one’s mental illness despite symptoms or setbacks.

Regardless of the personal understanding each individual develops about recovery, the overriding message is one of hope and optimism. The recovery vision is at the heart of the Illness Management and Recovery Toolkit. Through learning information about mental illness and its treatment, developing skills for reducing relapses, dealing with stress, and coping with symptoms, people can become empowered to manage their own illness, to find their own goals for recovery, and to assume responsibility for directing their own treatment. People who experience psychiatric symptoms are not passive recipients of treatment, and the goal is not to make them “comply” with treatment recommendations. Rather, the focus of Illness Management and Recovery is providing

people with the information and skills they need in order to make informed decisions about their own treatment.

Broadly speaking, the goals of Illness Management and Recovery are to:

- Instill hope that change is possible
- Develop a collaborative relationship with a treatment team
- Help people establish personally meaningful goals to strive towards
- Teach information about mental illness and treatment options
- Develop skills for reducing relapses, dealing with stress, and coping with symptoms
- Provide information about where to obtain needed resources
- Help people develop or enhance their natural supports for managing their illness and pursuing goals

Importance of Helping People Set and Pursue Personal Goals

Being able to set and pursue personal goals is an essential part of recovery. At the same time that information and skills are being taught in the Illness Management and Recovery Program, people are also helped to define what recovery means to them and to identify what goals and dreams are important to them. The first educational handout, “Recovery Strategies,” contains specific information about setting goals. However, throughout the entire program, practitioners help people set meaningful personal goals and follow up regularly on those goals. As people gain more mastery over their psychiatric symptoms, they gain more control over their lives and become better able to realize their vision of recovery. In each session of the program, practitioners should follow up on the participants’ progress towards their goals. “Goals Set in the Illness Management and Recovery Program” (Appendix 5) helps practitioners to keep track of a person’s goals. Another form, “Step-By-Step Problem-Solving and Goal Achievement” (Appendix 6) is useful for helping a person plan the steps for achieving a goal (or solving a problem).

Logistics

The content and teaching methods used in the Illness Management and Recovery Program are derived from multiple studies of professionally based illness management training programs for people who have experienced psychiatric symptoms. Information is taught using a combination of motivational, educational, and cognitive-behavioral teaching principles. Critical information is summarized in educational handouts that are written for people who experience psychiatric symptoms but are also suitable for distribution to anyone with a professional or caring relationship with a person who experiences psychiatric symptoms (such as a case manager or a family member).

The information and skills taught in Illness management and Recovery are organized into nine topic areas: recovery strategies, practical facts about mental illness, the stress-vulnerability model, building social support, using medication effectively, reducing relapses, coping with stress, coping with problems and symptoms, and getting your needs met in the mental health system. There are educational handouts and practitioners' guidelines for each topic area.

Each topic is taught using a combination of motivational, educational, and cognitive behavioral methods. Also, in order to help people apply the information and skills that they learn in the sessions to their day-to-day lives, the practitioner and the person collaborate to develop homework assignments at the end of each session. These homework assignments are tailored to the individual, to help him or her practice strategies in "the real world." Because developing and enhancing natural supports is a goal of Illness Management and Recovery, people are encouraged to identify significant others with whom they can share the handout materials and who may support them in applying newly acquired skills or completing homework.

The amount of time required to teach Illness Management and Recovery depends on a variety of factors, including people's prior knowledge and level of skills, the problem areas that they would like to work on, and the presence of either cognitive difficulties or severe symptoms that may slow the learning process. In general, between three and six months of weekly sessions of 45 to 60 minutes may be required to teach Illness Management and Recovery. Following the completion of the nine topic areas, people may also benefit from either booster sessions or participation in support groups aimed at using and expanding skills.

These following sections discuss different topics related to the logistics of teaching Illness Management and Recovery. Included is information about the teaching format, session structure, session length, location, use of educational handouts, selection of program participants, involvement of significant others, and practitioner qualifications.

Selection of Participants for the Illness Management and Recovery Program

Who is most likely to benefit from Illness Management and Recovery? While many people will be familiar with at least some of the information and skills taught, almost everyone who experiences psychiatric symptoms will find they can learn something new from the program. Educational handouts have been written covering three common diagnoses: schizophrenia, bipolar disorder and major depression. Therefore, people with these diagnoses are most likely to benefit from participation in the program. However, because much of the information presented in Illness Management and Recovery is not specific to any one mental illness, people with other psychiatric diagnoses may also benefit. In such cases, people may benefit from the brief review of their symptoms with the practitioner, guided by the DSM-IV or educational handouts from other sources (see references, Appendix 7).

People who experience psychiatric symptoms may benefit from training in Illness Management and Recovery regardless of how long they have had their mental illness. For anyone who has recently had a relapse, or is under extreme stress due to personal life circumstances, it may be preferable to wait until his or her symptoms have stabilized and undue life stresses have been resolved before beginning the program. Some people are often in crisis, due to problems such as homelessness, substance abuse, medical illness, or poverty. Rather than postponing Illness Management and Recovery for long periods of time (or perhaps forever), it is preferable to engage the person in the program. When people learn more about their symptoms and develop skills for coping with problems, they often feel more confident and can be more effective at resolving some of their life stresses.

Format of the program

Illness Management and Recovery can be taught using either an individual or group format. Each format has its advantages. The primary advantages of the individual format are that the teaching of material can be more easily paced to meet the person's needs, and more time can be devoted to addressing his or her specific concerns. The main advantages of the group format are that it provides people with more sources of feedback, motivation, ideas, support, and role models. Teaching in a group may also be more economical.

One option that combines the advantages of both individual and group formats is to teach the core material in an individual format, and then provide an optional support group that serves as a vehicle for providing social support, sharing coping strategies, and encouragement for people to pursue their personal recovery goals. The practitioner guidelines provided in this manual are based on an individual format, which practitioners can adapt if they choose to teach the materials in a group format.

Structure of the sessions

The practitioner should structure the sessions of Illness Management and Recovery to follow a predictable pattern. The following structure is recommended:

Informal socializing and identification of any major problems	1-3 minutes
Review previous session(s)	1-3 minutes
Review homework	3-5 minutes
Follow-up on goals	1-3 minutes
Set agenda for current session	1-2 minutes
Teach new material or review previously taught material	30-40 minutes
Agree on new homework assignment	3-5 minutes
Summarize progress made in current session	3-5 minutes

Session Length

Sessions generally last between 45 and 60 minutes. The most critical determinant of session length is the person's ability to be engaged and learn the relevant material. Some people may have limited attention spans, comprehension problems, or severe symptoms that make it difficult to focus for more than 30 minutes. It may be desirable to take breaks during a teaching session or to simply have brief sessions. Another option is to conduct more frequent, brief sessions, such as meeting for 20 to 30 minutes two or three times a week.

Location

Teaching sessions can be conducted in almost any location that is convenient for the person. Examples of possible locations include the mental health center, the person's home, the home of a family member, or a public setting (e.g., coffee shop). The setting should also have ample lighting (to read the handouts), comfortable seating, and some privacy. Regardless of the location, the practitioner should strive to create an environment that is quiet, free of unnecessary distractions, and conducive to learning and practicing the material.

Educational Handouts

The educational handouts are written in simple, easy-to-understand language, and include informative text, summary boxes, probe questions, checklists, and planning sheets for each topic. There are nine topic areas, which were noted earlier. These handouts can be used to help people learn the material in a number of different ways.

First, it is important to review the contents of the handout. There are different ways to do this, depending on the individual. Practitioners can present the material in a conversational tone by summarizing the key points and providing relevant examples. Practitioners can offer to take turns reading paragraphs or ask people to read the material on their own and use the sessions for discussion. It is important to make reviewing the contents of the handout an interactive process, by pausing frequently to ask questions to check for understanding and to learn more about the person's point of view. At all times communication should be a "two-way street" between the person and the practitioner; it must never seem like a lecture.

Second, it is important for people to have a chance to personalize the information from the handout. Practitioners should allow time for people to answer the probe questions provided in each topic section of the handout and to complete the checklists and questionnaires. There are also planning sheets that people can use to strategize how they might use the information in their own situation.

Third, homework assignments can be developed that involve reviewing some of the handout information or putting it into practice. Many of the checklists in the handouts involve helping people to select the strategies they are most interested in trying out. These checklists can then be used to develop homework assignments to help people put their strategies into action between sessions.

Fourth, the person can give selected educational handouts to family members or other supporters to inform them about Illness Management and Recovery. This will often lead to a discussion of the material in the handout, which furthers the learning process.

Practitioners must keep in mind that while some people may enjoy reading aloud, others may have minimal reading skills and may be embarrassed to do so. Practitioners can either simplify each of the main points without reading them directly from the handout or they can alternate reading certain sections out loud and summarizing others.

Involvement of Significant Others

Many people benefit from the involvement of significant others in helping them manage their mental illness and take steps towards recovery. Involvement of significant others may be helpful in several ways. By providing accurate information to significant others who may be misinformed about mental illness, it may reduce their criticism of the person who experiences symptoms. When people inform significant others about the goals they are working on as part of Illness Management and Recovery, it can generate support and help in achieving those goals. In addition, when people choose to ask significant others to help them practice newly learned skills outside of teaching sessions, it can increase the chances of the practice being successful.

Significant others can be involved in the Illness Management and Recovery Program in several ways. People can share their educational handouts with significant others. People can request help from them in practicing specific skills. People can invite significant others to participate in some of the sessions. Significant others are especially helpful in sessions which involve developing a relapse prevention plan (using Educational Handout #6). Practitioners should make a special effort to encourage the person to include significant others in this process.

The decision to involve significant others in Illness Management and Recovery is always the person's choice. When discussing the involvement of significant others, the practitioner should explore with the person the benefits of involving them, and respect the person's decision about whether and in what ways to involve them. Appendix 4 contains a list of significant others that people may want to consider asking to become involved in the Illness Management and Recovery Program.

Practitioner Qualifications

Practitioners who teach Illness Management and Recovery must be warm, kind, empathic individuals who are knowledgeable about mental illness and the principles of its treatment. Good listening skills are important, including the ability to reflect back what the practitioner has heard and seek clarification when necessary. Good eye contact, a ready smile, and a good sense of humor are additional skills that can put people at ease.

Specific teaching skills are also important. Practitioners must have the ability to structure sessions so that they follow a predictable pattern. They must also be able to establish clear objectives and expectations and to set goals and follow through on them.

Another important practitioner attribute is the ability to take a "shaping" approach to increasing a person's knowledge and skills. Shaping means that practitioners recognize that it often takes people a significant period of time to learn new information and skills, and that it is important to give positive feedback for their efforts and small successes along the way (see more on this in VI, under Cognitive-Behavioral Strategies). A shaping attitude towards setting and pursuing goals means that even very small steps are acknowledged and valued, which encourages people to continue in their efforts towards achieving their personal goals.

Core Values in Illness Management and Recovery

Teaching people how to manage their mental illness and make progress towards recovery is predicated on several core values that permeate the relationship between the practitioner and the person who experiences psychiatric symptoms. These values include hope, personal choice, collaboration, respect, and recognizing people as the experts in their own experience of mental illness.

Hope is the key ingredient

First and foremost, the process of teaching Illness Management and Recovery involves conveying a message of hope and optimism. The long-term course of mental illness cannot be predicted, and no one can predict anyone's future. Studies have shown, however, that individuals who actively participate in their treatment and who develop effective coping skills have the most favorable course and outcome, including a better quality of life. This ability to influence one's own destiny is the basis for hope and optimism about the future.

Practitioners must first have hope and optimism themselves in order to convey these beliefs to the people they are working with. People who experience psychiatric symptoms often report that having another person believe in them is an empowering and validating experience. In teaching Illness Management and Recovery, practitioners present information and skills as potentially useful tools that they have confidence that people can use in pursuing their goals. It is vital that the practitioners retain an attitude of hope and optimism, even when the people they are working with may be pessimistic.

The person is the expert in his or her own experience of mental illness

Practitioners have professional expertise in their knowledge about mental illness, the principles of its treatment, and in strategies for dealing with stress, coping with symptoms, and pursuing goals. People who experience psychiatric symptoms have expertise in the experience of mental illness, how others react to them, and what has been helpful and what has not. Just as practitioners share their expertise regarding information and skills for managing and recovering from mental illness, people who experience psychiatric symptoms share their expertise with the practitioner about how they experience mental illness and what strategies work for them. It is important seek out the person's expertise, because each individual has a unique experience with mental illness and a unique response to treatment. By paying close attention to people's expertise, practitioners will be more effective in assisting them in making progress towards their goals.

Personal choice is paramount

The overriding goal of Illness Management and Recovery is to give people the information and skills they need to make choices regarding their own treatment. The ability and right of people to make their own decisions is paramount, including instances when they make decisions that differ from the recommendations made by their treatment providers. There are certain rare exceptions to this principle, as when there are legal constraints such as an involuntary hospitalization to protect the person from himself/herself or others. In general, practitioners should avoid placing pressure on people to make certain treatment decisions, and must instead accept their decisions and work with them to evaluate the consequences in terms of their personal goals.

Practitioners are collaborators

While practitioners are teachers, they are also collaborators in helping people learn how to cope with their illness and make progress towards their goals. The collaborative spirit of Illness Management and Recovery reflects the fact that the practitioner and the person who experiences psychiatric symptoms work together side-by-side in a non-hierarchical relationship. The practitioner can think of himself or herself as a consultant with expertise in the topic of Illness Management and Recovery.

Practitioners demonstrate respect for people who experience psychiatric symptoms

Respect is a key ingredient for successful collaboration in Illness Management and Recovery. Practitioners need to respect people who experience psychiatric symptoms as fellow human beings, capable decision-makers, and active participants in their own treatment. Practitioners need to accept that individuals differ in their personal values, and must respect the right of people to make informed decisions based on these values. Practitioners must also accept the fact that people may hold different opinions and that these opinions should be respected. For example, people sometimes disagree that they have a particular mental illness, or any mental illness whatsoever. Rather than actively trying to persuade people that they have a specific disorder, the practitioner should respect their beliefs, while searching for common ground as a basis for collaboration. Such common ground could be symptoms and distress experienced by the person (perhaps even conceptualized generally as “stress,” “anxiety,” or “nerve problems”), desire to avoid hospitalization, difficulties with independent living, or a specific goal that the person would like to accomplish. Rather than insisting that the person accept his or her point of view, the practitioner should seek common ground as a basis for collaborating, thereby demonstrating respect for the person in his or her belief.

Teaching Principles

Several core teaching principles are incorporated into helping people learn information and skills for Illness Management and Recovery. These principles include motivational strategies, educational methods, and cognitive-behavioral techniques. In addition, to help people apply information and skills in their own day-to-day lives, homework assignments are included that involve review and practice outside of the session.

Motivational Strategies

Motivational strategies address the fundamental question of why a person should be interested in learning the information and skills that are included in Illness Management and Recovery. If a person does not view learning certain information or skills as relevant to his or her needs or desires, that person will not be motivated to invest the necessary effort in learning. Motivation to

learn information and skills about Illness Management and Recovery should never be assumed. Developing motivation to learn information and skills is critical for teaching each of the modules of Illness Management and Recovery.

Motivational strategies involve helping people see how learning information and skills will help them achieve short and long-term goals. Some of the goals for Illness Management and Recovery pertain to the reduction of distress due to symptoms and symptom relapses, while other goals may involve improving relationships, finding work or other meaningful activity, social and recreational activities, independent living, or other desired changes. Developing motivation for learning the information and skills contained in Illness Management and Recovery is an ongoing and collaborative process that occurs throughout the program. Motivation often needs to be rechecked or rekindled in the midst of teaching information or skills for which motivation may have been established. Motivation can wax and wane over time, especially if people perceive their goals to be distant and difficult to achieve. To help people sustain their motivation, practitioners need to convey their own confidence that they can accomplish goals, and to support people's optimism, self-confidence, and self-efficacy.

Educational Strategies

An important goal of Illness Management and Recovery is to provide people with basic information about the nature of mental illness, the principles of treatment and strategies for preventing relapses and coping with symptoms. In order to be effective in teaching basic information, and to ensure that people understand its relevance in their own lives, several educational techniques are useful. First, education must be interactive, not didactic, to be effective. People learn information by actively processing it in a discussion with someone else. Interactive learning involves frequently pausing when presenting information to get the person's reaction and perspective, talking about what the information means, and clarifying any questions that may arise. Teaching in an interactive style makes learning an interesting, lively activity, and it avoids the monotony of just one person speaking. In addition, an interactive teaching style conveys to the person that he or she has important contributions to make to the learning process, and that the practitioner is interested in what he or she has to say.

In order for the practitioner to know whether he or she is successful in teaching information, frequent checks must be made to evaluate the person's understanding of information. How often such checks need to be made will vary from one person to another, but at least some checking for understanding should be done on a routine basis. It is preferable to ask consumers to summarize information in their own language rather than asking yes or no questions, such as, "Did you understand?" Hearing the person explain his or her understanding of basic concepts enables the practitioner to know what areas have been understood and what areas need clarification. It is also helpful to ask "Is there anything that you disagree with?" when reviewing information in an educational handout.

When information is presented, it should be broken down into small chunks to make it as easy to understand as possible. The pace of education will vary, with some people absorbing the information faster than others. Some mental illnesses cause impairment in cognitive functioning which can result in a slower rate of processing information and the need to present information in very small chunks. By presenting small amounts of information at a time, and frequently pausing to check understanding, everyone can learn information about Illness Management and Recovery at his or her own pace.

When educating people about mental illness and recovery, it is helpful to periodically review information that has been previously covered. A number of strategies are helpful in reviewing information.

First, the practitioner can summarize information after it has been discussed. For example, after talking about several symptoms of depression, the practitioner could say, "We've just talked about several symptoms of depression. These symptoms included a low mood, lack of energy, and sleep problems. Let's talk about some other symptoms of depression..."

Second, the practitioner can prompt the person to summarize previously discussed information and fill in additional information. It is important to begin each session with a brief summary and discussion of the topics covered in the previous session. By asking people to summarize what they remember, it is possible to both check on the person's retention of information and to reinforce topics that were previously discussed.

Third, homework assignments can be given to people to review the educational handouts. People may find it helpful to review the handouts on their own and/or with a significant other.

Fourth, it can be helpful to review information when an opportunity presents itself at a later point and time. Helping people recognize and apply information to their own experiences is an important educational strategy.

Fifth, when providing information to anyone it can be helpful to adopt their language whenever possible in order to facilitate communication. Individuals have their own ways of understanding their experiences, thinking about their lives, and looking into the future. The more the practitioner can "speak the same language," the easier it will be to make a connection and avoid unnecessary misunderstandings.

Cognitive-Behavioral Strategies

Research shows that educational techniques alone are insufficient to improve the ability of people to manage their mental illness. Cognitive-behavioral techniques involve the systematic application of learning principles to help people acquire and use information and skills in Illness Management and Recovery. A number of different cognitive-behavioral techniques are employed in helping people master the material covered in Illness Management and Recovery, including the following:

reinforcement, shaping, modeling, practice, and cognitive restructuring. Each of these approaches is briefly described below.

Reinforcement

Reinforcement can be broken down into two types: positive reinforcement and negative reinforcement. Positive reinforcement refers to an increase in something that is pleasant. For example, a nice meal, money, a hug, praise, and working at an interesting job are examples of positive reinforcement. Negative reinforcement refers to a decrease in something that is unpleasant. Examples of negative reinforcement include reduced feelings of anxiety, anger, and boredom; lower symptom distress; and reduced rates of relapse or rehospitalization. Negative reinforcement should not be confused with punishment, which is when something undesirable happens.

The principles of reinforcement play an important role in teaching Illness Management and Recovery, because its core goals (to improve management of the psychiatric illness, to reduce the stress due to the illness, and to increase a person's ability to achieve personal goals) are by their very nature reinforcing. Therefore, as people learn and apply the information and skills that are taught in Illness Management and Recovery, their use is reinforced to the extent that desired changes are accomplished. That is, as people experience the benefits of learning Illness Management and Recovery skills, these skills are reinforced and become a part of their day-to-day living.

Reinforcement is used in the teaching of Illness Management and Recovery in two fundamental ways. First, the practitioner uses positive reinforcement in the form of praise, smiles, interest, and enthusiasm to encourage and help people learn information and skills during teaching sessions, and to help them review information and to practice newly acquired skills on their own for homework assignments. This type of social reinforcement is important because it acknowledges people's efforts and makes them feel good about themselves. Second, as people learn to use skills taught for managing their illness and making progress towards recovery, they experience the naturally reinforcing effects of these skills, including reductions in distress, increases in self-sufficiency, and attainment of personal goals. Practitioners need to work closely with people and monitor progress towards goals to ensure that these positive outcomes of Illness Management and Recovery are attained.

Shaping

Shaping refers to reinforcement of successive approximations to a goal. The expression "Rome wasn't built in a day" summarizes the concept of shaping. Similar to Rome, the information and skills taught in Illness Management and Recovery take time to learn, with each person learning at his or her pace. As people work on learning complex skills, such as identifying their early warning signs of relapse and developing a relapse prevention plan, it is important for the practitioner to recognize the steps taken along the way and to provide ample positive feedback and encouragement. Even when the pace of learning is quite slow and each step forward is small, practitioners can acknowledge these gains pointing them out, praising efforts, and letting people know they are

making progress. Taking a “shaping attitude” means that practitioners understand the time and effort required to learn the information and skills in Illness Management and Recovery, and provide frequent reinforcement to people as they progress.

Modeling

One of the most powerful methods for teaching someone a skill is to demonstrate it for him or her. Modeling refers to the demonstration of skills for the purposes of teaching. Modeling has an important role to play in teaching Illness Management and Recovery, especially in helping people learn new skills. When modeling a new skill, it is useful for the practitioner to first describe the nature of the skill and then to explain that the skill will be demonstrated to show how it works. The practitioner then models the skill, and when completed, obtains feedback from the person about what he or she observed, and how effective the skill appeared to be.

Modeling can be used to demonstrate a wide range of different skills, including those used in social settings as well as those used alone. When modeling a skill to be used in a social situation, practitioners can show how they might use the skill. For example, while working with the handout “Building Social Support” the person might want to work on the skill of starting a conversation. The practitioner might demonstrate how he or she might start a conversation with someone. The practitioner could also demonstrate the skill by arranging to take the role of the person experiencing psychiatric symptoms, and asking the person to take the role of someone that he or she might have social contact with. For example, the practitioner might demonstrate how the person might try starting a conversation with a relative at the next family holiday dinner.

When the practitioner models a skill that a person can use alone, he or she can talk out loud to explain what he or she is thinking, and then demonstrate the skill. For example, the practitioner could demonstrate how a person could use a relaxation skill when feeling nervous and tense by first talking out loud about those feelings, then deciding to use the exercise, and then practicing the exercise itself.

Practitioners can explain that they will model a skill by saying something like, “Now that we’ve talked about this particular skill, I’d like to demonstrate it in a brief role play. I’d like to show you how I might use the skill, and I’d like you to watch me to see what I do.” Modeling is especially useful when it is followed by the person practicing the skill, both in the session and outside of the session (see below).

Practice and role play

The expression, “practice makes perfect” is well suited to learning Illness Management and Recovery. In order to learn new skills, they need to be practiced, both in the sessions and outside of the sessions. Practice helps people become more familiar with a new skill, identifies obstacles to using the skill outside of teaching sessions, and provides opportunities for feedback from the practitioner and others. It is only by practicing skills outside of the sessions that people can improve their ability to manage their symptoms and make steps towards recovery.

Practice of skills in sessions is especially effective when it is combined with modeling by the practitioner, although it may be done without such modeling as well. One of the best methods to help people practice a new skill is for the practitioner to set up a role play that will allow the person to try using the skill in the kind of situation that may come up in his or her life. For example, when talking about building social support in educational handout #4, the practitioner can help the person set up a role play where he or she practices starting a conversation with someone at work. After a skill has been practiced, the practitioner should always note some strengths of the person's performance, and strive to be as specific as possible. The practitioner may also choose to give some suggestions to the person about how the skill may be done even more effectively, and additional practice in the session may be helpful.

Homework assignments

Homework assignments are a critical vehicle for helping people practice skills on their own. Specific assignments to practice skills are often helpful soon after a skill has been taught. The person should be familiar with the skill and have some specific plans for when and where to practice it. If the skill involves someone else, the person should select someone with whom to practice the skill. It is important that the person be involved in planning the homework assignment and to have confidence that he or she will be able to perform the skill successfully. Practicing within the session is one strategy for building up confidence about using a skill outside of the session. In the session following a homework assignment to practice a skill, the practitioner should follow up to find out how it went. It is sometimes useful to ask the person to demonstrate how the skill went instead of just talking about it. When the skill worked as planned, positive comments about using the skill can be elicited, and the practitioner can give additional praise. When a problem was encountered in using the skill, the practitioner can explore what went wrong, make and practice necessary modifications, and develop another homework assignment to practice the skill. With sufficient practice, people can learn new skills to the point where they become automatic and they can be used with little or no forethought.

Cognitive restructuring

People's beliefs about themselves and the world and their personal styles for processing and understanding information shape how they respond to events. People's beliefs and cognitive processing styles can be influenced by a variety of factors, including personal experience, mood, and what they have been told by others. Sometimes beliefs or cognitive processing styles may be inaccurate or based on distorted reflections of the world around them; in some cases, beliefs about the world may have been accurate at one time, for a person under one circumstance, but are no longer accurate. At other times, beliefs or processing styles be unhelpful, while not necessarily accurate or inaccurate. Cognitive restructuring is a cognitive-behavioral strategy that involves helping a person develop an alternative, more adaptive, and often more accurate, way of looking at things.

There are many opportunities to employ cognitive restructuring in teaching Illness Management and Recovery. In the earliest sessions, practitioners may help people challenge the assumption that having a mental illness means not being able to pursue and achieve goals. This can be done by introducing the concept of recovery, and encouraging people to define recovery in terms of their own goals. During sessions focused on understanding the nature of mental illness, practitioners may provide people with a different way of thinking of the origins of their mental disorder. For example, rather than viewing it as a sign of personal weakness or faulty upbringing, the stress-vulnerability model suggests that a biological vulnerability is involved, which interacts with stress and coping skills. This model may provide a useful conceptualization to people by suggesting that vulnerability to relapses may be reduced by biological factors (taking medication effectively and avoiding drugs and alcohol), environmental factors (increased social support and decreased stress), and personal factors (increased coping skills, meaningful structure). When teaching the rudiments of relapse prevention, people's beliefs that relapses happen randomly or that they cannot be prevented may be effectively corrected by providing information about the recognition of early warning signs of relapse and developing a relapse prevention program. During the process of teaching strategies for coping with symptoms, practitioners may help people develop an adaptive way of looking at troubling symptoms. For example, rather than symptoms being seen as intrusions into people's well-being, they may be viewed as bothersome experiences that require the development and practice of coping strategies that can minimize their disruptive nature.

Cognitive restructuring often occurs in the process of providing basic information to people, understanding their personal conceptualizations, and working with them to develop more adaptive ways of looking at things. While cognitive restructuring may occur informally, it may also be taught more formally as a coping skill for dealing with negative emotions. In such circumstances, cognitive restructuring involves helping the person describe the situation leading to the negative feeling, and then making a link between the negative emotions being experienced and the implicit thoughts and feelings associated with those feelings. Then, the person can be helped to evaluate the accuracy of those thoughts, and, if they are found to be inaccurate, to identify an alternative way of looking at the situation that is more accurate. The process of helping people evaluate the accuracy of their thoughts is sometimes facilitated by teaching them about "common cognitive distortions" people use when interpreting events around them, such as overgeneralization, jumping to conclusions, "black and white thinking," catastrophic thinking, and selective attention (i.e., paying attention to only one piece of information while ignoring others). The essence of teaching cognitive restructuring as a strategy for dealing with negative emotions is to convey the message that feelings are the byproduct of thoughts, that such thoughts are often inaccurate, and that people can decide to change their thoughts based on an examination of the evidence.

Using Cognitive-Behavioral Strategies in Behavioral Tailoring, Relapse Prevention, and Coping Skills Enhancement

The cognitive-behavioral strategies described above are used in combination in several of the evidence-based practices incorporated into the Illness Management and Recovery Program, including behavioral tailoring for taking medication, developing a relapse prevention plan, and teaching skills to enhance coping with persistent symptoms. Each of these practices is briefly described below, with a particular focus on the cognitive-behavioral methods used to teach each skill area.

Behavioral Tailoring

Behavioral tailoring involves helping people to develop strategies that incorporate the taking of medication into their daily lives. The rationale behind behavioral tailoring is that building medication into an existing routine will provide people with regular cues to take their medication, thereby minimizing the chances that they will forget. Interest in taking medication is usually established by motivational techniques, including eliciting and reviewing the advantages of taking medication, such as reduced symptoms, relapses, and rehospitalizations, and making progress towards personal goals.

When using behavioral tailoring, the practitioner first explores the person's daily routine, including activities such as eating meals (where and at what times) and personal hygiene (brushing teeth, showering, use of deodorant, contact lenses, etc.). Then, the practitioner and person identify an activity that can be adapted to include taking medication. For example, the person may choose to take medication when he brushes his teeth in the morning and evening. In order to create a cue for taking medication at these times, the person may elect to attach his toothbrush to his medication bottle with a rubber band, and choose to take the medication before brushing his teeth.

In order to ensure that this plan is carried out, the practitioner may first model the routine for the person (attaching the toothbrush to the medication bottle, taking medication, brushing teeth, refastening the toothbrush to the rubber band), and then engage the person in a role play of the same routine. After rehearsing the routine in a session, the practitioner and the person could establish a homework assignment to implement the plan. Other people could be involved in helping to implement or follow up on the plan to make sure that it is working well, and a home visit could be scheduled with the practitioner as part of the follow-through plan. Successful implementation of the behavioral tailoring plan could be reinforced by praising the person for following through.

Relapse Prevention

Relapse prevention involves helping the person develop a plan that is aimed at identifying the early warning signs of a relapse, and responding to those signs in order to take the steps necessary to avert a relapse or to minimize the severity of a relapse. Developing effective relapse prevention plans requires the smooth integration of a combination of motivational, educational, and cognitive-

behavioral teaching strategies. These plans are often most effective when they involve someone else who is supportive to the person, such as a family member or friend.

When developing a relapse prevention plan, the practitioner first engages the person in a discussion of past relapses, and the advantages of preventing or minimizing the severity of future relapses. The practitioner then explains the nature of relapses, including their gradual onset and the emergence of early warning signs of an impending relapse (or the first symptoms of relapse), and leads a discussion of the person's most recent relapse (or previous relapses) in order to identify possible early warning signs. When these signs have been noted, the practitioner and the person (and significant other, when involved) select several of the most prominent signs to monitor as part of the relapse prevention plan. When these signs have been selected, the practitioner works with the person to determine a set of steps for how to respond to these signs of a possible relapse.

Once the steps for responding to the signs of a possible relapse have been established they are written down. Role plays can be used to familiarize the person with the steps of the relapse prevention plan, and to make any needed modifications. Homework assignments can involve additional role playing with any other people involved in the plan, and sharing the plan with other important people. With some people, the development of the plan may take place over several sessions, with the practitioners providing encouragement as the different steps of the plan are formulated.

Coping Skills Enhancement

Coping skills enhancement is aimed at helping people develop more effective strategies for dealing with distressing and persistent symptoms, ranging from depression to anxiety to hallucinations to paranoia. Similar to behavioral tailoring and relapse prevention, coping skills enhancement is primarily based on cognitive-behavioral strategies, while also employing motivational and educational strategies.

When conducting coping skills enhancement, the practitioner helps the person to identify a problematic symptom to work on, and then conducts a behavioral analysis to determine situations in which the symptom is most distressing. The practitioner then collaborates with the person to identify coping strategies he or she has used to deal with those symptoms and to evaluate their coping efficacy. Strategies that the person has found to be effective, but insufficiently used, may be targeted for increased usage to deal with the problematic symptom. Then, an additional coping strategy is selected to add to the person's repertoire of coping skills.

After the person has chosen a coping skill that he or she would like to try, the practitioner models it for the person, who then practices it in a role play. As a homework assignment, a plan is made for the person to practice the coping strategy on his or her own. A significant other may be involved in helping the person remember to use the coping strategy or may play a role in the strategy itself (for example, taking a walk with the person as part of a coping strategy of using exercise to distract oneself from auditory hallucinations). Based on the person's feedback about the effects of

using the coping strategy, additional tailoring may be done to better adapt the coping strategy to the person's situation. Finally, when the person has successfully learned the strategy, an additional assessment is conducted to evaluate whether another coping strategy should be taught, or whether the person's current repertoire is sufficient.

Conclusion of Teaching Principles

Teaching Illness Management and Recovery involves the smooth integration of motivational, educational, and cognitive-behavioral teaching strategies. Motivational strategies are paramount, as they are necessary to ensure that people view learning information and skills as relevant to their own needs and goals. Educational strategies are oriented to providing people with basic information about the nature of recovery, mental illness and its treatment, and methods for coping with or reducing problematic symptoms. Cognitive-behavioral strategies are critical to helping people develop effective methods for setting and achieving personal goals related to recovery, using medication effectively, preventing relapses, and developing coping skills for dealing with symptoms. While the specific mix of strategies will differ from one person to the next, most teaching sessions will include a combination of each.

Appendix A: Orientation Sheet for the Illness Management and Recovery Program

The goals of the program are:

- Learning about mental illness and strategies for treatment
- Decreasing symptoms
- Reducing relapses and rehospitalizations
- Making progress towards goals and towards recovery

The mental health practitioner will:

- Work with people side-by-side to help them move forward in their recovery process
- Provide information, strategies and skills that can help people manage psychiatric symptoms and make progress towards their goals

The program includes:

- An orientation session to review the goals and expectations of the program
- One or two sessions to assess people's knowledge and skills
- 3 to 6 months of weekly sessions using a series of educational handouts on the topics of:

1. Recovery strategies
2. Practical facts about mental illness
3. The stress-vulnerability model and treatment strategies
4. Building social support
5. Reducing relapses
6. Using medication effectively
7. Coping with stress and common problems
8. Coping with symptoms
9. Getting your needs met in the mental health system

- Active practice of relapse prevention and recovery skills
- Optional involvement of significant others (family members, friends, practitioners, other supporters) to increase their understanding and support

The person participating in the program will:

- Work side-by-side with the practitioner to move forward in the recovery process
- Learn information about mental illness and principles of treatment
- Learn and practice skills for preventing relapses and coping with symptoms
- Participate in assignments to practice strategies and skills outside of the sessions

Both the practitioner and the person participating in the program will strive for:

- An atmosphere of hope and optimism
- Regular attendance
- Side-by-side collaboration
- Making progress towards achieving the person's goals

Appendix B: The Knowledge and Skills Inventory for the Illness Management and Recovery Program

Collect information for this inventory in a low-key conversational manner. Avoid an “interrogating” tone. This form contains sample probe questions. **NOT EVERY QUESTION HAS TO BE ANSWERED.**

Name:

Address:

Phone #:

Date of Birth:

Talents, Abilities , Skills

1. Daily Routine

Where are you living? Do you live with roommates, family members, spouse, significant other? Can you describe a typical day for me? What kind of hobbies, work, chores, and relaxing activities do you spend time on regularly? Are there times when you are not doing anything?

2. Educational and Work Activities

Are you taking classes? Do you study any subjects on your own? Are you working (part-time, full-time, volunteer)? Are you in a training program?

3. Leisure Activities/Creative Outlets

What do you like to do when you have time off? What are your hobbies? What sports do you like to do/watch? Do you like to read? What kind of books? Do you like to write or keep a journal? Do you like to play an instrument? Do you like listening to music? What kind of music? Do you like movies or TV? Which movies or shows? Do you like to draw or do other kinds of art? Do you like to look at artwork?

4. Relationships

What people do you spend time with regularly? Co-workers? Classmates? Spouse/significant other? Family? Friends? Is there anyone that you would like to spend more time with? Who would you say are the supportive people in your life, the ones you can talk to about problems?

What supporters would you like to be involved in the Illness Management and Recovery Program?

5. Spiritual Supports

Is spirituality important to you? What do you find comforting spiritually? How do you take care of your spiritual needs? Are you involved in a formal religion? Do you meditate? Do you look to nature for spirituality? Do you look to the arts for spirituality?

6. Health

What do you do to take care of your health? How would you describe your diet? Do you get some exercise? Do you have any health problems that you're seeing a doctor for? What is your sleep routine?

Knowledge

7. Previous Experience with Peer-Based Education or Recovery Programs

Have you been involved in a program that was described as a recovery program? Recovery Education program? Self help program? Peer support program? Support group? Participated in a Wellness Recovery Action Plan (WRAP) program? Attended groups that talked about recovery?

8. Previous Experience with a Practitioner-Based Educational or Recovery Program

Have you taken a class about mental health? Attended groups that taught information about mental health? Family educational programs?

9. Knowledge About Mental Health

- In your opinion, what does the word “recovery” mean in relationship to psychiatric disorders?
- What is an example of a psychiatric symptom you may experienced?
- What do you think causes psychiatric symptoms?
- What are some of the pro’s and con’s (benefits and risks) of taking medication for psychiatric symptoms?
- What do you do to help yourself prevent relapses?
- How does stress affect you? How do you deal with stress?
- What helps you cope with symptoms?
- What mental health services have helped you in your recovery?

10. Questions Related to the Illness Management and Recovery Program

Do you have any specific questions that you would like to have answered in the Illness Management and Recovery program?

What would you like to gain from the Illness Management and Recovery Program? What outcome would you like to see?

Appendix C: Progress Note for Illness Management and Recovery

Name: _____ ID # _____ Date _____

Name of significant other(s) involved in session: _____

Problem or goal that is the focus of the person's treatment: _____

Personal goal that was set in this session or was followed up in this session: _____

Treatments Provided

Motivational interventions (check all that apply):

- connect info and skills with personal goals promote hope & positive expectations
 explore pros and cons of change re-frame experiences in pos. light

Educational interventions (check the topic(s) that were covered):

- Recovery strategies Practical Facts about Mental Illness Stress-Vulnerability model
 Social Support Using Medication Reducing relapses
 Coping with Stress Coping w/ Symptoms & Problems Mental Health system

Cognitive-behavioral interventions (check all that apply):

- reinforcement shaping modeling role playing
 cognitive restructuring relaxation training

Specific evidence-based skill(s) taught (specify which one(s)):

 coping skill for dealing with symptoms: _____

 relapse prevention skill: _____

 behavioral tailoring skill: _____

Homework that was agreed upon: _____

Outcome (person's response to the information, strategies and skills provided in the session):

Plan for next session: _____

Person's signature: _____ Practitioner's signature

Appendix D: Significant Others Information Sheet

Note: The practitioner should discuss with the participant the importance of involving significant others for increasing their understanding and support and highlight how significant others can be helpful in reducing relapses. The practitioner can encourage the participant to identify one or more individuals that he or she considers to be significant others. If the participant decides to include one or more significant others, he or she can either contact the significant other(s) or ask the practitioner to do so. It is suggested that the practitioner obtain the participant's written permission to contact significant others.

Individuals who can be included as "significant others" re the Illness Management and Recovery Program:

- friends
- support group members
- leader of self-help program
- family members (mother, father, sibling, child, cousin, aunt, uncle, niece, nephew)
- spouse
- boyfriend, girlfriend
- roommates
- classmates
- case managers
- staff members from supported housing
- staff members from supported employment
- counselors from other programs
- family program group member
- church member
- other spiritual group member
- others

How significant others can be involved in the Illness Management and Recovery Program at the request of the participant:

- attend specific sessions with the participant
- review handout with participant as part of homework
- take a role in implementing or supporting one or more of the steps of the participant's plan for achieving goals.
- take a role in the participant's Relapse Prevention Plan
- stay informed about the program through regular phone contact with the practitioner
- receive the educational handouts (or other relevant written materials) by mail
- receive occasional phone calls from the practitioner

Appendix E: Goals Set in the Illness Management and Recovery Program

Participant's Name _____

Practitioner's Name _____

Date Goal Was Set	Goal	Follow-up

Appendix G: References

Selected References for Illness Management and Recovery

Summary of research supporting the components of Illness management and Recovery

Mueser, K, Corrigan, P, Hilton, D, Tanzman, B, Schaub, A, Gingerich, S, Essock, S, Tarrier, N, Morey, B, Vogel-Scibilia, Herz, M. Illness Management and Recovery: A Review of the Research. Psychiatric Services, in press.

Studies showing that education increases knowledge about mental illness

Goldman, CR, Quinn, FL. Effects of a patient education program in the treatment of schizophrenia. Hospital and Community Psychiatry 39:282-286, 1988.

* Macpherson, R, Jerrom, B, Hughes, A. A controlled study of education about drug treatment in schizophrenia. British Journal of Psychiatry 168:709-717, 1996.

Bäumel, J, Kissling, W, Pitschel-Walz, G. Psychoedukative gruppen für schizophrene patienten: Einfluss auf wissensstand und compliance. Nervenheilkunde 15:145-150, 1996.

Studies showing that behavioral tailoring improves taking medication as prescribed

*Boczkowski, J, Zeichner, A, DeSanto, N. Neuroleptic compliance among chronic schizophrenic outpatients: An intervention outcome report. Journal of Consulting and Clinical Psychology 53:666-671, 1985.

*Azrin, NH, Teichner, G. Evaluation of an instructional program for improving medication compliance for chronically mentally ill outpatients. Behaviour Research and Therapy 36:849-861, 1998.

*Cramer, JA, Rosenheck, R. Enhancing medication compliance for people with serious mental illness. The Journal of Nervous and Mental disease 187:53-55, 1999.

Kelly, GR, Scott, JE. Medication compliance and health education among outpatients with chronic mental disorders. Medical Care 28:1181-1197, 1990.

Studies showing that relapse prevention training reduces relapses and rehospitalizations

Buchkremer, G, Fiedler, P. Kognitive vs. handlungsorientierte Therapie (Cognitive vs. action-oriented treatment). Nervenarzt 58:481-488, 1987.

* Herz, MI, Lamberti, JS, Mintz, J et al. A program for relapse prevention in schizophrenia: A controlled study. Archives of General Psychiatry 57:277-283, 2000.

Perry, A, Tarrier, N, Morriss, R et al. Randomised controlled trial of efficacy of teaching patients with bipolar disorder to identify early symptoms of relapse and obtain treatment. British Medical Journal 318:149-153, 1999.

*Recommended article

Studies Showing That Teaching Coping Skills Reduces Severity of Symptoms

- * Leclerc, C, Lesage, AD, Ricard, N et al. Assessment of a new rehabilitative coping skills module for persons with schizophrenia. *American Journal of Orthopsychiatry* 70:380-388, 2000.
- *Lecomte, T, Cyr, M, Lesage, AD et al. Efficacy of a self-esteem module in the empowerment of individuals with schizophrenia. *Journal of Nervous and Mental Disease* 187:406-413, 1999.
- *Schaub, A. Cognitive-behavioural coping-orientated therapy for schizophrenia: A new treatment model for clinical service and research, in *Cognitive Psychotherapy of Psychotic and Personality Disorders: Handbook of Theory and Practice*, Vol . Edited by Perris, C, McGorry, PD Chichester, John Wiley & Sons, 1998.
- Schaub, A, Mueser, KT. Coping-oriented treatment of schizophrenia and schizoaffective disorder: Rationale and preliminary results. Presented at the 34th Annual Convention of the Association for the Advancement of Behavior Therapy, New Orleans.

References for Practitioners Seeking More Information Related to Providing the Illness Management and Recovery Program

Bipolar Disorder

- Fawcett, P, Golden, B, Rosenfeld, N. *New hope for people with bipolar disorder*. Prima Publishing, 2000.
- Miklowitz, D. *The bipolar survival guide: What you and your family need to know*. New York: Guilford, 2002.

Cognitive-Behavioral Techniques for Psychotic Disorders

- Fowler, D. Cognitive behavioral therapy for psychosis: From understanding to treatment. *Psychiatric Rehabilitation Skills* 4(2): 199-215, 2000.
- Rector, N, Beck, A. Cognitive behavioral therapy for schizophrenia: An empirical review. *Journal of Nervous and Mental Disease* 189:278-287, 2001.
- Tarrier, N, Haddock, G. Cognitive-behavioral therapy for schizophrenia: A case formulation approach. In SG Hoffman and MC Tompson (Eds). *Treating chronic and severe Mental Disorders: A handbook of empirically supported interventions* (pp 69-95). New York: Guilford Press, 2002.

Depression

- Copeland, ME. *The depression workbook*. Oakland: New Harbinger, 1999.
- DePaulo, JR. *Understanding depression: What we know and what you can do about it*. Wiley, 2002.

*Recommended article

Family Interventions

MacFarlane, W. Multifamily groups in the treatment of severe psychiatric disorders. New York: Guilford Press, 2002.

Mueser, K & Glynn, S. Behavioral family therapy for psychiatric disorders. Oakland, New Harbinger Publications, 1999.

First Person Account of Illness Management

Leete, E. How I perceive and manage my illness. Schizophrenia Bulletin (15)2: 197-200, 1989.

Motivational Interviewing

Miller, WR, Rollnick, S. Motivational interviewing: Preparing people to change. 2nd edition. New York: Guilford, 2002.

Recovery Research

Ralph, R. Recovery. Psychiatric Rehabilitation Skills (4)3: 488-517, 2000.

Schizophrenia

Herz, M, Marder, S.. The comprehensive treatment and management of schizophrenia. Baltimore, Lippincott, Williams, and Wilkins, 2002.

Mueser, K. & Gingerich, S. Coping with schizophrenia: A guide for families. Oakland, New Harbinger Publications. 1994.

Social Skills Training

Bellack, A, Mueser, K, Gingerich, S, Agresta, J. Social skills training for schizophrenia: A step-by-step guide. New York: Guilford Press, 1997.

Gingerich, S. Guidelines for social skills training for persons with mental illness. In Roberts, A and Greene, G. Social workers desk reference, pages 392-396, 2002.

Lieberman, R.P. Social and independent living skills (SILS) modules (trainers' manuals, client workbooks, video packages, etc.) can be found at www.mentalhealth.ucla.edu.

Stigma

Corrigan, P. & Lundin, R. Don't call me nuts: Coping with the stigma of mental illness. Chicago: Recovery Press, 2001.

Wahl, O. Telling is risky business: Mental health consumers confront stigma. New Brunswick, NJ: Rutgers University Press. 1999.

Substance Abuse and the Stages-of-Change Model

Connors, G, Donovan, D, DiClemente, C. Substance abuse treatment and the stages of change. New York: Guilford Press, 2001.

Velasquez, M, Maurer, G, Crouch, D, DiClemente, C. Group treatment for substance abuse: A stages-of-change therapy manual. New York: Guilford Press.

Working Collaboratively With People Who Do Not Believe That They Have a Psychiatric Disorder

Amador, X., Johanson, A. I am not sick: I don't need help. Petonic, NY: Vida Press, 2000.

Amador, X, Gorman, J. Psychopathologic domains and insight in schizophrenia. The Psychiatric Clinics of North America 21:27-42, 1998.

Practitioner Guidelines for Handout #1: Recovery Strategies

Introduction

This module sets a positive and optimistic tone that is continued throughout the Illness Management and Recovery Program. It conveys confidence that people who experience psychiatric symptoms can move forward in their lives. It introduces the concept of “recovery” and encourages people to develop their own definitions of recovery and to develop personal strategies for taking steps towards recovery. In this module, practitioners help people to establish personally meaningful goals which will be followed up throughout the program.

Goals

1. Instill hope that the person can accomplish important personal goals.
2. Help the person identify and put into practice some strategies that will help him or her make progress towards recovery.
3. Help the person identify goals that are important to him or her.
4. Help the person develop a specific plan for achieving one or two personal goals.

Number and Pacing of Sessions

“Recovery Strategies” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of Sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework.
4. Set goals or follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
7. Summarize progress made in the current session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

Motivational strategies in this module focus on helping the person identify the benefits of moving towards recovery and on helping the person develop the confidence that he or she can achieve recovery goals.

- ▶ Some people immediately embrace the concept of recovery. Others are more hesitant and need to be encouraged that pursuing recovery is worth the effort. Help the person identify some of the personal benefits of engaging in recovery. Help the person evaluate the advantages and disadvantages of keeping things the way they are, and the advantages and disadvantages of changing.
- ▶ To increase the person's confidence about pursuing recovery goals, encourage him or her to talk about past accomplishments. Keep in mind that these accomplishments need not be major events, such as awards or promotions, but can be smaller achievements, such as doing household tasks, being a good parent, graduating high school, having knowledge about certain subjects, managing money well, and taking care of one's health.
- ▶ Some people may need help in "re-framing" past challenges in order to see that the strategies they used to cope with these difficulties reflect personal strength.
- ▶ Acknowledge past problems or disappointments, and express empathy, but help the person focus on the future and what he or she might accomplish.
- ▶ Help the person to identify goals that are personally meaningful and worth striving for. These goals can be short-term or long-term, rudimentary or ambitious.
- ▶ Help the person break down goals into manageable steps that can be accomplished and which will give the person a sense of progress. Let people know that you will help them make progress towards their goals throughout the program.

Educational strategies

Educational strategies for this module focus on helping the person learn about recovery and become familiar with strategies that may help him or her make progress towards recovery goals.

- ▶ Review the contents of the handout, summarizing the main points or taking turns reading paragraphs. Encourage discussion of the material in order to help the person identify what's important to him or her.
- ▶ Pause at the end of each topic (or more frequently depending on the person) to check for understanding and to learn more about the person's point of view. There are questions provided for this purpose at the end of almost every topic in the handout. You can ask other questions such as:
 - "What did you think of that section?" "What would you say is the main point of the section we just read?"
 - "Was there anything in this section you disagree with?"
 - "Was this similar to your own experience?"
 - "Do you have any comments about what we just read?"
 - "What did you think of the examples? Which examples had the most meaning to you?"
 - "Can you think of an example from your own experience about what we just read?"
- ▶ Allow plenty of time for interaction. Make the communication a two-way street. You are both learning something from each other about the topic. It is important not to ask questions too quickly, which the person may experience as an "interrogation."
- ▶ Pause to allow the person to complete the checklists and questionnaires and allow time for discussing them. Some people need no help in completing them. Others may appreciate assistance, such as reading words, spelling, or writing some of their answers.
- ▶ Break down the content into manageable "pieces." It is important not to cover more than the individual can absorb and to present information in small "chunks" at a comfortable pace.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people learn how to use the information in this module to think more positively about themselves and to actively pursue personal recovery goals.

- ▶ Using the checklist "Strategies for Recovery," help the person identify a strategy that will help him or her in recovery.
- ▶ After the strategy is identified, help the person decide how he or she might use that strategy, and if possible, help the person practice the strategy in the session. Modeling (demonstrating) strategies and engaging the person in role-plays (behavioral rehearsal) to practice strategies is very helpful. For example, if a person wanted to

improve his or her social support network, you could set up a role play where the person could practice what he or she might say in a phone call inviting a friend to do something together. You could offer to pretend to be the friend who is receiving the call.

- ▶ Using the “Satisfaction with Areas of My Life” checklist, help the person identify a goal in an area that he or she is not satisfied with.
- ▶ Using the “Step-by-Step Problem-Solving and Goal Achievement” sheet, you can help the person develop a plan for achieving one or two of their goals.
- ▶ Help the person practice one or more of the steps of the plan they developed on their “Step-by-Step Problem-Solving and Goal Achievement” sheet.” For example, if a person identified the goal of pursuing a part-time job, one of the steps of the plan might be to contact the Office of Vocational Rehabilitation or the Supported Employment specialist. You could help him or her do a role-play of an interview about their job interests (e.g., answering common interview questions and describing the kinds of jobs he or she might be interested in).
- ▶ Help the person identify and practice a strategy for overcoming obstacles to achieving his or her goal. For example, if the person identified that he or she would like to go to the local peer support center, you could do a role-play on how to start a conversation with someone there.

Homework

- ▶ At the end of each session of this module, help the person identify something he or she can do before the next session to review or follow up on the information or skills that were just covered. Sometimes the homework will involve furthering their knowledge or understanding, such as reviewing a section of the handout or completing a questionnaire. Sometimes the homework will involve practicing or using a strategy they developed.
- ▶ When homework involves practicing a strategy, it is very helpful for the person to make a specific plan for how that will be accomplished. The more the practical the plan, the better. For example, if the person identified that he or she would like to practice the strategy of exercising regularly, help make a plan about what type of exercise, how many minutes, what days of the week, what time of day, and how to overcome anticipated obstacles. This plan could be written down on a Step-by-step problem-solving and goal achievement sheet (see the blank copy of this sheet in the “Recovery Strategies” handout).
- ▶ Help the person do some troubleshooting regarding what obstacles might interfere with completing the homework. This gives the person some options and helps him or her avoid becoming distressed.
- ▶ When possible, encourage homework that involves family members and other supportive people. For example, if the person is working on the goal of exercising more regularly, the homework might be to invite a family member or another supportive person to go for a walk once a week.

- ▶ Follow up on each homework assignment by asking how it went. Praise the person for his or her efforts and accomplishments on the homework. Explore the following questions: What was the person able to do? What was the person not able to do? What might the person do differently in the future to follow through with homework?
- ▶ If the person does not do the homework, you can help identify obstacles that he or she may have encountered, and help problem-solve ways that these obstacles can be overcome. For example, if the homework assignment was to attend a support group meeting and the person did not have transportation, you could help identify a bus or subway that the person could take to the meeting.
- ▶ If the person did not complete the homework because the assignment was unrealistic, you can help him or her to modify the assignment to be more achievable. For example, if the homework is to attend a support group meeting, but the person is very apprehensive about being with people he doesn't know, a better assignment might be to start by calling up the contact person for the support group and asking a few questions.

The following examples of homework may be helpful:

- ▶ The person might formulate his or her own definition of recovery and write it down before the next meeting.
- ▶ After the person has completed the "Strategies for Recovery" checklist, he or she might pick one strategy to try. For example, if he or she is interested in creative expression, homework might include sketching in a notebook every other day.
- ▶ A person might ask a family member or other supportive person to participate in a recovery strategy. For example, if the person would like to play chess again as a leisure activity, he or she could ask a sibling to play chess at least once during the week.
- ▶ If the person is still in the process of completing the step-by-step problem-solving and goal achievement sheet during the session, he or she might complete one of the planning steps before the next session. For example, for Step 3, he or she could list the advantages and disadvantages for at least one of the options identified in Step 2.
- ▶ If the person has completed the step-by-step problem-solving and goal achievement sheet, he or she might begin to carry out at least one of the steps in the plan. For example, if the goal is to join a support group, the plan might include the step of contacting the local peer support organization to find out about the schedule of their groups.
- ▶ The person might review the section in the handout containing examples of people in recovery, and underline the parts that he or she found especially relevant. Or the person might discuss the recovery examples with a family member or other supportive person.
- ▶ The person could complete the chart at the end of the module ("What reminders, guidelines or suggestions to yourself will help you most in pursuing your recovery goals?")

Tips for common problems

- ▶ People may be reluctant to talk about recovery.

Some people have been told, “You’ll never get better,” or “You’ll have to give up your goals,” “You should never have children,” or “You can’t work.” These messages are discouraging, and often result in people developing very low expectations for themselves. The notion that recovery is possible may not be consistent with the person’s self-concept of feeling like “a failure.” The practitioner may need to help the person challenge this view.

Explore what the person has heard from others and what he or she believes about recovery. Suggest alternative ways of looking at the future. If a person says, “When I first had symptoms they told me to give up on school,” you could say, “I’m sorry someone told you that. They may have meant well, but it is not true that people should give up their goals. People with mental illness have skills and abilities they can use to accomplish personal goals in their lives.”

If the person dwells on past setbacks and disappointments, gently re-direct him or her to think about the future. Express empathy, but do not remain focused on the past. For example, if a person frequently talks about how he or she lost several jobs after becoming ill, you could say, “That must have been very difficult for you. Although you’ve had some setbacks, it doesn’t have to be like that in the future. Let’s talk about what might work better this time.”

- ▶ People may find it difficult to identify goals.

Before talking about goals, it may be helpful to know more about what the person’s life is like. The person may have provided substantial information when they completed the Knowledge and Skills Inventory, at the beginning of the program. You can also ask questions such as the following:

- Where do you live? Do you like the place you’re living?
- With whom do you spend time? Is there anyone you would like to spend more time with?
- What is a typical day like for you? Is there anything you would rather be doing?

It can also be helpful to discuss what the person’s goals were before he or she became ill, asking questions such as:

- When you were younger, what did you imagine yourself doing when you grew up?
- What types of things did you used to enjoy doing?
- Did you want to go further in school?
- What were your dreams and hopes for your life?

Depending on the person’s answers, you might be able to talk about what the person would like to pursue. For example, if someone says he or she wanted to be a veterinarian, you could ask if they are still interested in animals, and explore whether they might be interested in a part-time job at a veterinary clinic or an animal shelter.

- ▶ People may identify very ambitious goals.

If people identify very ambitious goals, it is important not to discourage their hopes. Instead, it is preferable to help them break down goals into a series of smaller steps and to work towards those steps, using a “shaping” approach. For example, if a person with a very limited budget says he would like to go on a 6-week vacation to the Riviera, you might explore the options of more local trips to a relaxing place, such as a local beach, a lake or even a pleasant park. Or you might begin to explore with the person how he or she could begin saving money towards the goal of taking a vacation.

Review Questions

At the end of the module, it is helpful to assess how well the person understands the main points. You can use the following types of questions (open-ended questions or multiple choice).

Open-ended questions

- What does the word “recovery” mean to you?
- What helps you feel confident or optimistic about the future?
- What are some goals you would like to achieve?
- What advice would you give to someone with a mental illness who is discouraged about recovery?

Multiple choice and true/false questions

- **When people have a mental illness they cannot accomplish important goals in their lives.** True or False
- **One strategy for moving forward in recovery is:**
 - Focusing on past mistakes
 - Giving up all leisure and recreation activities
 - Developing a support system
- **One helpful strategy for achieving goals is:**
 - Make a step-by-step plan
 - Leave it to chance
 - Tackle everything at once
- **If someone wanted to get involved in a hobby that they used to enjoy, what would be good advice?**
 - Don’t do it
 - Try it out, starting with small activities
 - Throw yourself into it full force

Practitioner Guidelines for Handout #2: Practical Facts About Mental Illness

There are three handouts to choose from:

2A: Practical Facts About Schizophrenia

2B: Practical Facts About Bipolar Disorder

2C: Practical Facts About Depression

Introduction

People are empowered by knowledge. The more they understand the basic facts about their disorder, the better equipped they are to speak for themselves and to take an active role in their treatment and recovery.

This module provides the opportunity to answer some of the common questions people have about mental illness:

- ▶ How is mental illness diagnosed?
- ▶ What are the symptoms?
- ▶ What are the treatments?
- ▶ How common is it?
- ▶ What does the future hold?

This module also provides a chance for people to educate practitioners about what they have experienced.

Goals

1. Provide a message of optimism about the future.
2. Assure people that having mental illness is nobody's fault.
3. Help people identify examples of symptoms they have experienced.
4. Introduce the stress-vulnerability model.
5. Familiarize people with examples of individuals who have mental illness and lead productive, meaningful lives.

Number and Pacing of Sessions

“Practical Facts About Mental Illness” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of Sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review materials from a previous session if necessary).
7. Summarize progress made in the current session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

Motivational strategies in this module focus on helping people understand the personal relevance of learning about their disorders. Practitioners can help people identify how knowing more about their mental illness and its treatment can benefit them personally. The overriding question is, “How might the person use the information in this module to improve his or her life in some way?”

The following suggestions may be helpful:

- ▶ 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. For example, when reading the section “What are the symptoms of schizophrenia?” you might ask a general question, such as “How could it be helpful to you to learn how to recognize symptoms?”
- ▶ Keep in mind the goals that the person identified in the first module (“Recovery Strategies”). Continue to help the person identify goals. Also help the person identify information in the handout that could help him or her achieve a personal goal.
- ▶ Show an appreciation for the person’s experience and knowledge. Thank the person for his or her comments and clarifications. Show the person that you appreciate what he or she is saying. Recognizing the person’s expertise makes the relationship with the practitioner collaborative, reinforcing and motivating.

Educational strategies

Educational strategies for this module focus on ensuring that people understand basic information about their disorder. The best learning will take place when people can relate this information to their own personal experiences. For example, learning more about the specific symptoms of bipolar disorder might help a person to understand a recent manic episode. Learning about hallucinations may help someone understand their experience with hearing voices.

The following strategies were discussed in detail in Module 1:

- ▶ Review the contents of the handout by summarizing or taking turns reading.
- ▶ Pause at the end of each topic 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.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people learn how to use information in the module to think differently or behave differently about their illness. It is especially helpful for people to think of how learning about mental illness can improve something in their own life or help them achieve personal goals.

- ▶ At the end of each session of this module, help the person identify some key points that he or she found helpful. In addition, help the person think of how he or she could use this information in a practical way.

For example, before this module, the person may have believed that something he or she did caused the illness. After finding out that mental illness is nobody's fault, he or she could use that information to counteract self-blame. In the session, the practitioner could help the person practice what he or she could say to himself or herself to counteract self-blame, using the following steps:

- The practitioner can help the person choose an alternative self-statement such as, "No one is to blame for mental illness."
 - The practitioner can model saying the statement out loud.
 - The person can practice saying the statement out loud.
 - The person can practice saying the statement to him or herself.
 - The statement could be written down and practiced as part of homework.
- ▶ Before this module, people may not have understood that some of their experiences were caused by symptoms. For example, people may have thought that their lack of energy and motivation was caused by personal weakness or "laziness" or that the voices they heard were some kind of "punishment." The practitioner can help people practice reminding themselves that certain experiences are the result of symptoms of their mental illness. Using the model above, the practitioner can start by helping the person choose and practice an alternative self-statement such as, "The voices I'm hearing are a symptom of my illness."
 - ▶ After completing the topic "What are the symptoms of mental illness?" the practitioner could ask the person if it might be helpful to be able to describe his or her symptoms to someone in their support system, such as another practitioner or a family member. For example, the person might find it helpful to talk to someone on their treatment team about the symptoms he or she has experienced. In the session, the person can practice what he or she might say to the treatment team member. Or it might be helpful to talk to a family member about symptoms so that he or she can better understand what the person's experience has been. Talking to the practitioner or family member or another member of the person's support system might be a relevant homework assignment.

Homework

- ▶ As described above under "cognitive-behavioral strategies," help the person identify situations outside the sessions where newly learned information about mental illness could be applied. Developing homework involves helping the person plan how the information can be applied before the next session.
- ▶ For homework, you could help the person select a specific individual to talk to about the symptoms he or she has experienced. You could also go over a list of symptoms

from the educational handout to help the person plan what they will cover. Some people find it helpful to role-play their conversation in the session before they approach someone outside the session.

- ▶ You could also help the person plan how he or she can practice positive self-statements based on new information to combat self-blame.
- ▶ Encourage homework that involves family members and other support persons. This might include asking people to review the handout (or a section of the handout) with someone from their support system.
- ▶ Follow up on the homework by asking how it went. For example, you could ask, “Were you able to talk to someone on your treatment team about specific symptoms as you had planned? How did it go?” Or “Were you able to practice self-statements as you had planned?”
- ▶ If people do not complete the homework, you can gently ask what got in the way. You can role play ways of overcoming obstacles to completing the homework.

Tips for common problems

- ▶ People may be reluctant to acknowledge that they have a specific mental illness, that they have particular symptoms, or that they have any mental illness.

Recognizing that one has a mental illness or a specific type of mental illness can be helpful, but is not a prerequisite for participating in the Illness Management and Recovery Program. The practitioner should respect the person’s opinion and seek common ground to facilitate working together.

Practitioners can point out that psychiatric diagnoses are just a way of describing a group of symptoms that occur together. Practitioners may choose to use different words or phrases that are acceptable to the person, such as “having problems with stress,” “having a nervous condition,” or “having problems with anxiety.”

At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, “I think working together on this handout will help you with your goal of staying out of the hospital.”

- ▶ Some people already know a great deal about their mental illness.

It is still desirable to go over the handout to check the person’s understanding and to explore for opportunities to make sure that he or she is able to use the information effectively. 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 very familiar with the contents.

Review Questions

At the end of this module, you can use either open-ended questions or multiple choice questions to assess knowledge of the main points. The following questions need to be modified depending on the diagnosis covered in the module (schizophrenia, bipolar disorder, major depression).

Open-ended questions

- What are some of the symptoms of _____?
- Does everyone who has _____ have the same experience with symptoms?
- What causes _____?
- Who is a famous person that had _____?
- What information would be helpful to someone who just received a diagnosis of _____?

Multiple choice and true/false questions

- **Which of the following is NOT a symptom of schizophrenia?**
Being violent
Hearing voices that other people can't hear
Having strong beliefs that no one else shares
OR
- **Which of the following is NOT a symptom of bipolar disorder?**
Being violent
Feeling extremely happy or excited
Feeling very sad
OR
- **Which of the following is NOT a symptom of depression?**
Being violent
Feeling very sad
Low energy level

- **Everyone who has _____ has symptoms all the time.** True or False.
- **Scientists believe that _____ is caused by:**
 - Chemical imbalance in the brain
 - Poor education
 - Weather conditions
- **A famous person who had _____ is _____.**
- **If someone receives a diagnosis of mental illness, it is very helpful to know:**
 - How to recognize the symptoms
 - Who to blame
 - What it is called in other languages

Practitioner Guidelines for Handout #3: Stress-Vulnerability Model and Treatment Strategies

Introduction

This module helps people understand the stress-vulnerability model of mental illness. It explains what causes mental illness and what factors affect its course. Based on the stress-vulnerability model, several different treatment options are available to help people manage their mental illness and achieve recovery goals. Being knowledgeable about the causes and treatments for mental illness helps people to make informed decisions and engages them actively in the treatment process.

Goals

1. Explain how stress and biological vulnerability play a role in causing symptoms.
2. Convey the message that treatment can help people reduce their symptoms and achieve their goals.
3. Help people become familiar with different treatment options.
4. Help people decide which treatment options they want.

Number and pacing of sessions

The “Stress-Vulnerability Model and Treatment Strategies” module can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review materials from a previous session if necessary).
7. Summarize progress made in the current session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

Motivational strategies in this module focus on helping people see how treatment can improve their lives. The two major questions to keep in mind are:

“How can treatment decrease symptoms and distress for the person?”

“How could treatment help the person to accomplish his or her personal goals?”

The following suggestions may be helpful:

- ▶ Keep in mind that common motivations for treatment include decreasing symptoms, relapses and rehospitalizations, increasing independent living, and improving relationships.
- ▶ For each major topic covered in the handout, help the person to identify at least one way that information about that subject might be helpful to him or her. For example, when reading about the topic “Coping with stress,” you might ask a general question, such as “How could it be helpful to you to learn effective ways of coping with stress?” If the person has difficulty answering, you might try one of the following probe questions, “Have there been times when you’ve been under stress? What happened?” “Did you ever think that stress might be connected to having more symptoms?”
- ▶ Show an appreciation for the person’s experience and knowledge. Thank the person for his or her comments and clarifications. Recognizing the person’s expertise makes the relationship with the practitioner collaborative, reinforcing, and motivating.

- ▶ Keep in mind the goals that the person identified in the first module (Recovery Strategies). Continue to help him or her identify goals as an ongoing process. In this module, the practitioner can also help the person identify information about treatment that might help him or her achieve a personal goal.

Educational strategies

Educational strategies for this module focus on helping people understand the stress-vulnerability model. According to the stress-vulnerability model, effective treatments must address both stress factors and biological factors.

It is helpful to relate the information in the handout to the person's own situation. For example, learning more about the stress-vulnerability model might help someone recognize that stress contributed to an increase in symptoms or a rehospitalization in the past.

The following strategies were discussed in detail in Module 1.

- ▶ Review the contents of the handout by summarizing or taking turns reading paragraphs.
- ▶ Pause at the end of each topic 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.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people decide how to use information from this module to think differently or behave differently regarding treatment. It is especially helpful for people to think of how they can use treatment to improve some aspect of their own lives.

- ▶ At the end of each session of this module, help the person think of ways that he or she might apply the information covered in the session. For example, after reading "What kinds of treatment options are there to choose from?" some people may say that they have been interested in finding a job, but did not know about supported employment programs.

In the session the person could determine the steps for enrolling in a local supported employment program. The person could practice how to talk with his or her case manager about a program, or make a phone call to get information. Making the phone call before the next session could be part of homework.

- ▶ In completing the “Coping with Stress Checklist,” the person might choose the strategy of engaging in a hobby as a way of dealing with stress. The practitioner could help the person choose a hobby, ensure that he or she has the necessary equipment, and help him or her plan when to engage in the hobby. If the hobby is something that requires another person, such as a card game, the practitioner could help the person pick someone to ask. The practitioner could then role-play with the person how he or she could make the request. Homework could involve making the actual request.

Homework

- ▶ Help the person plan to do something outside of the sessions that will put into action what he or she is learning. For example, if the person is interested in writing in a journal to relax, the practitioner could help the person decide where to buy a journal and how many entries to write before the next session.
- ▶ Follow up on the homework by asking how it went. For example, the practitioner could ask, “Were you able to locate a notebook for your journal? Were you able to write an entry in the journal? How did it go?”
- ▶ If people do not complete the homework, the practitioner can gently ask what got in the way. The practitioner can then develop (and sometimes practice) ways of overcoming obstacles to completing the homework. For example, if someone was unable to write in the journal because of a lack of privacy, the practitioner could explore alternative locations that might be available. If someone had difficulty thinking of topics to write about, the practitioner could help identify possible topics.
- ▶ Encourage homework that involves family members and supporters.

Tips for common problems

- ▶ People may say that they do not have a mental illness and believe that they do not need treatment.

Even when people do not believe they have an illness, they may recognize the negative effects of stress in their lives. They are often receptive to talking about treatment options as a way of reducing stress or coping with life problems.

Many people who do not think they have a mental illness are comfortable talking about problems they are experiencing, and are interested in hearing ideas about how they might solve those problems. For example, if a person reports feeling isolated, he or she might want to hear about local support groups, consumer-operated clubhouse programs, or peer support centers. People who express an interest in working might be interested in hearing about supported employment programs.

- ▶ Some people say they don’t want to make decisions about their treatment. They prefer practitioners to make the decisions for them.

Many people have had prior experience in which they were discouraged from

expressing their opinions and were not consulted about their preferences. It is very important to ask people questions and elicit their opinions and comments about treatment. Practitioners should show they value what people have to say, and emphasize the importance of people making decisions in active collaboration with others.

Some people have had negative experiences with treatment in the past. Allow people time to talk about their experiences, but do not devote an entire session to dwelling on the past. Let people know that there are more treatment options available than there were before. For example, several more effective medications have recently been developed and new psychosocial programs are available.

Do not pressure people to accept specific treatments, but actively encourage them to become aware of their options and to get involved in making their own choices. Practitioners should emphasize that they would like to work with people to help them make treatment decisions that will help them achieve their goals, get on with life, and avoid previous negative experiences.

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. Practitioners can use either of the following types of questions (open-ended or multiple choice).

Open-ended questions

- According to the stress-vulnerability model of psychiatric disorders, what are the main factors that contribute to symptoms?
- How can people reduce their biological vulnerability?
- How can people cope with stress?
- What are some examples of treatments that help people recover?
- What treatment options have helped you?

Multiple choice and true/false questions

- **Scientists believe that biology and stress both play a part in causing symptoms.**
True or False
- **One way people can reduce their biological vulnerability to symptoms is:**
Drink alcohol and take street drugs
Take medications prescribed by the psychiatrist
Read about the symptoms

- **Two effective ways to cope with stress are:**
 - Exercise regularly
 - Put pressure on yourself
 - Drink a six pack of beer
 - Talking with friends or family members
- **Which of the following is NOT an example of a treatment option for mental illness?**
 - Medications
 - X-rays
 - Supported employment programs
 - Social skills training groups
- **Everyone with mental illness benefits from exactly the same treatment.**
 - True or False

Practitioner Guidelines for Handout #4: Building Social Support

Introduction

According to the stress-vulnerability model, stress contributes to the symptoms of mental illness. Having social support helps people cope with stress more effectively, which helps reduce relapses. Having family members and other supportive people involved in relapse prevention plans can also help to reduce relapses. This module helps people evaluate their social supports, identify places where they might meet people, and develop strategies for increasing closeness in personal relationships.

Goals

1. Provide information about the benefits of social support.
2. Convey confidence that people can strengthen their social support.
3. Help people identify and practice strategies for connecting with more people.
4. Help people identify and practice strategies for getting closer to people.

Number and pacing of sessions

“Building Social Support” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of Sessions

1. Informal socializing and identification of any major problems
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing the homework.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
7. Summarize progress made in the current session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

Motivational strategies in this module focus on helping people identify the benefits of having stronger social supports and helping them develop the confidence that they can be effective at increasing the number and/or quality of their relationships.

The following suggestions may be helpful:

- ▶ At the beginning of this module, review the personal goals that people have identified in previous sessions. Ask people how having strong social support might help them achieve some of their personal goals.

For example, if someone has the goal of reducing her alcohol use, having non-drinking friends could help her enjoy herself without alcohol. Or if someone has the goal of being less distracted by symptoms such as auditory hallucinations, having friends to talk could help him pay less attention to the voices.
- ▶ Focus some discussion on previous positive relationships that people may have had. Ask what they enjoyed about the relationships and how they benefited from the relationship.
- ▶ Some people may have had negative experiences with social relationships. Express empathy, but focus on how using the strategies in the handout can give people skills that will make relationships go better in the future. For example, a person may have disclosed personal information too quickly in the past and the relationship ended in a distressing way. In the handout, people will learn to gradually increase the level of disclosure when they want to make a relationship closer.
- ▶ Help people evaluate the advantages and disadvantages of keeping their social support system the way it is, and the advantages and disadvantages of changing it. Some people have been isolated for several years and it may be anxiety-provoking for them to think about reaching out to others.

Educational strategies

Educational strategies for this module focus on increasing people's knowledge about the benefits of social support and helping them become familiar with ideas for increasing the number and quality of their relationships.

The following educational strategies were discussed in detail in Module 1:

1. Review the contents of the handout, by summarizing the main points or taking turns reading.
2. Pause at the end of each topic to check for understanding and to learn more about the person's point of view,
3. Allow plenty of time for interaction.
4. Pause to allow the person to complete the checklists and questionnaires.
5. Break down the content into manageable "pieces."
6. Find a pace that is comfortable for the person.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people to actively practice and use strategies for increasing the number and quality of their relationships. Providing opportunities in sessions to role-play strategies for connecting with others or increasing closeness can be effective. In each session, help people plan how they might use strategies in their everyday life. Modeling, role playing, and rehearsing elements of their plan in the session can help people to follow through outside the session.

The following examples may be helpful:

- ▶ When people are interested in changing their social support system, take a "shaping" approach and help them start with small steps in order to maximize the chances of success. For example, if someone is interested in re-establishing a relationship with an estranged relative, it might be a good idea to start with a small step, such as sending a short, pleasant note to the relative.
- ▶ As people identify a place where they would like to meet people (using the checklist in the handout), you could help them plan how they could actually go to the place. For example, if they would like to meet people at an exercise class, you could help them locate the phone number and address of a YMCA or other health club where they could take classes.
- ▶ If people enroll in an exercise class in order to meet others, you could set up role-plays to help them practice how they could start a conversation with someone in the class.

- ▶ Using the “Things You Can Say to Increase Closeness” checklist, you can help people identify and practice strategies for conversations that will lead to more sharing. For example, if people wanted to practice the skill of expressing compliments, you could model how to give a compliment and/or you could set up role-plays for people to practice giving compliments.
- ▶ Using the “Things You Can Do to Increase Closeness” checklist, you can help people identify and practice strategies for showing they care about others. For example, if people would like to try arranging an activity with someone to show they care, you could set up a role play for them to practice asking someone to join them for a movie.
- ▶ Using the “Levels of Disclosure in Relationships” checklist, you can help people identify someone that they might want to become closer to. After they identify someone, you could set up a role-play for them to practice what they might say to someone at a higher level of disclosure.

Homework

During the sessions, people will be identifying ways that they would like to increase the number or quality of their relationships. Homework could include making and following through on plans to achieve these goals.

Practitioners should follow up on homework assignments in the next session by asking how they went. They should reinforce completed homework or the effort people have made to complete homework. If someone is not able to complete the homework, practitioners can ask about what got in the way and help him or her develop (and sometimes practice) ways of overcoming obstacles.

The following examples of homework may be helpful:

- ▶ If the person does not have time to complete checklists in the session, he or she can do this as homework.
- ▶ If the person identifies places where he or she would like to meet people, the homework could consist of either finding out more information about the place (location, hours, etc.) or actually going there.
- ▶ If the person is interested in getting experience starting conversations, he or she could plan to start at least two conversations before the next session.
- ▶ If the person would like to get closer to someone, he or she could select a specific person and plan to try out one of the suggestions in the handout about what people can say or do to gradually increase closeness.
- ▶ If the person would like to increase the level of disclosure in a specific relationship, he or she could plan what he or she might tell the other person to accomplish this. This homework assignment would also benefit from determining in advance where and when the person might hold such a conversation.

Tips for common problems

- ▶ Some people have had unpleasant experiences with past relationships or with trying to develop new relationships.

Explore what happened in the past and identify some strategies from the module that could lead to better results. For example, a person might say, "I keep asking people to do things together, but they never say 'yes.'" You could say, "I'm sorry that's been happening. But we could work together coming up with some strategies that might help you get a more positive response from people in the future."

- ▶ Some people may be very shy about approaching others.

Encourage very small steps, such as smiling at people and saying "Hello." When people feel more confident, they might try making small talk. Set up as many role-plays as possible to help people rehearse what they can say to others. There are materials available for practitioners to help people learn social skills in a systematic way (see social skills training references at the end of Part 1 of the Practitioners' Guide). People may also benefit from attending a social skills training group to get more practice and feedback from peers.

- ▶ Some people may move too quickly when trying to establish close relationships.

Encourage the person to get to know other people gradually. Explore what happens when people share deeply personal information or become physically intimate early in a relationship. Help people develop skills for gauging other people's response to them (e.g., what are some ways to determine whether someone is interested in talking or would like to become closer?).

Review Questions

At the end of this module, it is helpful to assess how well the person understands the main points. Practitioners can use the following types of questions (open-ended questions or multiple-choice).

Open-ended questions

- Who are the supportive people in your life?
- What are some places that you could meet new people?
- What's a good way to start a conversation?
- What can you say to someone that will increase the closeness of your relationship?
- What is something you can do for someone to show that you care about him or her?

Multiple choice and true/false questions

- **A sign of a supportive relationship is:**
Arguments
Criticism
Helpfulness
- **Which of the following is NOT a good place to meet new people?**
At your workplace
At a toll booth
At a drop-in center
- **When starting a conversation, it is a good idea to first think of some topics that might interest the other person. True or False**
- **To increase closeness in a relationship, you can:**
Offer someone help when they need it
Keep your thoughts and feelings to yourself
Refuse to compromise
- **When you are interested in developing a close relationship, it is a good idea to tell personal information:**
Gradually, as you get to know each other better
As much as possible the first time you talk to them
Never

Practitioner Guidelines for Handout #5: Using Medication Effectively

Introduction

This module gives people an opportunity to become more knowledgeable about medications and how they contribute to the recovery process. It encourages a discussion of both the benefits and side effects of taking medications, and helps people make informed decisions based on their personal preferences. For people who have decided to take medications, but have difficulty doing so on a consistent basis, strategies are provided for behavioral tailoring and simplifying the medication regimen, which help people incorporate taking medications into their daily routine.

Goals

1. Provide accurate information about medications for mental illness, including both their advantages and disadvantages.
2. Provide an opportunity for people to talk openly about their beliefs about medication and their experience with taking various medications.
3. Help people weigh the advantages and disadvantages of taking medications.
4. Help people who have decided to take medications to develop strategies for taking medication regularly. These strategies include behavioral tailoring and simplifying the medication regimen.

Number and pacing of sessions

“Using Medication Effectively” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of Sessions

1. Informal socializing and identification of any major problems
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
7. Summarize progress made in the current session.
8. Agree on new homework assignment.

Strategies to be used in each session

Motivational strategies

In this module, it is important to avoid lecturing or preaching about medications. It more effective to take a neutral, open-minded approach, helping people come to their own conclusions about what is best for them.

When talking about medication, encourage people to explore the advantages and disadvantages of taking medication from their own point-of-view. People who come to believe that taking medications will improve their lives become motivated to take medications regularly. If people don't see how medications will help them, they are unlikely to take them.

The following suggestions may be helpful:

- ▶ Keep in mind that common motivations for taking medication include decreasing symptoms, relapses and rehospitalizations, increasing independent living, and improving relationships.
- ▶ When teaching about medication, bear in mind the personal goals identified in the earlier sessions. There may be opportunities to explore whether taking medication could help someone achieve one of his or her goals. For example, if someone identified the goal of working, but has previously had difficulty keeping a job because of

rehospitalizations, you could explore whether taking medications effectively might help prevent rehospitalizations, and therefore increase the person's ability to keep a job.

- ▶ For each major topic covered in the handout, explore the person's experiences. Most of the sections provide prompts in the form of questions, which can be used to facilitate discussion.

For example, when reading the section "How do you make informed decisions about medication?" Practitioners can ask people if they felt they had enough information in the past to make informed decisions about taking medication and whether they had an active partnership with their doctors. That is, practitioners can ask whether people felt they were listened to by their doctor and whether they felt their concerns were taken into account by their doctor.

In the section "What are your personal beliefs about medications?" the practitioner can ask people whether they tend to feel positively or negatively toward medications or whether they have mixed feelings. The practitioner could also ask whether one of the quotations in this section reflects their own beliefs. It is also helpful to explore the basis of these beliefs. For example, a person raised in an Asian culture may have been taught that Western medicines are harmful. Or a person may have been taught to believe that taking medications is a sign of weakness.

- ▶ The questionnaire "Pro's and Con's of Taking Medications" helps people to list all the advantages and disadvantages of taking medications. For people who have been ambivalent about taking medications, this will be an opportunity to look at all the available information and make an informed decision. For those who have already made their decision, this will be an opportunity to reevaluate or confirm their decision. The practitioner should avoid rushing through this questionnaire, using probe questions to help people come up with as many pros and cons as possible.

For example, practitioners can ask questions such as the following:

- "You mentioned that you don't like feeling drowsy with your medication. Would 'makes me feel drowsy' belong under the 'con' column?"
- "Remember when you told me you had a relapse the last time you stopped taking medications? Would 'helps avoid relapse' belong under the 'pro' column?"

- ▶ The practitioner should show an appreciation of people's experience and knowledge. Thank people for talking about their thoughts and feelings. Take breaks to summarize people's comments and to make sure you have understood them correctly.

For example, if a person talks about unpleasant events that occurred during a relapse, the practitioner might reflect, "If I understand correctly, you were homeless and hungry for several weeks. It sounds like you don't want to end up in such a dangerous situation again." Or if a person describes a negative experience with medications, the practitioner might reflect, "That sounds extremely unpleasant. From what you say, it made you feel distrustful of medications."

Educational strategies

Educational strategies for this module focus on increasing people's knowledge about medications, including both the benefits and the side effects.

The primary message about medications is that for most people they are effective at decreasing symptoms and preventing relapses. The side effects of medications vary somewhat from one medication to another, but are generally quite safe. Each person's response to medications is unique, however, and each person has a right to make his or her own decision regarding medications.

The following educational strategies were discussed in detail in Module 1:

- ▶ Review the contents of the handout by summarizing or taking turns reading paragraphs.
- ▶ Pause at the end of each topic 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 to the person.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people decide how they might use information from this module to think differently or behave differently regarding medication.

One of the most important cognitive-behavioral strategies for helping people use medication more effectively is behavioral tailoring. This technique involves practitioners working with people to develop strategies for incorporating medication into their daily routine (e.g., placing medication next to one's toothbrush so it is taken before brushing teeth). Behavioral tailoring may also include simplifying the medication regimen (e.g., taking medication once or twice a day instead of more often).

In each session, the practitioner can help the person think of ways that he or she might use the information learned in that session. The following examples may be helpful:

- ▶ When the topic "How do you make informed decisions about medications?" is discussed, some people may say that they have previously felt uncomfortable asking their doctors questions about medications. In the session, people can review "Questions to Ask Your Doctor" and role-play how they might ask their doctor some of these questions. Homework could include setting up an appointment with the person's doctor in order to ask questions.

- ▶ After the topic “If you decide to take medications, how can you get the best results?” practitioners can use the principles of behavioral tailoring, asking people to choose one of the strategies provided in the educational handout and helping them to tailor it to their own specifications. They can practice parts of the strategy during the session.

One example of using behavioral tailoring involves helping people fit taking medication into their daily routine. Some people say they have difficulty remembering to take their medication, but always remembers to brush their teeth. Practitioners could suggest that they might try the strategy of attaching their medicine bottle to their toothbrush, using a rubber band.

Another example of using behavioral tailoring would be helping people to select cues that will help them remember to take medication regularly. Practitioners could help people develop a chart or calendar they could post on their refrigerator. They could use the chart or calendar in the session to practice writing down the medication that they took the day of the session and the day before the session. Using the calendar at home could be part of homework. Or they could write a note to themselves and tape it on the coffeepot so they will see it when they make coffee for themselves in the morning.

Still another example of behavioral tailoring would be simplifying the medication schedule to make it easier to remember and easier to fit into people’s routine. Practitioners can help people review their current medication schedule and role-play asking their doctor about the possibility of prescribing a less complicated regimen.

- ▶ After completing the sections on “What are the side effects of medications?” the practitioner could ask people to identify which medications they are currently taking and which side effects they have experienced. If people have not talked to their doctors about these side effects, they can role-play what they might say to their doctor.
- ▶ For people who have been experiencing side effects, the practitioner could ask them to choose a relevant coping strategy from Appendix #5, “Coping with Side Effects.” The practitioner can model how to use a particular strategy in the session (e.g., muscle stretching exercise to help cope with muscle stiffness) and role-play with the person how to use the strategy himself or herself. Homework can involve practicing the strategy at home.

(Note that it is important to remind people to always report side effects to their doctor and make sure that specific coping strategies are not contraindicated for a medical reason.)

Homework

It is important that the practitioner assigns homework that is consistent with people’s decisions about taking medication. For example, people who have decided to use medication as part of their recovery might benefit from homework that helps them develop a routine for taking their medication at home. However, this homework would not be appropriate for someone who is firmly against using medication.

The practitioner should follow up on homework assignments in the next session by asking how it went. Reinforce completed homework or the effort people have made to complete homework. If people were not able to complete the homework, the practitioner can gently ask them what got in the way and help them develop (and sometimes practice) ways of overcoming obstacles.

The following examples of homework may be helpful:

- ▶ Review the list of “pros and cons of medication” with a family member or other supportive person.
- ▶ Implement a strategy for taking medication on a routine basis that was developed as part of behavioral tailoring. For example, use a rubber band to attach the medication bottle to one’s toothbrush, post a note to remind oneself to take medication at the same time each day or refer to a list of the benefits of taking one’s medications. Involve family members and other supportive people whenever possible.
- ▶ Talk to the doctor about problematic symptoms or side effects.
- ▶ Ask the doctor or nurse specific questions about medication.
- ▶ Talk to family members or other supportive people about their views about medications.
- ▶ Review the relevant information sheets in the Appendix and note which medications were taken in the past and the benefits and side effects of each.
- ▶ Implement a strategy for coping with side effects (such as scheduling naps to counteract drowsiness, chewing gum to reduce dry mouth, eating more high fiber foods to counteract constipation, and regular exercise to combat weight gain) with input from the person’s doctor or nurse.
- ▶ Involving family members or other supportive people in a strategy for coping with side effects or getting the best results from medication. For example, people who are apprehensive about asking their doctor about changing their medication might appreciate having a family member accompany them to some of their doctor’s appointments for support and encouragement.
- ▶ Consult with the doctor about simplifying the medication regimen. The goal is to have the fewest amount of different medications taken the fewest times per day.

Tips for common problems

- ▶ People may say that they do not have a mental illness and do not need medications. See “Tips for common problems” in Module #3.
- ▶ For some people, medications are a very controversial topic. They may have strong beliefs that medications are not helpful for them or are harmful to them.

It is important to avoid directly challenging or arguing with people about medications. Instead of becoming adversarial, try to understand the person’s point of view and encourage him or her to keep an open mind for the future.

Also, although some people are adamant about not needing medication, they often acknowledge that other people benefit from it, and are willing to talk about medication in that light.

- ▶ Some people have had unpleasant experiences with medications.

Sometimes people develop misconceptions about medications based on past experiences, and their beliefs may change when new or corrective information is provided. For example, if a person had a severe dystonic reaction to a high dose of antipsychotic medication in the past, he or she might conclude that all such medications would produce a similar response. However, this is not the case, especially if low doses are used at first.

The best overall strategies when people have strong negative beliefs about medications are:

- provide accurate information
- ask clarifying questions
- use reflective listening
- explore ambivalence about the good and bad things about medication
- explore whether taking medications could help the person achieve his or her goals

Review Questions

At the end of this module, the practitioner can use either open-ended questions or multiple-choice questions to assess how well the person understands the main points.

Open-ended questions

- What are some of the benefits of taking psychiatric medications?
- What are some of the side effects of taking psychiatric medications?
- What does it mean to make an “informed decision” about medication?
- How could you fit taking medication into your daily routine?
- For you, what are the pros and cons of taking medication?

Multiple choice and true/false questions

- **Which of the following is a benefit of taking medications for mental disorders?**
They reduce pain and swelling
They improve symptoms and prevent relapses
They cure mental disorders

- **Which of the following is an example of a side effect of taking medications?**
Drowsiness
Tooth decay
Hearing loss
- **It is a bad idea to ask the doctor or nurse questions about medications and how they will affect you.** True or False
- **To get the best results from medications it is a good idea to:**
Take the medication at the same time every day
Change the dose of medication depending on the day
Take it whenever you feel the need
- **Medication affects people in different ways.** True or false

Practitioner Guidelines for Handout #6: Reducing Relapses

Introduction

This module helps people examine their previous experience with relapse in order to develop a relapse prevention plan. Practitioners help people identify triggers, early warning signs, and steps they can take to help prevent relapses. People are encouraged to include their family members and other supportive people in reading the handout, participating in sessions, and contributing to the development of a relapse prevention plan.

Goals

1. Convey confidence that people can reduce the chances of experiencing a relapse in the future.
2. Help people identify triggers and early warning signs of an impending relapse.
3. Help people develop their own relapse prevention plan.
4. Encourage people to include family members and other supportive people in developing and implementing plans for reducing relapses.

Number and pacing of sessions

“Reducing Relapses” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
7. Summarize the progress made in the session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

People who have experienced severe episodes of psychiatric symptoms, which may have led to hospitalization, are usually readily motivated to avoid future relapses of their symptoms. Relapses and rehospitalizations are often upsetting and even traumatic events. Helping people reduce the chances of relapse through developing a relapse prevention plan can give them greater control over their lives. Thus, people can be motivated to develop a relapse prevention plan in order to gain better control over their lives and thereby pursue their goals.

It is important to make direct connections between the content of this module and how the information might help someone prevent relapses. Although past negative experiences are discussed, the overriding question is “What can be done to make things better for you in the future?”

The following suggestions may be helpful:

- ▶ For each major topic covered in the handout, practitioners can help people to identify what their own experiences have been. Most of the sections include probe questions which can be used to facilitate discussion.
- ▶ The questionnaires and checklists in the handout (“Examples of Common Triggers,” “Examples of Common Early Warning Signs,” “Early Warning Signs Questionnaire,” “People Who Could Help Me Recognize Early Warning Signs”) can help people relate the information to their own experience.
- ▶ Practitioners should keep in mind the goals identified by people in earlier sessions. There are numerous opportunities to connect relapse prevention with goal achievement. There are also opportunities to set new goals.

Educational strategies

Educational strategies for this module focus on increasing people's knowledge about the key concepts of relapse prevention, including triggers, early warning signs, and developing a relapse prevention plan. For example, learning that stress can contribute to relapse may help people understand how stressful events may have played a part in previous relapses.

The following educational strategies were discussed in detail in Module #1:

- ▶ Review the contents of the handout by summarizing or taking turns reading paragraphs.
- ▶ Pause at the end of each topic 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 to the person.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people learn more effective skills for preventing relapses in the future. Developing and implementing a relapse prevention plan involves systematic practice (rehearsal) of the steps of the plan, and homework to further rehearse the skills.

At the end of each session, practitioners can help people role-play how they might practice specific strategies or steps in the relapse prevention plan.

The following examples may be helpful:

- ▶ For people who have difficulty identifying triggering events or early warning signs of relapse, practitioners can encourage them to get input from family members or other supportive people. Practitioners can help people role-play what kinds of questions they might ask someone to find out information about early warning signs and triggers.
- ▶ There are many opportunities for using cognitive-behavioral strategies when helping people develop their relapse prevention plans. For example, if people decide that decreasing stress is part of their relapse prevention plan, practitioners can help them role-play deep breathing or muscle relaxation. If calling a friend is part of their plan, they can role-play what they would say when they made the call. If increasing medication is part of their plan, they can role-play talking to their doctor.

Homework

Homework for this module focuses on helping people put into action what they are learning about relapse prevention.

Practitioners can follow up on homework by asking how it went. They can reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the homework, practitioners can gently ask what got in the way and help them develop (and sometimes practice) ways of overcoming obstacles.

The following examples of homework may be helpful:

- ▶ Talking to family members and supporters about past triggers.
- ▶ Talking to family members and supporters about early warning signs of relapse they observed in the past.
- ▶ Reviewing what helped and what did not help during past relapses or impending relapses.
- ▶ Drafting or revising a Relapse Prevention Plan.
- ▶ Asking family members, friends and other supporters to play a specific role in the Relapse Prevention Plan.
- ▶ Collecting necessary phone numbers for the Relapse Prevention Plan.
- ▶ Posting a copy of the person's Relapse Prevention Plan in an accessible (but private) place.
- ▶ Informing relevant people of the Relapse Prevention Plan. Asking people named in the plan to read the plan and giving them their own copies.
- ▶ Gathering any supplies necessary for the Relapse Prevention Plan, such as buying herbal tea to drink as part of reducing stress.
- ▶ Initiating a component of the Relapse Prevention Plan that is more effective if done on a regular basis, such as going to a support group.

Tips for common problems

- ▶ People may report that they have had no early warning signs before relapses.
When people don't remember experiencing early warning signs, it may be helpful for them to talk to family members and other supportive people about what they remember. If no one can recall early warning signs, practitioners can help people identify the earliest symptoms they experienced before a full relapse.

- ▶ People may find that talking about relapses brings back unpleasant memories.

Practitioners can focus the discussion on identifying important information for the future, and help people avoid self-blame. When people berate themselves by saying things such as “I should have known. . .” or “What a fool I was. . .” it is helpful to remind them that it can be very difficult to predict relapse. It is also helpful to point out their strengths in managing their illness and praise their participation in developing a plan for improving things in the future.

Bringing up these memories and talking about them a little might be helpful, because the person might benefit from developing a new perspective on prior relapses (e.g., shifting from self-blame), and may become more motivated to work on reducing future relapses.

Review Questions

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

Open-ended questions

- What is an example of a something that might trigger a relapse?
- What is an early warning sign?
- What is an example of an early warning sign you have experienced?
Other examples?
- What is an example of something people can do to prevent an early warning sign from becoming a relapse?
- How can a family member or other supportive person be part of a relapse prevention plan?

Multiple choice and true/false questions

- **Which of the following is a common situation or event that might trigger a relapse?**
Being under stress
Receiving a phone call
Reading

- **Which of the following two items are examples of common early warning signs?**
Feeling tense or nervous
Trouble sleeping
Feeling calm
- **“Early warning sign” is another term for “side effect of medication.”**
True or False
- **One thing people can do to prevent an early warning sign from becoming a relapse is:**
Consult with someone on their treatment team
Stop taking medication
Keep the information to themselves
- **People often ask family members and supporters to be part of their relapse prevention plan by:**
Taking over and doing everything
Being alert to early warning signs
Ignoring problems they see

Practitioner Guidelines for Handout #7: Coping with Stress

Introduction

Stress can contribute to symptoms and relapses for people with a psychiatric disorder. Coping with stress effectively can reduce symptoms and prevent relapses. This module helps people to recognize different types of stress and to identify the signs that they are under stress. It also provides a variety of strategies that people can use to cope with stress. Practicing coping strategies both in the sessions and as part of homework can decrease symptoms and distress, and increase people's ability to manage their illness more effectively.

Goals

1. Convey a sense of confidence that people can reduce stress and improve their ability to cope with stress effectively.
2. Help people identify the life events and daily hassles that can cause them to feel under stress.
3. Help people identify and practice strategies for preventing some sources of stress.
4. Help people identify and practice coping strategies for reducing the effects of stress.
5. Encourage people to involve family members and other supportive people in their plans for coping with stress.

Number and pacing of sessions

"Coping with Stress" can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
7. Summarize progress made in the current session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

Most people are motivated to reduce and/or cope with stress, both to improve their everyday life experience and to help reduce symptoms and relapses. It may also be helpful to point out that stress is a common problem for most people, with countless magazine articles, books, and television programs focusing on how to cope more effectively with stress. Because most people experience stress in their lives, being able to cope with stress effectively can be described as a good skill for anyone to have, regardless of whether or not he or she has experienced psychiatric symptoms.

The following suggestions may be helpful:

- ▶ For each major topic covered in the handout, practitioners can help people discuss their own experiences. Most of the sections have checklists (“Life Events Checklist,” “Daily Hassles Checklist,” “Signs of Stress Checklist,” “Strategies for Preventing Stress Checklist,” “Strategies for Coping with Stress Checklist,” “Individual Plan for Coping with Stress”) which can be completed by people based on their own experiences
- ▶ Practitioners should keep in mind the goals identified by people in earlier sessions. For many people, reducing stress may facilitate the ability to pursue personal goals. For example, someone may have the goal of part-time work, but is worried about the stress of deadlines, etc. The practitioner could discuss how having the ability to cope effectively with stress could increase the person’s ability to perform well on a job.

Educational strategies

Educational strategies for this module focus on increasing people's knowledge about recognizing sources of stress, recognizing signs of stress, preventing stress and coping with stress in their own lives.

The following educational strategies were discussed in detail in Guidelines for Educational Handout #1:

- ▶ Review the contents of the handout by summarizing or taking turns reading paragraphs.
- ▶ Pause at the end of each topic 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 to the person.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people learn new and more effective strategies for recognizing and responding to stress.

During the sessions, practitioners can help people role-play how they might use information from the handout.

The following examples may be helpful:

- ▶ Practitioners can help people recall an example of a recent relapse and then evaluate what stressors preceded the relapse.
- ▶ Practitioners can ask people to discuss any forthcoming major change and help them anticipate how they might minimize the stress involved. For example, if someone were planning to move, would it be helpful to start making lists of the various tasks involved in moving? Would it be helpful to do the packing in short sessions over the course of a week or two? Would it be helpful to involve friends in taking boxes to the new location?
- ▶ After people complete the "Daily Hassles Checklist," practitioners can ask them to think of ways to decrease some of their daily hassles. For example, if someone feels rushed when leaving for work in the morning, how could she plan the morning to be more comfortable? Could she prepare more the night before? Go to bed and get up earlier?
- ▶ After people complete the "Strategies for Preventing Stress Checklist" there are many opportunities to help them practice the strategies they choose. For example, if someone would like to try the strategy of scheduling meaningful activities, the

practitioner could help him pick out specific activities and plan when he could do them. If someone chooses to attend art classes to pursue an interest, the practitioner could help her investigate where and when classes are offered. If the person was apprehensive about talking to the art teacher or to fellow students, the practitioner could help her role-play how she might respond to questions and keep the conversation going.

- ▶ After people complete the “Strategies for Coping with Stress Checklist,” the practitioner can help them practice the coping strategies they choose. The following are examples:
- ▶ If someone wanted to try the strategy of talking to someone else about feeling stressed out, the practitioner could help him choose whom he would talk to and role-play how he might approach the person.
- ▶ If someone wanted to practice maintaining her sense of humor, the practitioner could help her decide if she wanted to watch a particular television show or video or if she liked to read funny books or comics. If she wanted to spend time with someone who has a good sense of humor, the practitioner could help her role-play how she might approach the person.
- ▶ If someone wanted to practice writing in a journal, the practitioner could help him decide what kind of notebook he would like, where he would keep it, etc. Part of a session could be reserved to write an entry in the journal.
- ▶ If someone wanted to use relaxation techniques to cope with stress, the practitioner could help her practice one or more of the techniques described in the Appendix (relaxed breathing, muscle relaxation, and imagining a peaceful scene.)

Homework

Homework for this module focuses on helping people put into action what they have learned about preventing and coping with stress. During the sessions, people identify prevention and coping strategies to use in their own lives. The homework assignments follow up on this by making specific plans to practice the strategies on their own.

Practitioners should follow up on homework assignments in the next session by asking how it went. They should reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the homework, practitioners can explore the obstacles they encountered and help them come up with a solution for following through on the homework.

The following examples of homework may be helpful:

- ▶ Reviewing some of the checklists with family members or other supportive people. What have they noticed regarding sources and signs of stress for the person?
- ▶ Reviewing what helped and what did not help during stressful situations in the past. Family members and other supportive people can also be asked for their observations about this.

- ▶ Keeping track of daily hassles for a week, using the checklist provided.
- ▶ Asking family members, friends and other supportive people to play a role in a prevention or coping strategy. For example, a person might like someone to join her on a daily walk as part of a plan for reducing stress.
- ▶ Keeping track of signs of stress for a week, using the checklist provided.
- ▶ Practicing a strategy for preventing stress, such as scheduling time for relaxation, and keeping track of how it affects the person's stress level.
- ▶ Practicing a coping strategy, such as listening to music, and keeping track of how it affects the person's stress level.
- ▶ Locating resources needed for a prevention or coping strategy. For example, if someone wanted to eat a healthier diet as part of coping with stress, he could make a shopping list and buy specific groceries as part of homework.

Tips for common problems

- ▶ People may have difficulty identifying signs that they are under stress.
When someone can't identify signs of stress, it may be helpful for the person to talk to family members or other supportive people about what signs they noticed in the past when the person was under stress. For example, family members might have noticed that the person had a decrease in appetite, slept more, or was more irritable over small things that happened.
- ▶ People may find it difficult to select a coping strategy that they want to try to deal with stress.
When people are depressed or experience the negative symptoms of schizophrenia, they may find it especially hard to imagine that a coping strategy could be helpful. In such situations, the practitioner should encourage the person to keep an open mind, and to give the coping strategy a try "just to see what happens," while conveying an understanding of their concerns.
Practitioners can also suggest that the person ask someone to join him or her in using a coping strategy. For example, as part of a coping strategy, a person could ask friends to play cards once a week or go for a bike ride or watch a video together.

Review Questions

At the end of this module, the practitioner can use either open-ended questions or multiple-choice questions to assess how well the person understands the main points.

Open-ended questions

- What is an example of a life event that was stressful for you?
- What is an example of a daily hassle in your life?
- What are some signs that you are experiencing stress? How do you know when you're under stress?
- What is something you can do to prevent stress in your life?
- What can you do to cope with stress?

Multiple choice and true/false questions

- **A life event can be stressful even when it is a positive event, like getting married.**
True or False
- **Which of the following is an example of a daily hassle?**
A tornado
Unreliable transportation
Receiving a compliment
- **Which of the following is a sign of being under stress?**
Happiness
Headaches
Feeling rested
- **One effective strategy for preventing stress is:**
Schedule time for relaxation on a regular basis
Keep your feelings to yourself
Drink alcohol or smoke marijuana
- **One effective strategy for coping with stress is:**
Staying in bed all day
Ignoring stress entirely
Using a relaxation technique

Practitioner Guidelines for Handout #8: Coping with Problems and Symptoms

Introduction

Coping with problems effectively can help people reduce stress and their susceptibility to relapses. This module helps people to identify problems they may be experiencing, including symptoms that are distressing. Two general approaches to dealing with problems are taught:

- ▶ A step-by-step method for solving problems and achieving goals
- ▶ Coping strategies for dealing with specific symptoms or problems.

People can choose strategies that seem most likely to address their problems. Practicing problem-solving and using coping strategies both in the sessions and as part of homework can help people learn how to reduce their stress and discomfort.

Goals

1. Convey confidence that people can deal with problems and symptoms effectively.
2. Help people identify problems and symptoms that they experience.
3. Introduce a step-by-step method of solving problems and achieving goals.
4. Help people select and practice strategies for coping with specific problems and symptoms.
5. Encourage people to include family members and other supportive people in their plans for coping with problems and symptoms.

Number and pacing of sessions

“Coping with Problems and Symptoms” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
7. Summarize the progress made in the current session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

Most people are motivated to solve and/or cope with problems and symptoms that cause them distress. In this module, the practitioner focuses on helping the person develop effective strategies for dealing with specific problems and symptoms that he or she is experiencing. For example, if someone is troubled by persistent auditory hallucinations, the practitioner could focus on identifying and practicing strategies for dealing with hearing voices. If someone has problems related to drug or alcohol use and is interested in reducing his or her substance use, the practitioner could focus on helping the person learn strategies for achieving this goal.

The following suggestions may be helpful:

- ▶ “The “Common Problem Checklist” helps people identify the specific areas in which they experience problems. The practitioner can then focus on the sections of the handout that provide strategies for dealing with these problems.
- ▶ Practitioners should keep in mind the goals identified by people in previous sessions. Being able to solve problems (or cope with them more effectively) can help people overcome some of the obstacles they may have experienced in achieving some of their goals. For example, when someone has a goal of taking a class, having difficulty concentrating may interfere with his ability to study, which presents an obstacle to his goal of succeeding in school. Using the strategies of minimizing

distractions and breaking down tasks into smaller parts might help him improve his concentration and ability to study for tests.

- ▶ Practitioners can help people to make plans to achieve goals, using the Step-By-Step Problem-Solving and Goal Achievement worksheet.

Educational strategies

Educational strategies for this module focus on increasing people's knowledge about two general approaches to dealing with problems: a step-by-step method for solving problems and achieving goals, and coping strategies for dealing with specific symptoms or problems.

The following educational strategies were discussed in detail in the Practitioner Guidelines for Educational Handout #1:

- ▶ Review the contents of the handout by summarizing or taking turns reading paragraphs.
- ▶ Pause at the end of each topic 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 to the person.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people learn more effective strategies for solving and coping with problems.

During the sessions, practitioners can help people learn how to use the strategies of their choice by modeling and role-playing the skills.

The following examples may be helpful:

- ▶ If someone who has problems with depression wanted to learn the strategy of scheduling something pleasant to do each day, the practitioner could help her set up a calendar of a week's worth of pleasant activities. If one of the pleasant activities was going bowling with a friend, the practitioner could help her decide whom to invite and role-play a conversation making the invitation.

- ▶ The practitioner should help people make plans for implementing the strategies and help them practice any aspect of the plan with which they feel uncomfortable. For example, if someone is having a problem getting along with a roommate who plays loud music late at night, he might decide to use the strategy of asking the roommate to use head phones after 11 PM. The practitioner could help him role-play how he might make the request.

Homework

Homework focuses on helping people put into action what they are learning about coping with problems and symptoms. During the session, people identify coping strategies that they would like to use in their own lives. The homework assignments follow up on this by making specific plans for people to try out the strategies on their own.

Practitioners should follow up on homework assignments in the next session by asking how it went. They should reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the assignment, practitioners can explore the obstacles they encountered and help them come up with a solution for following through on the homework.

The following examples of homework may be helpful:

- ▶ Working on solving a problem using the “Step-By-Step Problem-Solving and Goal Achievement” method. The person may benefit from asking family members or other supportive people to participate in helping to solve the problem.
- ▶ Working on planning how to achieve a goal using the “Step-By-Step Problem-Solving and Goal Achievement” method.
- ▶ Reviewing what helped and what did not help in dealing with specific problems in the past.
- ▶ Using a particular coping strategy and evaluating its effectiveness. For example, someone could practice using reading to distract himself from voices.
- ▶ Asking family members, friends and other supporters to participate in a coping strategy. For example, if someone plans to attend Alcoholics Anonymous (AA) as a strategy for stopping alcohol abuse, she could ask for a ride to a local AA meeting as part of a homework assignment.
- ▶ Modifying coping strategies that are not effective and trying them again. For example, if someone was unsuccessful in using reading to distract himself from voices, he might try something else, like listening to music. If listening to music is not effective, he could try humming to himself to distract himself from voices.
- ▶ Locating resources for implementing a coping strategy. For example, if someone wants to attend a support group as part of coping with the problem of isolation, she could call the local mental health center or look on the Internet for information about the location and times of local support groups.

Tips for common problems

- ▶ People may prefer not to talk about problems.

The practitioner can help the person re-frame problems as goals, which sounds more positive. For example, “sleep problems” could be defined as “getting a good night’s sleep”; “depression” could be defined as “being in a more optimistic mood”; “lack of interest” could be defined as “developing more interests.”

The goals that were established previous sessions can also be worked on in this module. The Step-By-Step Problem-Solving and Goal Achievement method is helpful in this process.

- ▶ People may find it difficult to identify a coping strategy that they want to try to deal with a problem.

Particularly when people are depressed or experience the negative symptoms of schizophrenia, they may find it hard to imagine that a coping strategy may be helpful. In such situations, the practitioner can encourage the person to keep an open mind and to “give it a try” to see what happens. For example, some people find it hard to believe that exercise can help to improve one’s mood. The practitioner can encourage someone to try a 10 to 15 minute walk, rating his mood before and after the walk.

Practitioners can also suggest that the person ask someone to join him or her in using a coping strategy. For example, as part of a coping strategy for developing interests, someone could ask a friend or relative to join her on a trip to the art museum.

Review Questions

At the end of this module, the practitioner can use either open-ended questions or multiple-choice questions to assess how well the person understands the main points.

Open-ended questions

- What are some of the important steps in solving a problem?
- What is a problem that you experience?
- What strategy could you use to cope with the problem you identified in question #2?

Multiple choice and true/false questions

- **In solving problems, it is important to consider more than one possible solution.**
True or False
- **Which two of the following items are examples of common problems?**
Feeling anxious
Trouble concentrating
Having too much money
- **Which of the following is an effective strategy for sleeping better?**
Going to bed at different times every night
Doing something relaxing in the evening
Napping during the day
- **Which of the following is an effective strategy for coping with depression?**
Set goals for daily activities
Keep your feelings inside
Remind yourself of your faults

Practitioner Guidelines for Handout #9: Getting Your Needs Met in the Mental Health System

Introduction

This module provides an overview of the mental health system, including a description of the services and programs commonly offered by community health centers and the financial and insurance benefits to which people may be entitled. People are given information to help them make choices about programs and services that will help them in their recovery. It also provides strategies for people to advocate effectively for themselves if they encounter a problem in the mental health system.

Goals

1. Convey confidence in people making their own decisions.
2. Provide information about mental health services and benefits that will help people make decisions.
3. Provide an opportunity for people to discuss the services they are receiving or would like to receive.
4. Provide strategies for effective advocacy.

Number and pacing of sessions

“Getting Your Needs Met in the Mental Health System” can usually be covered in two to four sessions. Within each session, most people find that it is comfortable to cover one or two topics and complete a questionnaire.

Structure of sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
7. Summarize the progress made in the current session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

Practitioners can help people identify whether there is a particular program or service in the mental health system that could improve some aspect of their lives or help them reach their goals. For example, if someone’s goal is to increase his social support, he might be interested in learning more about social skills groups that are available at his local community mental health center.

Some people have been confused or frustrated by the mental health system and welcome an opportunity to discuss solutions to some of the problems they have experienced. For example, people who have felt that “no one listens to me at the mental health center” may be especially motivated to learn some of the strategies provided in this module for effective self-advocacy.

The following suggestions may be helpful:

- ▶ Practitioners can review the personal goals that people have identified in previous sessions and help them identify how some of the information in this module could help them achieve a goal. Practitioners can help people identify which of the mental health services might help them achieve their personal goals.

For example, if someone wants to reduce her substance use, she might be interested in integrated treatment for mental health and substance abuse. If someone is trying to improve his living situation, he might be interested in services related to housing.
- ▶ When discussing mental health services, practitioners can ask which services people have already tried, and whether or not they were helpful. For example, under “emergency services,” the practitioner could ask whether someone used the crisis hot line and whether it helped him manage his crisis. If the hot line was not helpful, the practitioner could explore strategies for a better outcome in the future.
- ▶ When talking about financial benefits, practitioners can help people explore whether they are eligible for certain benefits that might help them solve a problem or achieve a personal goal. For example, if someone is interested in living independently but has insufficient funds, receiving SSI or SSDI might be helpful. This may increase his or her motivation to learn more about the eligibility requirements of SSI and SSDI.
- ▶ When discussing advocacy, practitioners can ask about people’s experience with advocating for themselves. Would improved self-advocacy skills help them pursue certain personal goals?

Educational strategies

Educational strategies for this module focus on increasing people’s knowledge and understanding of services that are available to them and strategies for advocating effectively for those services.

The following strategies were discussed in detail in Module 1:

- ▶ Review the contents of the handout, by summarizing or taking turns reading.
- ▶ Pause at the end of each topic to check for understanding and to learn more about the person’s point of view,
- ▶ Allow plenty of time for 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.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people learn strategies for gaining access to services and for advocating for themselves. During the sessions, practitioners can teach people these strategies through modeling, role-playing, and practice.

The following examples may be helpful:

- ▶ The practitioner can help the person develop a plan for getting the services he or she wants from the mental health system. For example, if someone would like to work with an occupational therapist (O.T.) on budgeting and cooking independently, the practitioner can help him locate the phone number and hours of the O.T. who consults with his community mental health center. The practitioner could help him role-play how to present his concerns to the O.T. in the first phone call or meeting.
- ▶ The practitioner can help the person rehearse advocacy strategies in the session. For example, if someone was frustrated because of being on a long waiting list to see an individual counselor, she might decide to talk to the consumer advocate at her mental health center. The practitioner can help her role play how to state her concerns to the consumer advocate.

Homework

During the sessions, people identify services they would like to receive and advocacy strategies they would like to use. Homework assignments follow up on this by making specific plans for people to pursue services and use advocacy strategies.

Practitioners should follow up on homework assignments in the next session by asking how it went. They should reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the assignment, practitioners can explore the obstacles they encountered and help them come up with a solution for following through on the homework.

The following examples of homework may be helpful:

- ▶ To follow through with applying for SSI benefits, homework could include locating information (phone number, eligibility requirements, contact person, etc.) or forms (application form, release of information, etc.) needed for the application process and bringing them to the next session.
- ▶ If someone is interested in a support group, the homework could consist of following through on plans to call the support group coordinator and finding the location of the most convenient group. The next week's homework could be to attend one group meeting.
- ▶ If someone is interested in getting a job, her homework could be to contact the coordinator of the supported employment program or other vocational program at her mental health center.
- ▶ If someone is interested in having support for advocating for himself, he could ask a family member, friend, or other supportive person to help. For example, he might want to ask a relative to accompany him to certain appointments.

Tips for common problems

- ▶ Some people are “disillusioned” with the mental health system.

The practitioners can explore what the person has experienced in the past and identify some strategies from the handout that could lead to better results. For example, if someone complains that the doctor did not pay attention to her request to consider changing medications, the practitioner could encourage her to talk to the doctor again and could offer to work together on communicating more effectively.

Review Questions

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

Open-ended questions

- What are some of the services that are offered by your mental health center?
- What is one of the financial benefits that are available to people with mental illness?
- What can you talk to if you have a problem with the mental health system?

Multiple choice and true/false questions

- **Which of the following professionals are usually available at mental health centers?**
Counselors
Insurance agents
Salespeople
- **Which of the following is a financial benefit available to people who are unable to work full-time because of their mental illness?**
SSI (Supplemental Security Income)
AA (Alcoholics Anonymous)
OT (Occupational Therapy)
- **Once you locate someone you feel comfortable talking to, it is a good idea to stay in touch with that person on a regular basis.** True or False
- **Raising your voice is an effective strategy for advocating for yourself.** True or False

Recovery Strategies

“Always remember that you are a person first and foremost. A mental health label does not define you. You are not ‘depression’ or ‘schizophrenia’ or ‘bipolar.’ You are a person. A person with cancer does not call himself or herself ‘cancer,’ so why should you limit yourself to a label?”

David Kime: artist, writer, floral designer, in recovery for bipolar disorder since age 15.

Introduction

This handout is about the topic of recovery from mental illness. It includes a discussion of how different people define recovery and encourages each person to develop his or her own definition of recovery. Pursuing goals is an important part of the recovery process. Working on this handout can help you set recovery goals and choose strategies to pursue these goals.

What is “recovery”?

People define recovery from mental illness in their own individual ways. Some people think of it as a process, while others think of it as a goal or an end result.

Here are some examples of how different people describe recovery from their own point of view:

- ▶ “Recovery from mental illness is not like recovery from the flu. It’s recovering your life and your identity.”
- ▶ “Recovery for me is having good relationships and feeling connected. It’s being able to enjoy my life.”
- ▶ “I don’t dwell on the past. I’m focusing on my future.”
- ▶ “Being more independent is an important part of my recovery process.”
- ▶ “Not having symptoms any more is my definition of recovery.”

- ▶ “Recovery for me is a series of steps. Sometimes the steps are small, like fixing lunch, taking a walk, following my daily routine. Small steps add up.”
- ▶ “Having a mental illness is part of my life, but not the center of my life.”
- ▶ “Recovery is about having confidence and self-esteem. I have something positive to offer the world.”

People define recovery in their own personal ways.

Question: What does recovery mean to you?

What helps people in the process of recovery?

People use a variety of different strategies to help themselves in the recovery process, such as the following:

Becoming involved in self-help programs

“I belong to a support group which is part of a self- help program. Everyone in the group has experienced psychiatric symptoms. I feel very comfortable there. The other people understand what I am going through. They also have good ideas for solving certain problems.”

(Contact information for a variety of self help programs and resources is provided in the Appendix to this handout).

Staying active

“I find that the more I do to stay active during the day, the better things go. I make a list each day of what I want to do. I try to list fun things as well as work things. Just being active makes me feel more confident.”

Developing a support system

“It helps me to have friends and family I can do things with and talk things over with. Sometimes I have to work on these relationships and make sure I stay in touch. It’s better for me not to rely on just one person.”

Maintaining physical health

“When I’ve been eating junk food or not getting any exercise, it makes me feel sluggish, both physically and mentally. So I try to eat things that have decent nutrition and I try to get at least a little exercise every day. It makes a lot of difference.”

Being aware of the environment and how it affects you

“I concentrate much better when I’m in a quiet environment. When things start to get noisy I get distracted and sometimes I get irritable. When I can, I seek out quieter places and situations with fewer people involved. It also upsets me to be around critical people. I avoid that kind of person when I can.”

Making time for leisure and recreation

“I can’t just work all the time. I need time for pleasure, too. My wife and I like to rent a video every Friday. We take turns picking out what we will watch.”

Creativity

"I like to write poetry. It helps me to express my emotions and put my experiences into words. And sometimes I read other people's poems. It's very satisfying."

Spirituality

"Being in touch with my spirituality is essential to me. I belong to a church, but I also find spirituality in meditation and in nature."

Following through with treatment choices

"I have chosen treatment that includes a self-help group, a part-time job, and taking medication. I like to be pro-active. Following through with those things makes me feel strong, like I can handle my daily challenges."

"I'm in a peer support program, and I see a therapist once a week who helps me figure out how to deal with some of the problems in my life. Both things have been important to my recovery."

Strategies for recovery include:

- self-help programs
- staying active
- developing a support system
- maintaining physical health
- being aware of the environment
- making time for recreation
- expressing creativity
- seeking out spirituality
- following through with treatment choices.

Questions: Which of the strategies for recovery have you used?
Which of the strategies would you like to develop further or try out?

You can use the following chart to record your answers to these questions.

Strategies for Recovery

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Self help programs		
Staying active		
Developing a support system		
Maintaining physical health		
Being aware of the environment		
Making time for recreation		
Expressing creativity		
Expressing spirituality		
Following through with my treatment choices (such as: _____)		
Other:		

What's important to you? What goals would you like to pursue?

Most people in the process of recovery report that it is important to establish and pursue goals, whether the goals are small or large. However, experiencing psychiatric symptoms can take up a great deal of your time and energy. Sometimes this can make it difficult to participate in activities or even to figure out what you would like to do.

It may be helpful to take some time to review what's important to you as an individual, what you want to accomplish and what you want your life to be like. The following questions may be helpful:

- ▶ What kind of friendships would you like to have?
- ▶ What would you like to do with your spare time?
- ▶ What kind of hobbies or sports or activities would you like to participate in?
- ▶ What kind of work (paid or volunteer) would you like to be doing?
- ▶ Are there any classes you would like to take?
- ▶ What kind of close relationship would you like to have?
- ▶ What kind of living situation would you like to have?
- ▶ Would you like to change your financial situation?
- ▶ How would you like to express your creativity?
- ▶ What kind of relationships would you like with your family?
- ▶ What kind of spiritual community would you like to belong to?

It may also be helpful to think about the following questions:

- ▶ Which areas of life do I feel most satisfied with?
- ▶ Which areas of life do I feel least satisfied with?
- ▶ What would I like to change?

The following chart may help you answer these questions:

Satisfaction with Areas of My life

Area of my life	I am not satisfied	I am moderately satisfied	I am very satisfied
Friendships			
Meaningful work (paid or unpaid)			
Enjoyable activities			
Family relationships			
Living situation			
Spirituality			
Finances			
Belonging to a community			
Intimate relationships			
Expressing creativity			
Hobbies or activities for fun			
Education			
Other area:			

You might find it helpful to set goals for yourself in one or two areas of your life that you are not satisfied with. For example, if you are not satisfied with having enough enjoyable activities, it might be a good idea to set a goal of identifying some activities and scheduling time to try them out.

*Identifying what you would like to improve in your life
will help you set goals.*

Question: What two areas of your life are you not satisfied with and would like to improve?

What goals would you like to set for yourself in these areas? You can use the following chart to record your goals. You can also refer back to the chart to record how you follow up on these goals.

Goals Set in the Illness Management and Recovery Program

Date goal was set	Goal	Follow-up

What are some strategies for achieving your goals?

Setting goals

People who are most effective at getting what they want usually set clear goals for themselves and plan step-by-step what they are going to do.

The following suggestions may be helpful:

- ▶ Break down large goals into smaller, more manageable ones.
- ▶ Start with short-term goals that are relatively modest and that are likely to be achieved.
- ▶ Focus on one goal at a time.
- ▶ Get support in working on goals; other people's ideas and participation can make a big difference.
- ▶ Don't be discouraged if it takes longer than you think to accomplish a goal; this is very common.
- ▶ If your first attempt to achieve a goal doesn't work, don't lose heart and give up. Keep trying other strategies until you find something that works. As the saying goes, "If at first you don't succeed, try, try again!"

Planning steps for achieving goals

You may find it helpful to follow a step-by-step method, such as the following, for achieving goals. This method can also be used to solve problems, as described in the handout "Coping with Problems and Symptoms."

1. Define the goal you would like to accomplish. Be as specific as possible.
2. List at least 3 possible ways to achieve the goal.
3. For each possibility, briefly evaluate its advantages (the pros) and disadvantages (the cons) for achieving your goal.
4. Choose the best way to achieve your goal. Be as practical as possible.
5. Plan the steps for carrying out your decision. Think about: Who will be involved? What step will each person do? What is the time frame? What resources are needed? What problems might come up and how could they be overcome?
6. Set a date for evaluating how well your plan is working. First focus on the positive: What has been accomplished? What went well? Then look at whether your goal has been achieved. If it hasn't been achieved, decide whether to revise your plan or try another one.

*Make a step-by-step plan to help
you achieve your goals.*

Questions: What is an example of a goal that you have set in the past?
 Have you used a step-by-step plan for achieving a goal before?

What goals would you like to focus on?

Choose one or two goals that you would like to achieve. Start with goals that are relatively small and have a strong chance of being successful. Use the following planning sheets to record your plans.

Step-By-Step Problem-Solving and Goal Achievement

1. Define the problem or goal as specifically and simply as possible.

2. List 3 possible ways to solve the problem or achieve the goal.

- a.
- b.
- c.

3. For each possibility, list one advantage and one disadvantage.

Advantages/pros:

- a.
- b.
- c.

Disadvantages/cons:

- a.
- b.

4. Choose the best way to solve the problem or achieve the goal. Which way has the best chance of succeeding?

5. Plan the steps for carrying out the solution. Who will be involved? What step will each person do? What is the time frame? What resources are needed? What problems might come up? How could they be overcome?

- a.
- b.
- c.
- d.
- e.
- f.

6. Set a date for follow up:_____.

Give yourself credit for what you have done. Decide whether the problem has been solved or whether the goal has been achieved. If not, decide whether to revise the plan or try another one.

Step-By-Step Problem-Solving and Goal Achievement

1. Define the problem or goal as specifically and simply as possible.								
2. List 3 possible ways to solve the problem or achieve the goal. a. b. c.								
3. For each possibility, list one advantage and one disadvantage. <table><tr><td><u>Advantages/pros:</u></td><td><u>Disadvantages/cons:</u></td></tr><tr><td>a.</td><td>a.</td></tr><tr><td>b.</td><td>b.</td></tr><tr><td>c.</td><td></td></tr></table>	<u>Advantages/pros:</u>	<u>Disadvantages/cons:</u>	a.	a.	b.	b.	c.	
<u>Advantages/pros:</u>	<u>Disadvantages/cons:</u>							
a.	a.							
b.	b.							
c.								
4. Choose the best way to solve the problem or achieve the goal. Which way has the best chance of succeeding?								
5. Plan the steps for carrying out the solution. Who will be involved? What step will each person do? What is the time frame? What resources are needed? What problems might come up? How could they be overcome? a. b. c. d. e. f.								
6. Set a date for follow up:_____. Give yourself credit for what you have done. Decide whether the problem has been solved or whether the goal has been achieved. If not, decide whether to revise the plan or try another one.								

What reminders, guidelines or suggestions to yourself will help you most in pursuing our recovery goals?

James's recovery goals center on working and being a good husband and father. He uses the following reminders for himself:

- ▶ Make time for yourself.
- ▶ Reward yourself for things you do.
- ▶ Look good for yourself.
- ▶ Keep up with your appointments.
- ▶ Tell people what's really on your mind.
- ▶ Try to listen to your doctor and nurse.
- ▶ Think positively. Have hope.
- ▶ Get outside those four walls—take a walk, see a movie, go listen to music in the park.
- ▶ Make time for romance.
- ▶ Learn what makes you feel good, what you enjoy doing.
- ▶ Be willing to apologize sometimes; it takes a real man or a real woman to apologize.
- ▶ You don't have to get in arguments with people who say things you don't like. It only builds up your adrenaline, and then you feel worse.
- ▶ Say a prayer. "Let me be positive today. Don't let me focus on the negative."

In David's recovery, he has focused on goals related to creative expression, living independently and having strong relationships with family and friends. He said that the following guidelines have helped him pursue his goals:

- ▶ Express yourself in art. Do it for your own enjoyment.
- ▶ Express yourself in writing. Keep a journal. Write a poem, a story, an article, or even a comic.
- ▶ Find a job that suits you and is not too stressful.
- ▶ Stay busy. Try to schedule things with other people.
- ▶ Persist until you find a medication that's right for you.
- ▶ Don't let other people's opinions about mental illness get you down.
- ▶ Meet other people who have experienced psychiatric symptoms.
- ▶ Help other people in their recovery. You'll both feel the benefits.
- ▶ Keep up family traditions as much as possible and stay in touch with family members.

Sarah said that her recovery goals center on improving her relationships with the important people in her life (her husband, best friend, and mother) and maintaining her good social standing in the community. She said that finding out who she is and what she likes has been her salvation. For Sarah, a daily checklist has been important in pursuing her recovery goals. She suggests asking yourself the following questions every morning:

- ▶ How is your medication situation?
- ▶ How is your wardrobe?
- ▶ Did you eat a healthy breakfast?
- ▶ What is your structure for the day?
- ▶ How is your money situation?
- ▶ Who do you trust, who can you talk to?
- ▶ Are you getting good sleep?

Each person finds his or her own pathway to recovery.

What reminders, guidelines, or suggestions to yourself will help you most in pursuing your recovery goals?

1.

2.

3.

4.

5.

Summary of the main points about recovery strategies

- ▶ People define recovery in their own personal ways.
- ▶ Strategies for recovery include:
- ▶ Self help programs
- ▶ Staying active
- ▶ Developing a support system
- ▶ Maintaining physical health
- ▶ Being aware of the environment and how it affects you
- ▶ Making time for leisure and recreation
- ▶ Expressing creativity
- ▶ Seeking out spirituality
- ▶ Following through with treatment choices
- ▶ Identifying what you would like to improve in your life will help you set goals.
- ▶ Make a step-by-step plan to help you achieve your goals.
- ▶ Each person finds his or her own pathway to recovery.

Appendix: Contact Information for Information about Self-Help Organizations

Consumer Organization and Networking Technical Assistance Center (CONTAC)

800-598-8847.

website: contac.org

CONTAC provides technical assistance to adults with psychiatric disability throughout the U.S.

International Association of Psychosocial Rehabilitation Services (IAPSRs)

410-730-7190

website: iapsrs.org

IAPSRs is a nonprofit organization committed to promoting, supporting and strengthening community-based psychosocial rehabilitation services and resources. It also publishes a journal, newsletters, and a resource catalogue.

Mental Illness Education Project (MIEP)

800-343-5540

website: miepvideos.org

The Mental Illness Education Project seeks to improve understanding of mental illness through the production of video-based programs for use by people with psychiatric conditions, their families, mental health practitioners, administrators, and educators, as well as the general public.

Mental Health Recovery

802-254-2092

website: mentalhealthrecovery.com

Mary Ellen Copeland has developed a number of publications and programs for helping people in the recovery process, including the Wellness Recovery Action Plan (WRAP). Her web site offers a free newsletter and articles and a list of publications and workshops that can be purchased.

National Alliance for the Mentally Ill (NAMI)

800-950-NAMI (helpline)

website: www.nami.org

NAMI is a support and advocacy organization of consumers, families and friends of people with mental illness. It provides educational about severe brain disorders, supports increased funding for research and advocates for adequate health insurance, housing, rehabilitation and jobs for people with psychiatric disabilities. Each state has a chapter and many communities have their own chapters. They offer a consumer-led educational program called "Peer-to-Peer."

National Depressive and Manic-Depressive Association (NDMA)

website: www.ndmda.org

NDMA is a membership organization that provides direct support services to people with psychiatric symptoms and their families, legislation and public policy advocacy, litigation to prevent discrimination, public education, and technical assistance to local affiliates.

National Empowerment Center (NEC)

website: www.power2u.org

NEC is an award-winning provider of mental health information, programs and materials, with a focus on recovery. It can refer you to a local support group or help you to set up a new group. Newsletter and audio-visual materials are also available.

National Institute for Mental Health (NIMH)

website: www.nimh.nih.gov

NIMH is engaged in research for better understanding, more effective treatment and eventually prevention of mental disorders. Its website provides educational materials and an excellent list of free publications on psychiatric disorders, including a comprehensive listing of resources for help.

National Mental Health Association (NMHA)

website: www.nmha.org

The NMHA provides information and referral services for people in the process of recovery.

National Mental Health Consumers' Self-help Clearinghouse

website: www.mhselfhelp.org

This organization provides information about psychiatric disorders, technical support for existing or newly starting self-help groups, and a free quarterly newsletter for consumers. They sponsor an annual conference. Spanish language services are available.

Resource Center to Address Discrimination and Stigma

1-800-540-0320

website: www.adscenter.org

This SAMHSA-funded center provides resources and information to help people implement and operate programs and campaigns to reduce the stigma of mental illness.

SAMHSA Center for Mental Health Services

800-789-CMHS

website: www.samhsa.gov/cmhs

The Substance Abuse and Mental Health Services Agency (SAMHSA) provides a large variety of free (or very inexpensive) publications and videotapes about mental illness and effective treatment.

Practical Facts about Schizophrenia

“Before I knew about my illness, I was confused and scared by what was happening to me. Nothing made sense. When I heard voices, I used to blame other people or even myself. Now I understand that hearing voices is part of my illness and that there are things that I can do about it.”

James, musician, choir director, parent, in recovery from schizophrenia

Introduction

This handout provides information about the psychiatric disorder of schizophrenia. Facts are given about how a diagnosis is made, the symptoms, how common it is, and the possible courses of the disorder. Several examples are included of famous people who have experienced the symptoms of schizophrenia and have made positive contributions to society.

What is schizophrenia?

Schizophrenia is a major mental disorder that affects many people. About one in every one hundred people (1%) develops the disorder at some time in his or her life. It occurs in every country, every culture, every racial group and at every income level.

Schizophrenia causes symptoms that can interfere with many aspects of people’s lives, especially their work and social life. Some symptoms make it difficult to know what’s real and what’s not real. These symptoms have been described as being similar to “dreaming when you are wide awake.” Other symptoms can cause problems with motivation, concentration, and experiencing enjoyment.

It is important to know that there are many reasons to be optimistic about the future:

- ▶ There is effective treatment for schizophrenia.
- ▶ People with schizophrenia can learn to manage their illness.
- ▶ People with schizophrenia can lead productive lives.

The more you understand about the illness and take an active role in your treatment, the better you will feel and the more you can accomplish toward your life goals.

Schizophrenia is a major psychiatric disorder that affects many aspects of a person's life.

1 in every 100 people develops schizophrenia at some point in his or her life.

People can learn to manage the symptoms of schizophrenia and lead productive lives.

Question: What did you know about schizophrenia before you had personal experience with it?

How is schizophrenia diagnosed?

Schizophrenia is diagnosed based on a clinical interview conducted by a specially trained professional, usually a doctor, but sometimes a nurse, psychologist, social worker or other mental health practitioner. In the interview, there are questions about symptoms you have experienced and how you are functioning in different areas of your life, such as relationships and work.

There is currently no blood test, X-ray, or brain scan that can be used to diagnose schizophrenia. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of symptoms, such as a brain tumor or an injury to the brain.

Schizophrenia is diagnosed by a clinical interview with a mental health professional.

Question: How long did it take for a mental health professional to accurately diagnose the symptoms you experienced?

What are the symptoms of schizophrenia?

It is important to keep in mind that the symptoms of schizophrenia can be found in other mental disorders. Specifying a diagnosis of schizophrenia is based on a combination of different symptoms, how long they have been present, and their severity. Symptoms that occur only when a person has used alcohol or drugs are not included.

No one has the exact same symptoms or is bothered to the same degree. You may, however, recognize having experienced some of the following symptoms

“Hallucinations” are false perceptions

This means that people hear, see, feel or smell something that is not actually there. Hearing voices is the most common type of hallucination.

Some voices might be pleasant, but many times they are unpleasant, saying insulting things or calling people names. When people hear voices, it seems like the sound is coming in through their ears and the voices sound like other human voices. It sounds extremely real.

Some examples:

- ▶ “A voice kept criticizing me and telling me that I was a bad person.”
- ▶ “Sometimes I heard two voices talking about me and commenting on what I was doing.”

Many people also experience visual hallucinations, which involves seeing things which are not there.

Some examples:

- ▶ “Once I saw a lion standing in the doorway to my bedroom. It looked so real.”
- ▶ “I thought I saw fire coming in the window. No one else saw it.”

“Delusions” are false beliefs

This means that people have strong beliefs that are firmly held and unshakeable, even when there is evidence that contradicts them. These beliefs are very individual, and not shared by others in their culture or religion. Delusions seem very real to the person experiencing them, but they seem impossible and untrue to others.

One common delusion is when people believe that others want to hurt them, when they don't (paranoid delusion). Another common delusion is people believing that they have special powers, talents or wealth. Other delusions include people believing that another person or force can control their thoughts or actions, or believing that others are referring to them or talking about them.

Some examples:

- ▶ “I believed that someone was trying to poison me.”
- ▶ “I was convinced that the TV was talking about me.”
- ▶ “I believed that I was fantastically wealthy, in spite of the balance in my bank account.”
- ▶ “I thought that people were reading my thoughts.”
- ▶ “No matter what the doctor said, I was convinced that I had parasites.”

A “thought disorder” is confused thinking

This symptom makes it difficult to stay on the topic, use the correct words, form complete sentences, or talk in an organized way that other people can understand.

Some examples:

- ▶ “People told me I jumped from topic to topic. They said I wasn’t making sense.”
- ▶ “I used to make up words when describing things to my brother, but he said he didn’t understand what I was saying.”
- ▶ “I’d be talking and suddenly I would stop in the middle of a thought and couldn’t continue. It was like I something was blocking my thought.”

“Cognitive difficulties” are problems with concentration, memory and abstract reasoning

This means that people might have problems with paying attention, remembering things, and understanding concepts.

Some examples:

- ▶ “I had trouble concentrating on reading or watching TV.”
- ▶ “I couldn’t remember plans or appointments.”
- ▶ “I had problems understanding abstract ideas.”

A “decline in social or occupational functioning” means spending much less time socializing with other people or being unable to work or go to school

This symptom is especially important, because it must be present for at least 6 months in order to diagnose schizophrenia. It is also important because it has a big impact on people being able to carry out their roles in a wide variety of areas, such as taking care of themselves or their children or their household responsibilities.

Some examples:

- ▶ “It became very uncomfortable to spend time with people. I went from loving to go out with friends to dreading it and avoiding it whenever I could.”
- ▶ “I couldn’t do the cooking and cleaning any more. Everyday household tasks became absolutely overwhelming to me.”
- ▶ “My job was very important to me, but it became increasingly impossible to do it. I tried very hard, but I had trouble with even the most basic tasks. It was very hard to explain to anyone.”

“Disorganized or catatonic behavior” refers to two different extremes of behaviour

Both are relatively rare. “Disorganized behavior” is behavior that appears random or purposeless to others. “Catatonic behavior” refers to when a person stops almost all movement and is immobile (or almost completely immobile) for long periods of time.

An example of disorganized behavior:

- ▶ “I used to spend whole days moving all the pots and pans from the kitchen to the basement to the bathroom then back to the kitchen. Then I’d start all over again.”

An example of catatonic behavior:

- ▶ “I don’t remember this, but my brother told me that before I started getting help, I used to sit in the same chair for hours and hours. I wouldn’t move a muscle, not even to take a drink of water.”

“Negative symptoms” are the lack of energy, motivation, pleasure and expressiveness.

Negative symptoms lead to people having problems with initiating and following through with plans, being interested in and enjoying things they used to like, and expressing their emotions to others with their facial expression and voice tone. While these symptoms may be accompanied by feelings of sadness, often they are not.

While others may call these symptoms a sign of laziness, it is NOT laziness.

Some examples:

- ▶ “I stopped caring about how I looked. I even stopped taking a shower.”
- ▶ “It was so hard to start a conversation with people, even when I liked them.”
- ▶ “I didn’t have the energy to go to work or go out with friends or follow through with plans.”
- ▶ “Things that used to be fun, like bowling, didn’t seem fun anymore.”
- ▶ “People told me they couldn’t tell what I was feeling. They said they couldn’t read my expression. Even when I was interested in what they were saying, they thought I was bored or uninterested.”

The major symptoms of schizophrenia are:

- hallucinations
- delusions
- thought disorders
- cognitive difficulties
- decline in social or occupational functioning
- disorganized or catatonic behavior
- negative symptoms (lack of energy, motivation, pleasure or emotional expression)

No one has exactly the same symptoms or experiences them to the same degree.

Question: Which of the symptoms have you experienced? You can use the following checklist to record your answer.

Experiences of symptoms of schizophrenia

Symptom	I had this symptom	Example of what happened to me
Hallucinations (hearing, seeing, feeling or smelling something that is not there)		
Delusions (having a strong belief that is firmly held in spite of contrary evidence)		
Thought disorder (difficulty with thinking clearly and expressing myself clearly)		
Cognitive difficulties (problems with concentration, memory and reasoning)		
Disorganized or catatonic behavior (random behavior or remaining motionless)		
Negative symptoms (lack of energy, motivation, pleasure, and emotional expressiveness)		
Decline in social or occupation functioning (less time socializing, problems doing work)		

What causes schizophrenia?

Schizophrenia is nobody's fault. This means that you did not cause the disorder, and neither did your family members or anyone else. Scientists believe that the symptoms of schizophrenia are caused by a chemical imbalance in the brain. Chemicals called "neurotransmitters" send messages in the brain. When they are out of balance, they can cause the brain to send messages that contain wrong information.

Scientists do not know what causes this chemical imbalance, but they believe that whatever causes it happens before birth. This means that some people have a "biological vulnerability" to develop schizophrenia, which then develops at a later age.

In addition to biological vulnerability, stress is also believed to play a role in the onset of schizophrenia and the course of the disorder. The theory of how vulnerability and stress interact with each other is called the "stress-vulnerability model" and is covered in more detail in the handout "The Stress-Vulnerability Model and Treatment Strategies."

Many questions about schizophrenia remain unanswered. There are many research projects underway to try to learn more about the disorder.

Schizophrenia is nobody's fault.

Scientists believe that schizophrenia is caused by a chemical imbalance in the brain.

Question: What other explanations have you heard about what causes schizophrenia?

What is the course of schizophrenia? What happens after you first develop symptoms?

Most people develop schizophrenia as teenagers or young adults, approximately age 16 to age 30. People vary in how often they have symptoms, the severity of their symptoms and how much the disorder interferes with their lives.

Schizophrenia affects people in very different ways. Some people have a milder form of the disorder and only have symptoms a few times in their lives. Other people have a stronger form and have several episodes, some of which require hospitalization. Some people experience symptoms almost constantly, but do not have severe episodes that require hospitalization.

Schizophrenia tends to be episodic, with symptoms varying in intensity over time. When symptoms reappear or get worse, this is usually referred to as a “symptom exacerbation” or an “acute episode” or a “relapse.” (More information on this subject is provided in the handout “Reducing Relapses.”) Some relapses can be managed at home, but other relapses may require hospitalization to protect the person or others.

With effective treatment most people with schizophrenia can reduce their symptoms and live productive, meaningful lives.

Schizophrenia tends to be episodic, with symptoms coming and going at varying levels of intensity.

Question: What has been your experience with symptom relapses?

Examples of people who have schizophrenia

Some famous people have developed schizophrenia:

John Nash (1928 to present) is an American mathematician who made discoveries in math that had very important applications in the field of Economics. He won the Nobel Prize for Economics in 1994. His story is told in *A Beautiful Mind*, a book that has also been made into a movie.

William Chester Minor (1834 to 1920) was an American Army surgeon who also had vast knowledge of the English language and literature. He made major contributions to the Oxford English Dictionary, the most comprehensive dictionary in the world.

Vaslav Nijinski (1890 to 1950) was a Russian dancer who is legendary because of his physical strength, light movements and expressive body language. He is especially remembered for a dance piece called "Afternoon of a Faun."

Other people who have developed schizophrenia are not famous, but are quietly leading productive, creative, meaningful lives:

Mr. X: works in an art supply store. He has a close relationship with his two brothers and goes bowling with them regularly. He likes to draw and plans to take an evening art class in the coming year.

Ms. Y: is married and has two children in elementary school. She participates in the home and school association and enjoys gardening.

Mr. Z: lives in a group home and volunteers at the zoo. He used to need frequent hospitalizations, but has successfully stayed out of the hospital for 2 years. He is looking for paid employment.

There are countless positive examples of people with schizophrenia who have contributed to society.

Questions: Do you know other people with schizophrenia?

If so, what are some examples of their personal strengths?

What is stigma?

When referring to mental illness, the word “stigma” means the negative opinions and attitudes that some people have about mental illness. Not everyone with mental illness has experienced stigma, although unfortunately, many have.

It is important to know that there are two major laws that protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it illegal to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Stigma is a complicated problem, and there are no easy solutions. Research has shown that as the general public gets to know more about mental disorders and as they get to know people who have experienced psychiatric symptoms, their negative beliefs go down.

Many organizations, including the National Institute of Mental Health, the Center for Mental Health Services, the National Alliance for the Mentally Ill, the National Mental Health Association, and the National Empowerment Center, are working on national campaigns to educate the public and create more laws that protect against discrimination. Contact information for these organizations is listed in the Appendix of the “Recovery Strategies” handout.

If you have experienced stigma and/or would like to know more about strategies for responding to stigma, refer to the Appendix to this handout.

Stigma refers to negative opinions and attitudes about mental illness.

Question: Have you ever experienced stigma because of psychiatric symptoms?

What are some of the steps you can take to manage your symptoms?

By reading this handout, you are already taking an important step, which is to learn some practical facts about your disorder.

Other important steps include:

- ▶ Learning how to cope with stress
- ▶ Building social support
- ▶ Developing a relapse prevention plan
- ▶ Using medication effectively
- ▶ Learning how to cope with symptoms
- ▶ Getting your needs met in the mental health system

These steps will be covered in the other educational handouts in the Illness Management and Recovery Program.

What you do makes a difference in your recovery.

There are steps you can take to manage psychiatric symptoms effectively.

Summary of the main points about schizophrenia

- ▶ Schizophrenia is a major psychiatric disorder that affects many aspects of a person's life.
- ▶ 1 in every 100 people develops schizophrenia at some point in his or her life.
- ▶ People can learn to manage the symptoms of schizophrenia and lead productive lives.
- ▶ Schizophrenia is diagnosed by a clinical interview with a mental health professional.
- ▶ The major symptoms of schizophrenia are:
 - Hallucinations
 - Delusions
 - Thought disorders
 - Cognitive difficulties
 - Decline in social or occupational functioning
 - Disorganized or catatonic behavior
 - Negative symptoms (lack of energy, motivation, pleasure or emotional expression)
- ▶ No one has exactly the same symptoms or experiences them to the same degree.
- ▶ Schizophrenia is nobody's fault.
- ▶ Scientists believe that schizophrenia is caused by a chemical imbalance in the brain.
- ▶ Schizophrenia tends to be episodic, with symptoms coming and going at varying levels of intensity.
- ▶ There are countless positive examples of people with schizophrenia who have contributed to society.
- ▶ Stigma refers to negative opinions and attitudes about mental illness.
- ▶ What you do makes a difference in your recovery.
- ▶ There are steps you can take to manage psychiatric symptoms effectively.

Appendix: Strategies and Resources for Responding to Stigma

What are some strategies for responding to stigma?

It may be helpful for you to develop some personal strategies for responding to stigma. There are advantages and disadvantages to each strategy. What you decide to do depends on the specific situation.

Some possible strategies include:

Educate yourself about mental disorders

Sometimes people who experience psychiatric symptoms do not know the facts themselves. They may blame themselves for their symptoms or think they cannot take care of themselves or that they can't be part of the community. You may have had these negative thoughts or feelings. This is called "self-stigma."

It is important to fight self-stigma, because it can make you feel discouraged and cause you to lose hope in your recovery. One way to fight self-stigma is to educate yourself about psychiatric symptoms and mental disorders, and to be able to separate myths from facts. For example, knowing that no one causes schizophrenia can help you to stop blaming yourself or others.

Another way to fight self-stigma is to belong to a support group or another group where you get to know different people who have experienced psychiatric symptoms. You can locate support groups through organizations such as the Consumer Organization and Networking Technical Assistance Center (CONTAC) and the National Empowerment Center. Contact information is provided for these and other helpful organizations in the Appendix to the "Recovery Strategies" handout.

The more you know about mental disorders, the more you can combat prejudice, whether it comes from others or from within yourself.

Correct misinformation in others without disclosing anything about your own experience

A co-worker might say, "People with mental illness are all dangerous." You might decide to reply, "Actually, I read a long article in the paper that said that the majority of people with mental illness are not violent. The media just sensationalizes certain cases."

To fight stigma, you might decide to correct misinformation without disclosing personal experience.

Selectively disclose your experience with psychiatric symptoms

Disclosing information about your own experience with psychiatric symptoms is a personal decision. It's important to think about how the other person might respond. It's also important to weigh the risks and benefits to yourself, both in the short term and in the long term. Talking this over with someone in your support system might be helpful.

People vary widely in whether they choose to disclose information about themselves, and if so, how much. You may decide to disclose personal information only to family members or close friends. Or you may disclose information to people only when it becomes necessary. For example, you might need a specific accommodation in order to perform your job.

You may feel comfortable disclosing information in a wide variety of settings. You may even be willing to speak publicly about mental illness for educational or advocacy purposes.

In certain situations, you might decide to fight stigma by disclosing some of your own experience.

Become aware of your legal rights

It's important to educate yourself about the laws against discrimination. Two major laws that protect against unfair treatment are the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).

The Americans with Disabilities Act makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation. The Fair Housing Act prohibits housing discrimination because of race, color, national origin, religion, sex, family status, or disability (physical or psychiatric).

It is worthwhile to take some time to understand the basic principles of these laws and how they might apply to you. If you feel that your legal rights have been violated, there is a range of possible actions you might take, depending on the situation.

Sometimes it is most effective to speak directly to the person involved. For example, it is usually preferable to approach your employer about the need to provide a reasonable accommodation on the job. An example of a reasonable accommodation would be asking to move your desk to a more quiet area in the office to improve your concentration.

Sometimes it may be more effective to talk to an expert to get advice, support, advocacy, mediation, and even legal help. For example, if a landlord refused to rent you an apartment because of psychiatric symptoms you may need to contact the Office of Fair Housing and Equal Opportunity

(FHEO) in the Department of Housing and Urban Development (HUD) for advice and assistance. If an employer was unresponsive to your request for accommodation on the job, you might want to contact the Equal Employment Opportunity Commission (EEOC).

Contact information for the Office of Fair Housing and Equal Opportunity, the Equal Employment Opportunity Commission and other helpful organizations is provided at the end of this Appendix.

*To combat stigma, it is important to know
your legal rights and where to seek help
if your rights have been violated.*

Question: What strategies have you used to combat stigma?

You can use the following checklist to answer this question.

Strategies for Combating Stigma

Strategy	I have used this strategy
Educating yourself about psychiatric symptoms and mental disorders	
Correcting misinformation without disclosing your own experience with psychiatric symptoms	
Selectively disclosing your experience with psychiatric symptoms	
Becoming aware of your legal rights	
Seeking out assistance if your legal rights are violated	
Other Strategies:	

Resources

Anti-Stigma organizations and websites

Chicago Consortium for Stigma Research

7230 arbor Drive
Tinley Park, IL 60477
Phone: 708-614-2490

Otto Wahl's Homepage and Guide for Stigmabusters

Dept. of Psychology
George Mason University
Fairfax, VA 22030
website: iso.gmu.edu/-owahl.INDEX.HTM

National Stigma Clearinghouse

245 Eighth Avenue
Suite 213
New York, NY 10011
Phone: 212-255-4411
website: community2.webtv.net/stigmanet/HOMEPAGE

Resource Center to Address Discrimination and Stigma

1-800-540-0320
website: www.adscenter.org

Federal agencies

Equal Employment Opportunity Commission (EEOC)

1801 L Street, NW
Washington, D.C. 20507
Phone: 202-663-4900
To locate the nearest office: 1-800-669-4000
website: eeoc.gov

Office of Fair Housing and Equal Opportunity (FHEO)

Department of Housing and Urban Development
451 7th Street SW
Washington, D.C. 20410
Phone: 202-708-1112
website: hud.gov

Practical Facts About Bipolar Disorder

“I came to hate the manic side of my illness as much as the depression, since the constant racing thoughts were quite uncontrollable and bothersome. My current treatment plan helps me keep things under much better control.”

David Kime, artist, writer, floral designer, in recovery from bipolar disorder

Introduction

This handout provides information about bipolar disorder. Facts are given about how a diagnosis is made, the symptoms, how common it is, and the possible courses of the disorder. Several examples are included of famous people who have experienced the symptoms of bipolar disorder and have made positive contributions to society.

What is bipolar disorder?

Bipolar disorder is a major mental illness that affects many people. It is sometimes called “manic depression.” About one person in every one hundred people (1%) develops the disorder at some time in his or her life. It occurs in every country, every culture, every racial group and at every income level.

Bipolar disorder causes symptoms that can interfere with many aspects of people’s lives. Some of the symptoms cause severe mood swings, from the highest of highs (mania) to the lowest of the lows (depression.) Some of the other symptoms of bipolar disorder can make it difficult to know what’s real and what’s not real (psychotic symptoms).

It is important to know that there are many reasons to be optimistic about the future:

- ▶ There is effective treatment for bipolar disorder.
- ▶ People with bipolar disorder can learn to manage their illness.
- ▶ People with bipolar disorder can lead productive lives.

The more you understand about the illness and take an active role in your treatment, the better you will feel and the more you can accomplish toward your life goals.

Bipolar disorder is a major mental illness that affects many aspects of a person's life.

1 in every 100 people develops bipolar disorder at some point in his or her life.

People can learn to manage the symptoms of bipolar disorder and lead productive lives.

Question: What did you know about bipolar disorder before you had personal experience with it?

How is bipolar disorder diagnosed?

Bipolar disorder is diagnosed based on a clinical interview conducted by a specially trained professional, usually a doctor, but sometimes a nurse, psychologist, social worker or other mental health practitioner. In the interview, there are questions about symptoms you have experienced and how you are functioning in different areas of your life, such as relationships and work.

There is currently no blood test, X-ray or brain scan that can be used to diagnose bipolar disorder. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of symptoms, such as a brain tumor or an injury to the brain.

Bipolar disorder is diagnosed by a clinical interview with a mental health professional.

Question: How long did it take for a mental health professional to accurately diagnose the symptoms you experienced?

What are the symptoms of bipolar disorder?

It is important to keep in mind that the symptoms of bipolar disorder can be found in other mental disorders. Specifying a diagnosis of bipolar disorder is based on a combination of different symptoms, how long they have been present, and their severity. Symptoms that occur only when a person has used alcohol or drugs are not included.

No one has the exact same symptoms or is bothered to the same degree. You may, however, recognize having experienced some of the following symptoms:

Extremely high moods are called “mania.”

People who have had periods of mania have reported the following symptoms:

Feelings of extreme happiness or excitement. “I was so happy with my life; I felt like I was on top of the world. I thought the whole world loved me and worshipped me.”

Feeling irritable. “I thought I had a brilliant plan for making thousands of dollars. I got very irritated when people asked questions that seemed to doubt me.”

Feeling unrealistically self confident. “I sent a hand written script to Steven Speilberg. I was absolutely sure that he would buy it immediately for his next movie.”

Sleeping less. “I felt like I only needed two hours of sleep a night. I was too excited to sleep any more than that.”

Talking a lot. “People told me I was talking all the time; they couldn’t get a word in edgewise. I couldn’t seem to stop myself because I had so much to say.”

Having racing thoughts. “My head was so full of thoughts I couldn’t keep up with them.”

Being easily distracted. “I couldn’t concentrate on what my English teacher was saying because I was distracted by every other sound – the ticking of the clock, the air conditioner humming, a car driving by, someone walking by in the hall, a bird singing outside the window. It was overwhelming.”

Being extremely active. “Sometimes I would work 20 hours a day on my inventions. Or I would re-arrange every stick of furniture in my house – then change it again the next day.”

Having bad judgment. “I thought nothing bad could happen to me, so I spent everything in my bank account, borrowed from everyone I knew, then ran up all my charge cards. I also had a one night stand with someone that I didn’t know at all – I was lucky he didn’t have AIDS or something.”

Extremely low moods are called “depression.”

“Depression” is defined as including:

Sad mood. “I couldn’t see anything positive in my life. Everything seemed dark and negative.”

Eating too little or too much. “When I am depressed, I lost all interest in food. Nothing looks good and I hardly eat anything. I lost ten pounds the last time.”

Sleeping too little or too much. “I had a lot of trouble falling sleep at night. I would lay awake for hours, tossing and turning. Then I would wake up at 4:00 AM and not be able to go back to sleep. Other people I know with depression have the opposite problem. They feel like sleeping all the time – they spend 12 or more hours a day in bed.”

Feeling tired and low energy. “I dragged myself to work each morning, but I could barely answer the phone once I got there. Everything seemed like such an effort.”

Feeling helpless, hopeless, worthless. “I broke up with my boyfriend because I thought I was a loser and he shouldn’t be stuck with me. He deserved better. It seemed like nothing I did turned out right. I saw nothing but heartache in my future.”

Feeling guilty for things that aren’t your fault. “I started feeling responsible for all kinds of things: my brother’s having cerebral palsy, the car accident that happened in front of my house, even the hurricane that blew the roofs off the buildings down in Florida. Somehow I thought it was all my fault.”

Suicidal thoughts or actions. “When I reached the bottom, I felt that the only way out was to leave this world. I thought my wife and kids would be better off without me. Luckily I didn’t do anything to hurt myself, although I considered it.”

Trouble concentrating and making decisions. “It took me over an hour to read a one page letter from my bank. I couldn’t keep my mind focused. And one day I couldn’t go to work because I couldn’t decide what shirt to wear.”

Symptoms which make it hard to know what’s real are called “psychotic symptoms.”

Some people with bipolar disorder have psychotic symptoms. They have described the following experiences:

Hearing, seeing, feeling or smelling something that is not actually there (“hallucinations”). “I heard different kinds of voices. Sometimes the voices were o.k., just making comments like ‘now you’re eating lunch.’ But sometimes the voices said things like ‘you’re stupid; no one wants to be friends with such a loser.’ Or they might say scary things about other people, ‘he has a knife and wants to kill you.’”

Having very unusual or unrealistic beliefs that are not shared by others in your culture or religion (“delusions”). “I was convinced that I had special mental powers that could stop missiles in their tracks. I thought the FBI was after me because they wanted to control these powers. I even thought the TV was talking about this.”

Confused thinking (“thought disorder.”) “I used to try to tell my sister what I was thinking, but I would jump from topic to topic and she told me she had no idea what I was talking about.”

The major symptoms of bipolar disorder are mania, depression, and psychotic symptoms.

No one has exactly the same symptoms or experiences them to the same degree.

Question: Which of the symptoms have you experienced? You can use the following checklists to record your answer.

Symptoms of Mania

Symptom of Mania	I had this symptom	Example
Feeling extremely happy or excited		
Feeling irritable		
Feeling unrealistically self confident		
Sleeping less		
Talking a lot		
Having racing thoughts		
Being easily distracted		
Being extremely active		
Having faulty judgment		

Symptoms of Depression

Symptom of depression	I had this symptom	example
Sad mood		
Eating too little or too much		
Sleeping too little or too much		
Feeling tired and low energy		
Feeling helpless, hopeless, worthless		
Feeling guilty for things that weren't my fault		
Suicidal thoughts or actions		
Trouble concentrating & making decisions		

Symptoms of Psychosis

Symptom of psychosis	I had this symptom	Example
Hearing, seeing, feeling or smelling something that is not actually present		
Confused thinking		
Having very unusual or unrealistic beliefs that are not shared by others in my culture		

What causes bipolar disorder?

Bipolar disorder is nobody's fault. This means that you did not cause the disorder and neither did your family members or anyone else. Scientists believe that the symptoms of bipolar disorder are caused by a chemical imbalance in the brain. Chemicals called "neurotransmitters" send messages in the brain. When they are out of balance, they can cause extreme shifts in your mood. This chemical imbalance can also cause the brain to send messages that contain wrong information.

Scientists do not know what causes this chemical imbalance, but they believe that whatever causes it happens before birth. This means that people have a "biological vulnerability" to develop bipolar disorder, which then develops at a later age.

In addition to biological vulnerability, stress is also believed to play a role in the onset and course of bipolar disorder. The theory of how vulnerability and stress interact with each other is called the "stress-vulnerability model" and is covered in more detail in the handout "The Stress-Vulnerability Model and Treatment Strategies."

Many questions about bipolar disorder remain unanswered. There are many research projects underway to try to learn more about the illness.

Bipolar disorder is nobody's fault.

Scientists believe that bipolar disorder is caused by a chemical imbalance in the brain.

Question: What other explanations have you heard about what causes bipolar disorder?

What is the course of bipolar disorder? What happens after you first develop symptoms?

People usually develop bipolar disorders as teenagers or young adults, approximately age 16 to age 30. People can also have their first symptoms when they are in their 40's or 50's. People vary in how often they have symptoms, the severity of the symptoms and how much the disorder interferes with their lives.

Bipolar disorder affects people in very different ways. Some people have a milder form of the disorder and only have symptoms a few times in their lives. Other people have a stronger form of the disorder and have several episodes, some of which require hospitalization.

Bipolar tends to be episodic, with symptoms varying in intensity over time. When symptoms reappear or get worse, this is usually referred to as a "symptom exacerbation" or an "acute episode" or a "relapse." (More information on this subject is provided in the handout, "Reducing Relapses.") Some relapses can be managed at home, but other relapses may require hospitalization to protect the person or others.

With effective treatment, most people with bipolar disorder can reduce their symptoms and live productive, meaningful lives.

Bipolar disorder tends to be episodic, with symptoms coming and going at varying levels of intensity.

Question: What has been your experience with symptom relapses?

Examples of people who have bipolar disorder

Some famous people have developed bipolar disorder:

Patti Duke is an American actress who had her own television series and has starred in movies, including "The Miracle Worker." She also had a singing and writing career.

Robert Boorstin was a special assistant to President Clinton. His work was highly valued in the White House.

Vincent Van Gogh was one of the most famous painters who ever lived.

Kay Redfield Jamison is a psychologist, researcher and writer. In 2001 she won a MacArthur Fellowship, sometimes referred to as "the genius award."

Other people who have developed bipolar disorder are not famous, but are quietly leading productive, creative, meaningful lives:

Ms. X is an attorney in a large law firm and is active in her church.

Mr. Y teaches in an elementary school. He is married and is expecting his first child.

Mr. Z is actively looking for work. He used to need frequent hospitalizations, but has successfully stayed out of the hospital for 3 years.

There are countless positive examples of people with bipolar disorder who have contributed to society.

Questions: Do you know other people with bipolar disorder?
If so, what are some examples of their personal strengths?

What is stigma?

When referring to mental illness, the word “stigma” means the negative opinions and attitudes that some people have about mental illness. Not everyone with mental illness has experienced stigma, although unfortunately, many have.

It is important to know that there are two major laws that protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it illegal to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Stigma is a complicated problem, and there are no easy solutions. Research has shown that as the general public gets to know more about mental disorders and as they get to know people who have experienced psychiatric symptoms, their negative beliefs go down.

Many organizations, including the National Institute of Mental Health, the Center for Mental Health Services, the National Alliance for the Mentally Ill, the National Mental Health Association, and the National Empowerment Center, are working on national campaigns to educate the public and create more laws that protect against discrimination. Contact information for these organizations is listed in the Appendix of the “Recovery Strategies” handout.

If you have experienced stigma and/or would like to know more about strategies for responding to stigma, refer to the Appendix at the end of this handout.

Stigma refers to negative opinions and attitudes about mental illness.

Question: Have you ever experienced stigma because of psychiatric symptoms?

What are some of the steps you can take to manage your illness?

By reading this handout you are already taking an important step, which is learning some practical facts about your illness.

Other important steps include:

- ▶ Learning how to cope with stress
- ▶ Building social support
- ▶ Developing a relapse prevention plan
- ▶ Using medication effectively
- ▶ Learning how to cope with symptoms
- ▶ Getting your needs met in the mental health system

These steps will be covered in the other educational handouts in the Illness Management and Recovery Program.

What you do makes a difference in your recovery.

There are steps you can take to manage psychiatric symptoms effectively.

Summary of the main points about bipolar disorder

- ▶ Bipolar disorder is a major psychiatric disorder that affects many aspects of a person's life.
- ▶ 1 in every 100 people develops bipolar disorder at some point in his or her life.
- ▶ People can learn to manage the symptoms of bipolar disorder and lead productive lives.
- ▶ Bipolar disorder is diagnosed by a clinical interview with a mental health professional.
- ▶ The major symptoms of bipolar disorder are mania, depression, and psychotic symptoms.
- ▶ No one has exactly the same symptoms or experiences them to the same degree.
- ▶ Bipolar disorder is nobody's fault.
- ▶ Scientists believe that bipolar disorder is caused by a chemical imbalance in the brain.
- ▶ Bipolar disorder tends to be episodic, with symptoms coming and going at varying levels of intensity.
- ▶ There are countless positive examples of people with bipolar disorder who have contributed to society.
- ▶ Stigma refers to negative opinions and attitudes about mental illness.
- ▶ What you do makes a difference in your recovery.
- ▶ There are steps you can take to manage psychiatric symptoms effectively.

Appendix: Strategies and Resources for Responding to Stigma

What are some strategies for responding to stigma?

It may be helpful for you to develop some personal strategies for responding to stigma. There are advantages and disadvantages to each strategy. What you decide to do depends on the specific situation.

Some possible strategies include:

Educate yourself about mental disorders

Sometimes people who experience psychiatric symptoms do not know the facts themselves. They may blame themselves for their symptoms or think they cannot take care of themselves or that they can't be part of the community. You may have had these negative thoughts or feelings. This is called "self-stigma."

It is important to fight self-stigma, because it can make you feel discouraged and cause you to lose hope in your recovery. One way to fight self-stigma is to educate yourself about psychiatric symptoms and mental disorders, and to be able to separate myths from facts. For example, knowing that no one causes bipolar disorder can help you to stop blaming yourself or others.

Another way to fight self-stigma is to belong to a support group or another group where you get to know different people who have experienced psychiatric symptoms. You can locate support groups through organizations such as the Consumer Organization and Networking Technical Assistance Center (CONTAC) and the National Empowerment Center. Contact information is provided for these and other helpful organizations in the Appendix to the "Recovery Strategies" handout.

The more you know about mental disorders, the more you can combat prejudice, whether it comes from others or from within yourself.

Correct misinformation in others without disclosing anything about your own experience

A co-worker might say, "People with mental illness are all dangerous." You might decide to reply, "Actually, I read a long article in the paper that said that the majority of people with mental illness are not violent. The media just sensationalizes certain cases."

To fight stigma, you might decide to correct misinformation without disclosing personal experience.

Selectively disclose your experience with psychiatric symptoms

Disclosing information about your own experience with psychiatric symptoms is a personal decision. It's important to think about how the other person might respond. It's also important to weigh the risks and benefits to yourself, both in the short term and in the long term. Talking this over with someone in your support system might be helpful.

People vary widely in whether they choose to disclose information about themselves, and if so, how much. You may decide to disclose personal information only to family members or close friends. Or you may disclose information to people only when it becomes necessary. For example, you might need a specific accommodation in order to perform your job.

You may feel comfortable disclosing information in a wide variety of settings. You may even be willing to speak publicly about mental illness for educational or advocacy purposes.

In certain situations, you might decide to fight stigma by disclosing some of your own experience.

Become aware of your legal rights

It's important to educate yourself about the laws against discrimination. Two major laws that protect against unfair treatment are the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).

The Americans with Disabilities Act makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation. The Fair Housing Act prohibits housing discrimination because of race, color, national origin, religion, sex, family status, or disability (physical or psychiatric).

It is worthwhile to take some time to understand the basic principles of these laws and how they might apply to you. If you feel that your legal rights have been violated, there is a range of possible actions you might take, depending on the situation.

Sometimes it is most effective to speak directly to the person involved. For example, it is usually preferable to approach your employer about the need to provide a reasonable accommodation on the job. An example of a reasonable accommodation would be asking to move your desk to a more quiet area in the office to improve your concentration.

Sometimes it may be more effective to talk to an expert to get advice, support, advocacy, mediation, and even legal help. For example, if a landlord refused to rent you an apartment because of psychiatric symptoms you may need to contact the Office of Fair Housing and Equal Opportunity (FHEO) in the Department of Housing and Urban Development (HUD) for advice and assistance. If an employer was unresponsive to your request for accommodation on the job, you might want to contact the Equal Employment Opportunity Commission (EEOC).

Contact information for the Office of Fair Housing and Equal Opportunity, the Equal Employment Opportunity Commission and other helpful organizations is provided at the end of this Appendix.

*To combat stigma, it is important to know
your legal rights and where to seek help
if your rights have been violated.*

Question: What strategies have you used to combat stigma?

You can use the following checklist to answer this question.

Strategies for Combating Stigma

Strategy	I have used this strategy
Educating yourself about psychiatric symptoms and mental disorders	
Correcting misinformation without disclosing your own experience with psychiatric symptoms	
Selectively disclosing your experience with psychiatric symptoms	
Becoming aware of your legal rights	
Seeking out assistance if your legal rights are violated	
Other Strategies:	

Resources

Anti-Stigma organizations and websites:

Chicago Consortium for Stigma Research

7230 arbor Drive
Tinley Park, IL 60477
Phone: 708-614-2490

Otto Wahl's Homepage and Guide for Stigmabusters

Dept. of Psychology
George Mason University
Fairfax, VA 22030
website: iso.gmu.edu/~owahl.INDEX.HTM

National Stigma Clearinghouse

245 Eighth Avenue
Suite 213
New York, NY 10011
Phone: 212-255-4411
website: community2.webtv.net/stigmanet/HOMEPAGE

Resource Center to Address Discrimination and Stigma

1-800-540-0320
website: www.adscenter.org

Federal agencies:

Equal Employment Opportunity Commission (EEOC)

1801 L Street, NW
Washington, D.C. 20507
Phone: 202-663-4900
To locate the nearest office: 1-800-669-4000
website: eeoc.gov

Office of Fair Housing and Equal Opportunity (FHEO)

Department of Housing and Urban Development
451 7th Street SW
Washington, D.C. 20410
Phone: 202-708-1112
website: hud.gov

Practical Facts About Depression

“I used to feel powerless over my depression. It controlled my life. I felt like I deserved to feel so sad. It’s different now that I’ve decided to take charge. When I see the signs of depression returning, I immediately take action. I’m not powerless any more.”

Tamika, student, childcare provider, basketball player, in recovery from depression

Introduction

This handout provides information about the psychiatric disorder of depression, focusing on the diagnosis of major depression. Facts are given about how a diagnosis is made, the symptoms, how common it is, and the possible courses of the disorder. Several examples are included of famous people who have experienced symptoms of depression and have made positive contributions to society.

What is depression?

Depression is one of the most common psychiatric disorders. 15 to 20 people out of every 100 have a period of serious depression at some time in their lives. It occurs in every country, every culture, every racial group and at every income level.

Depression causes people to have extremely low moods, when they feel very sad or “blue.” It can also cause problems in appetite, sleeping and energy level. For some people, depression can seriously interfere with their work and social life.

It is important to know that there are many reasons to be optimistic about the future:

- ▶ There is effective treatment for depression
- ▶ People with depression can learn to manage their own illness
- ▶ People with depression can lead productive lives.

The more you understand about the illness and take an active role in your treatment, the better you will feel and the more you can accomplish toward your life goals.

Depression is a major mental illness that can affect many aspects of a person's life.

15 to 20 people in every 100 have a period of serious depression at some time in their lives.

People can learn to manage the symptoms of depression and lead productive lives.

Question: What did you know about depression before you had personal experience with it?

How is depression diagnosed?

Depression is diagnosed based on a clinical interview conducted by a specially trained professional, usually a doctor, but sometimes a nurse, psychologist, social worker or other mental health practitioner. In the interview, there are questions about symptoms you have experienced and how you are functioning in different areas of your life, such as relationships and work.

There is currently no blood test, X-ray or brain scan that can be used to diagnose depression. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of symptoms, such as a thyroid problem.

Depression is diagnosed by a clinical interview with a mental health professional.

Question: How long did it take for a mental health professional to accurately diagnose the symptoms you experienced?

What are the symptoms of depression?

It is important to keep in mind that the symptoms of depression can be found in other mental disorders. Specifying a diagnosis of depression is based on a combination of different symptoms, how long they have been present, and their severity. Symptoms that occur only when a person has used alcohol or drugs are not included

It is also important to recognize that there are different levels of severity of depression. This hand-out focuses on the diagnosis of “major depressive disorder.” This diagnosis includes having one or more episodes of at least two weeks in which there is an extremely depressed (sad) mood or the loss of interest or pleasure in nearly all activities. To receive a diagnosis of major depression, there are several other additional symptoms that must be present at the same time, such as changes in appetite, sleep, energy, and concentration.

No one has the exact same symptoms or is bothered to the same degree. If you have major depression, however, you may recognize having experienced some of the following symptoms:

Sad mood. “I couldn’t see anything positive in my life. Everything seemed dark and negative. I felt down all the time.”

Eating too little or too much. “When I’m depressed I lose all interest in food. Nothing tastes good and I hardly eat anything. Last time I lost ten pounds.”

Sleeping too little or too much. “I had a lot of trouble falling sleep at night. I would lay awake for hours, tossing and turning. Then I would wake up at 4:00 AM and not be able to go back to sleep. Other people I know with depression have the opposite problem. They feel like sleeping all the time—they spend 12 or more hours a day in bed.”

Feeling tired and low energy. “I dragged myself to work each morning, but I could barely answer the phone once I got there. Everything seemed like too much effort.”

Feeling helpless, hopeless, worthless. “I broke up with my boyfriend because I thought I was a loser and he shouldn’t be stuck with me. He deserved better. It seemed like nothing I did turned out right. I saw nothing but heartache in my future.”

Feeling guilty for things that aren’t your fault. “I started feeling responsible for all kinds of things: my brother’s having cerebral palsy, the car accident that happened in front of my house, even the hurricane that blew the roofs off the buildings down in Florida. Somehow I thought it was all my fault.”

Suicidal thoughts or actions. “When I reached the bottom, I felt that the only way out was to leave this world. I thought my wife and kids would be better off without me. Luckily I didn’t do anything to hurt myself, although I considered it.”

Trouble concentrating and making decisions. “It took me over an hour to read a one page letter from my bank. I couldn’t keep my mind focused. And one day I couldn’t go to work because I couldn’t decide what shirt to wear.”

The major symptoms of depression include:

- Sad mood
- Eating too little or too much
- Sleeping too little or too much
- Feeling tired or low energy
- Feeling helpless, hopeless, or worthless
- Feeling guilty for things that aren’t your fault
- Suicidal thoughts or actions
- Trouble concentrating and making decisions

No one has exactly the same symptoms or experiences them to the same degree.

Question: Which of the symptoms have you experienced? You can use the following checklist to record your answers.

Symptoms of Depression

Symptom of depression	I had this symptom	Example
Sad mood		
Eating too little or too much		
Sleeping too little or too much		
Feeling tired and low energy		
Feeling helpless, hopeless, worthless		
Feeling guilty for things that weren't my fault		
Suicidal thoughts or actions		
Trouble concentrating & making decisions		

What causes depression?

It is extremely important to know that depression is not your fault. Sometimes when people are depressed they start to think that they caused it. This is not true. Scientists believe that the symptoms of depression are caused by a chemical imbalance in the brain. Chemicals called “neurotransmitters” send messages in the brain. When these chemicals are out of balance, they can cause low moods.

Research has found that the experience of a major stress or loss, such as losing a loved one, or being the victim of abuse or violence, can increase the chances of a person developing depression. Stress also appears to play a role in the course of depression. The theory of how biological vulnerability and stress interact with each other is called the “stress-vulnerability model” and is covered in more detail in the handout “The Stress-Vulnerability Model and Treatment Strategies.”

Many questions about depression remain unanswered. There are many research projects underway to try to learn more about the disorder.

Depression is not your fault.

Scientists believe that the symptoms of depression are caused by a chemical imbalance in the brain.

Question: What other explanations have you heard about what causes depression?

What is the course of depression? What happens after you first develop symptoms?

People can develop depression at any time in their lives. People vary in how often they have symptoms, the severity of the symptoms and how much the disorder interferes with their lives. Some people only have symptoms a few times in their lives. Other people have several episodes, some of which may require hospitalization.

Depression tends to be episodic, with symptoms varying in intensity over time. When symptoms reappear or get worse, this is usually referred to as a “relapse,” or “acute episode” or “symptoms exacerbation.” (More information on this subject is provided in the handout, “Reducing Relapses.”) Some relapses can be managed at home, but other relapses may require hospitalization to protect the person.

With effective treatment, most people with depression can reduce their symptoms and live productive, meaningful lives.

Depression tends to be episodic, with symptoms coming and going at varying levels of intensity.

Question: What has been your experience with symptom relapses?

Examples of people who have depression

Some famous people have been troubled by depression:

Winston Churchill was the Prime Minister of England during World War II and led his country to victory.

Mike Wallace is an American television journalist, well known for conducting interviews on the show "60 Minutes."

Other people who have developed depression are not famous, but are quietly leading productive, creative, meaningful lives:

Mr. Y is a college student who plays on the soccer team.

Ms. Z is married and the mother of a 2-year-old son. She works at home and cares for her child.

There are countless positive examples of people with depression who have contributed to society.

Questions: Do you know other people with depression?
If so, what are some examples of their personal strengths?

What is stigma?

When referring to mental illness, the word “stigma” means the negative opinions and attitudes that some people have about mental illness. Not everyone with mental illness has experienced stigma, although unfortunately, many have.

It is important to know that there are two major laws that protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it illegal to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Stigma is a complicated problem, and there are no easy solutions. Research has shown that as the general public gets to know more about mental disorders and as they get to know people who have experienced psychiatric symptoms, their negative beliefs go down.

Many organizations, including the National Institute of Mental Health, the Center for Mental Health Services, the National Alliance for the Mentally Ill, the National Mental Health Association, and the National Empowerment Center, are working on national campaigns to educate the public and create more laws that protect against discrimination. Contact information for these organizations is listed in the Appendix of the “Recovery Strategies” handout.

If you have experienced stigma and/or would like to know more about strategies for responding to stigma, refer to the Appendix at the end of this handout.

Stigma refers to negative opinions and attitudes about mental illness.

Question: Have you ever experienced stigma because of psychiatric symptoms?

What are some of the steps you can take to manage your illness?

By reading this module you are already taking the first step, which is learning some practical facts about your illness.

Other important steps include:

- ▶ Learning how to cope with stress
- ▶ Building social support
- ▶ Developing a relapse prevention plan
- ▶ Using medication effectively
- ▶ Learning how to cope with symptoms
- ▶ Getting your needs met in the mental health system

These steps will be covered in the other educational handouts in the Illness Management and Recovery Program.

What you do makes a difference in your recovery.

There are steps you can take to manage psychiatric symptoms effectively.

Summary of the main points about depression

- ▶ Depression is a major psychiatric disorder that affects many aspects of a person's life.
- ▶ 15 to 20 people in every 100 have a period of serious depression at some time in their lives.
- ▶ People can learn to manage the symptoms of depression and lead productive lives.
- ▶ Depression is diagnosed by a clinical interview with a mental health professional.
- ▶ The symptoms of depression include:
 - ▶ Sad mood
 - ▶ Eating too little or too much
 - ▶ Sleeping too little or too much

- ▶ Feeling tired or low energy
- ▶ Feeling helpless, hopeless, or worthless
- ▶ Feeling guilty for things that aren't your fault
- ▶ Suicidal thoughts or actions
- ▶ Trouble concentrating and making decisions
- ▶ No one has exactly the same symptoms or experiences them to the same degree.
- ▶ Depression is not your fault.
- ▶ Scientists believe that depression is caused by a chemical imbalance in the brain.
- ▶ Depression tends to be episodic, with symptoms coming and going at varying levels of intensity.
- ▶ There are countless positive examples of people with depression who have contributed to society.
- ▶ Stigma refers to negative opinions and attitudes about mental illness.
- ▶ What you do makes a difference in your recovery.
- ▶ There are steps you can take to manage psychiatric symptoms effectively.

Appendix: Strategies and Resources for Responding to Stigma

What are some strategies for responding to stigma?

It may be helpful for you to develop some personal strategies for responding to stigma. There are advantages and disadvantages to each strategy. What you decide to do depends on the specific situation.

Some possible strategies include:

Educate yourself about mental disorders

Sometimes people who experience psychiatric symptoms do not know the facts themselves. They may blame themselves for their symptoms or think they cannot take care of themselves or that they can't be part of the community. You may have had these negative thoughts or feelings. This is called "self-stigma."

It is important to fight self-stigma, because it can make you feel discouraged and cause you to lose hope in your recovery. One way to fight self-stigma is to educate yourself about psychiatric symptoms and mental disorders, and to be able to separate myths from facts. For example, knowing that you did not cause your depression can help you to stop blaming yourself.

Another way to fight self-stigma is to belong to a support group or another group where you get to know different people who have experienced psychiatric symptoms. You can locate support groups through organizations such as the Consumer Organization and Networking Technical Assistance Center (CONTAC) and the National Empowerment Center. Contact information is provided for these and other helpful organizations in the Appendix to the "Recovery Strategies" handout.

The more you know about mental disorders, the more you can combat prejudice, whether it comes from others or from within yourself.

Correct misinformation in others without disclosing anything about your own experience

A co-worker might say, "People with mental illness are all dangerous." You might decide to reply, "Actually, I read a long article in the paper that said that the majority of people with mental illness are not violent. The media just sensationalizes certain cases."

To fight stigma, you might decide to correct misinformation without disclosing personal experience.

Selectively disclose your experience with psychiatric symptoms

Disclosing information about your own experience with psychiatric symptoms is a personal decision. It's important to think about how the other person might respond. It's also important to weigh the risks and benefits to yourself, both in the short term and in the long term. Talking this over with someone in your support system might be helpful.

People vary widely in whether they choose to disclose information about themselves, and if so, how much. You may decide to disclose personal information only to family members or close friends. Or you may disclose information to people only when it becomes necessary. For example, you might need a specific accommodation in order to perform your job.

You may feel comfortable disclosing information in a wide variety of settings. You may even be willing to speak publicly about mental illness for educational or advocacy purposes.

In certain situations, you might decide to fight stigma by disclosing some of your own experience.

Become aware of your legal rights

It's important to educate yourself about the laws against discrimination. Two major laws that protect against unfair treatment are the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).

The Americans with Disabilities Act makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation. The Fair Housing Act prohibits housing discrimination because of race, color, national origin, religion, sex, family status, or disability (physical or psychiatric).

It is worthwhile to take some time to understand the basic principles of these laws and how they might apply to you. If you feel that your legal rights have been violated, there is a range of possible actions you might take, depending on the situation.

Sometimes it is most effective to speak directly to the person involved. For example, it is usually preferable to approach your employer about the need to provide a reasonable accommodation on the job. An example of a reasonable accommodation would be asking to move your desk to a more quiet area in the office to improve your concentration.

Sometimes it may be more effective to talk to an expert to get advice, support, advocacy, mediation, and even legal help. For example, if a landlord refused to rent you an apartment because of psychiatric symptoms you may need to contact the Office of Fair Housing and Equal Opportunity

(FHEO) in the Department of Housing and Urban Development (HUD) for advice and assistance. If an employer was unresponsive to your request for accommodation on the job, you might want to contact the Equal Employment Opportunity Commission (EEOC).

Contact information for the Office of Fair Housing and Equal Opportunity, the Equal Employment Opportunity Commission and other helpful organizations is provided at the end of this Appendix.

*To combat stigma, it is important to know
your legal rights and where to seek help
if your rights have been violated.*

Question: What strategies have you used to combat stigma?

You can use the following checklist to answer this question

Strategies for Combating Stigma

Strategy	I have used this strategy
Educating yourself about psychiatric symptoms and mental disorders	
Correcting misinformation without disclosing your own experience with psychiatric symptoms	
Selectively disclosing your experience with psychiatric symptoms	
Becoming aware of your legal rights	
Seeking out assistance if your legal rights are violated	
Other Strategies:	

Resources

Anti-Stigma organizations and websites:

Chicago Consortium for Stigma Research

7230 arbor Drive
Tinley Park, IL 60477
Phone: 708-614-2490

Otto Wahl's Homepage and Guide for Stigmabusters

Dept. of Psychology
George Mason University
Fairfax, VA 22030
website: iso.gmu.edu/-owahl.INDEX.HTM

National Stigma Clearinghouse

245 Eighth Avenue
Suite 213
New York, NY 10011
Phone: 212-255-4411
website: community2.webtv.net/stigmanet/HOMEPAGE

Resource Center to Address Discrimination and Stigma

1-800-540-0320
website: www.adscenter.org

Federal agencies:

Equal Employment Opportunity Commission (EEOC)

1801 L Street, NW
Washington, D.C. 20507
Phone: 202-663-4900
To locate the nearest office: 1-800-669-4000
website: eeoc.gov

Office of Fair Housing and Equal Opportunity (FHEO)

Department of Housing and Urban Development
451 7th Street SW
Washington, D.C. 20410
Phone: 202-708-1112
website: hud.go

Stress-Vulnerability Model and Treatment Strategies

“For me it’s been vital to be aware of when I am under stress. Because of my illness, I’m extra sensitive to stress. It has also been vital for me to take the lead role in my treatment, since I believe that I know best what is going on inside my head.”

David Kime: artist, writer, floral designer

Introduction

This handout describes a model for understanding the nature of psychiatric disorders, including factors which can influence the course of these disorders. According to this model, the stress-vulnerability model, psychiatric illnesses have a biological basis. This biological basis or vulnerability can be made worse by stress and substance use, but can be improved by medication and by leading a healthy lifestyle.

The stress-vulnerability model can help you understand what influences your disorder and how you can minimize the effects of the disorder on your life.

Appendix 1 contains a diagram which summarizes the stress-vulnerability model. The components of the diagram are described in detail in this handout.

What causes psychiatric symptoms?

Scientists do not yet understand exactly why some people have symptoms of mental illness and others do not. They also cannot predict who will have several episodes of symptoms and who will have one or only a few. One theory that has received strong support is called the “stress-vulnerability model.” According to this theory, both stress and biological vulnerability contribute to symptoms.

Both stress and biology contribute to symptoms.

What are the biological factors in mental illness?

The term “biological vulnerability” refers to people who are born with, or who acquire very early in life, a tendency to develop a problem in a specific medical area. For example, some people have a biological vulnerability to developing asthma, and other people have a biological vulnerability to developing high blood pressure or diabetes. Similarly, it is thought that people can have biological vulnerabilities to develop schizophrenia, bipolar disorder, or depression.

In diabetes, the part of the body that is affected is the pancreas, which keeps the level of insulin in balance. In mental illness, the part of the body that is affected is the brain, which is made up of billions of nerve cells (neurons) containing different chemicals (neurotransmitters). Scientists believe that mental illnesses are caused by imbalances in these neurotransmitters in the brain.

As with other disorders, such as diabetes, hypertension, and heart disease, genetic factors play a role in the vulnerability to mental illness. The chances of a person developing depression, bipolar disorder, or schizophrenia are higher if a close relative also has the disorder. Many scientific studies, including the international human genome project, are researching the genetic factors related to mental illness

Genetic factors, however, do not explain everything about why some people develop mental ill-

ness. For example, for many people with mental illness, there is no history of anyone else in their family who experienced psychiatric symptoms. It is widely believed that non-genetic factors may also contribute to people developing mental illnesses. For example, early biological factors, such as exposure to a virus when the baby is in the womb, may be important.

There is little scientific evidence that alcohol use or drug use causes people to develop a biological vulnerability to mental illness in the first place. However, when someone already has a biological vulnerability, alcohol and drug use may trigger symptoms or make them worse.

Biology plays a part in whether someone is vulnerable to developing a mental illness.

Biological factors contribute to the chemical imbalance in the brain that scientists have associated with psychiatric symptoms.

- Questions: Are you aware of any of your family members who have had (or might have had) a mental illness?
- Have you had experience with alcohol or drugs that seemed to make your symptoms more severe?

What are the stress factors in mental illness?

Scientists believe that stress also plays an important part in psychiatric symptoms. Stress can trigger the onset of symptoms or make them worse. Stress may play a particularly strong role in increasing the biological vulnerability to depression. For example, if someone has lost a loved one, been the victim of a sexual or physical assault, witnessed a tragic event or experienced other examples of extraordinary stressors, he or she may be more likely to become depressed.

How people experience stress is very individual. In fact, what is stressful to one person may not be stressful at all to someone else. The following list, however, includes examples of situations that are commonly experienced as stressful:

- ▶ Too much to do, such as being expected to complete several tasks in a short period of time.
- ▶ Too little to do, such as sitting around all day with no meaningful activities.
- ▶ Tense relationships, where people are often arguing or expressing angry feelings or criticizing each other.
- ▶ Major life changes, such as losing a loved one, moving away from home, starting a new job, getting married or having a child.
- ▶ Financial or legal problems.
- ▶ Being sick or fatigued.
- ▶ Abusing drugs or alcohol.
- ▶ Being the victim of a crime.
- ▶ Poverty or poor living conditions.

There is no such thing as a stress-free life, so you can't avoid all stress. In fact, to pursue important goals in your life, it is essential to be willing to take on new challenges, which can be stressful. But it is helpful to be aware of times when you're under stress and to learn strategies for coping with it effectively. The educational handout "Coping with Stress and Common Problems" will go into more detail about this subject.

Stress can make symptoms worse or may even trigger the onset of symptoms.

Question: Have there been times when you were under stress and experienced more symptoms?

What are the goals of treatment?

Because both biological vulnerability and stress contribute to symptoms, treatment for psychiatric symptoms needs to address both of these factors. The main goals of treatment are:

- ▶ Reducing biological vulnerability
- ▶ Reducing stress
- ▶ Coping with stress more effectively

Reducing biological vulnerability

Medications help correct the chemical imbalances which lead to symptoms. There are different medicines to treat different types of symptoms. The educational handout “Using Medication Effectively” provides more specific information about medications and how to get the best results from them.

It is your decision whether to take medication. Medications are not perfect: they don’t cure mental illness and they have side effects. Medications also help some people more than others. However, medications are one of the most powerful tools we have for reducing or eliminating symptoms and preventing relapses and rehospitalizations.

Another way to reduce biological vulnerability is to avoid alcohol and drug ab. Alcohol and drug use affect neurotransmitters in the brain, which can lead to worse symptoms and relapses. Alcohol and drug use can also lead to legal, financial, and health problems, resulting in stress that can trigger symptoms. In addition, using alcohol and drugs can interfere with the beneficial effects of medication.

*Medications and avoiding drug and alcohol
can reduce biological vulnerability.*

- Questions: Have medications helped you to reduce symptoms?
 Has avoiding (or decreasing) drug and alcohol use helped you to reduce symptoms?

Reducing stress

Each person experiences stress in his or her own individual way. In addition, what is stressful to one person may not be stressful to another. For example, some people feel stressed by going to a large family gathering, whereas others enjoy it.

In general, the following guidelines are helpful in reducing common sources of stress:

- ▶ Identify situations that caused stress for you in the past. Think of ways to handle the situations so they won't be as stressful.
- ▶ Set reasonable expectations for yourself – try not to do too much or too little.
- ▶ Find activities that are meaningful to you – whether working or volunteering or pursuing hobbies.
- ▶ Maintain good health habits by eating well, getting enough sleep, and exercising regularly.
- ▶ Seek out supportive relationships where you feel comfortable telling people what you are feeling and thinking.
- ▶ Avoid situations where people argue with you or criticize you.
- ▶ Give yourself credit for your talents and strengths; don't be hard on yourself.

Reducing stress can help reduce symptoms.

Question: What do you do to reduce stress? You can use the following checklist to answer the question.

Reducing Stress Checklist

Strategy to reduce sources of stress	I use this strategy effectively	I would like to use this strategy or improve the way I use this strategy
Be aware of situations that were stressful in the past		
Set reasonable expectations for myself		
Engage in meaningful activities		
Maintain good health habits		
Seek out supportive relationships		
Avoid situations with arguments and criticism		
Give myself credit for talents and strengths		
Other:		
Other:		

Coping with Stress

Stress is a natural part of life, and everyone experiences it. When stress occurs, however, it is helpful to have some strategies for dealing with it, so it will have a less harmful effect on you. Consider using some of the following strategies for dealing with stress:

- ▶ Talk to someone about your feelings.
- ▶ Use relaxation techniques, such as deep breathing, meditation, picturing a pleasant scene, progressive muscle relaxation.
- ▶ Use “positive self-talk,” by saying things to yourself such as “This is a challenge, but I can handle it.”
- ▶ Keep your sense of humor and try to look at the lighter side. Seek out a funny movie or a book or cartoons.
- ▶ Use religion or another form of spiritual inspiration.
- ▶ Take a walk or do some other kind of physical exercise.
- ▶ Write your thoughts and feelings down in a journal.
- ▶ Draw or create other kinds of artwork.
- ▶ Think of the situation as a problem to solve, then work on solving the problem.
- ▶ Engage in a hobby such as cooking, gardening, reading, or listening to music.

Try to keep an open mind, and experiment with new ways of coping with stress. The more strategies you have, the better you can cope.

*Developing strategies for dealing with stress
can help reduce symptoms.*

Question: What strategies do you use for coping with stress? You can use the following checklist to answer the question.

Coping with Stress Checklist

Strategy for coping with stress	I use this strategy	I would like to try this strategy or improve the way I use it
Talk to someone about my feelings		
Use relaxation techniques		
Use positive self-talk		
Keep a sense of humor		
Use religion or other form of spirituality		
Take a walk or exercise		
Write in a journal		
Express myself artistically		
Work on solving problems		
Engage in a hobby		
Other:		
Other:		

What kinds of treatment options are there to choose from?

There are many reasons for you to be as active as possible in your treatment:

- ▶ You are the expert about your own symptoms and what makes you feel better or worse.
- ▶ You need to be able to make informed choices about treatment.
- ▶ You have a lot to gain by receiving effective treatment.

Depending on your own individual situation and what is available in your community, you can choose among several different treatment options to best serve your needs. Some people choose one or two options; others choose several. A lot depends on your recovery goals.

The following chart lists some of the common recovery goals and the treatment options that may help you move towards achieving your goals. This is only a partial list. The educational handout, “Getting Your Needs Met in the Mental Health System” will cover more options.

Treatment Options

Recovery Goals	Treatment Options to Consider
Finding or maintaining a medication that is effective for me	<ul style="list-style-type: none"> • Psychiatrist • Medication group • Psychiatric nurse
Getting support and knowledge from other people who have experienced psychiatric symptoms	<ul style="list-style-type: none"> • Peer support groups • Psychosocial clubhouses • Group therapy • Additional self-help options as listed in the handout “Recovery Strategies”
Getting a job	<ul style="list-style-type: none"> • Supported employment • Vocational rehabilitation • Volunteer programs • Psychiatric rehabilitation
Solving some personal problems with the help of a professional or group	<ul style="list-style-type: none"> • Individual therapy • Group therapy
Improving communication skills	<ul style="list-style-type: none"> • Social skills training groups • Group therapy
Improving family relationships	<ul style="list-style-type: none"> • Family psychoeducation • Behavioral family therapy
Having structure and activity daily (provided by professionals)	<ul style="list-style-type: none"> • Partial hospital program

*The more you learn about treatment,
the better choices you can make.*

Questions: Which treatment options fit with your recovery goals?
 Which of the options are you currently using?
 Which would you like to try?

What are some examples of people whose treatment choices work well for them?

Even when people have the same disorder, they may experience symptoms very differently. Therefore, treatment choices vary widely depending on the individual and what works for them. The following are some examples of people whose treatment choices have worked well for them. Your choices may be very different – the important thing is that they work for you.

Example 1:

“I work part-time, and I’ve noticed that I need to take regular breaks or I start to feel stressed out. I always eat breakfast because if I skip it I start to feel irritable. Exercise helps me relax, so I try to jog every other day, before dinner. Just for 15-20 minutes, but it makes me feel good. I enjoy my life.”

“It took a long time to find a medication that worked well for me. But now I take it regularly and it helps me to concentrate better and not feel down all the time. I belong to a support group, which meets twice a month. It helps me to talk to people who have gone through some of the same things I have.

Example 2:

“When I first started to have symptoms and was told the diagnosis, I learned everything I could about it. It helped me to make sense of what was happening, and it also made me feel like I wasn’t the only one. I also went to a recovery group that was led by someone who had mental illness. It gave me a lot of hope.

“I’ve gone to several different doctors, and I think the one I have now is good. She suggested trying one of the newer medicines because it has fewer side effects. I’m considering it. But I don’t want to change anything fast.

“I’ve been seeing a counselor every week to talk about some of the stress I’m under. He taught me how to do some yoga exercises to relax myself after the kids go to bed. I never thought I was the yoga type, but it does make me feel more relaxed.”

Example 3

“I go to group therapy every week. A couple of times each week I go to the clubhouse, where I can be with other people and have something fun to do. I’ve applied for a supported employment program, and I’m really excited about that.

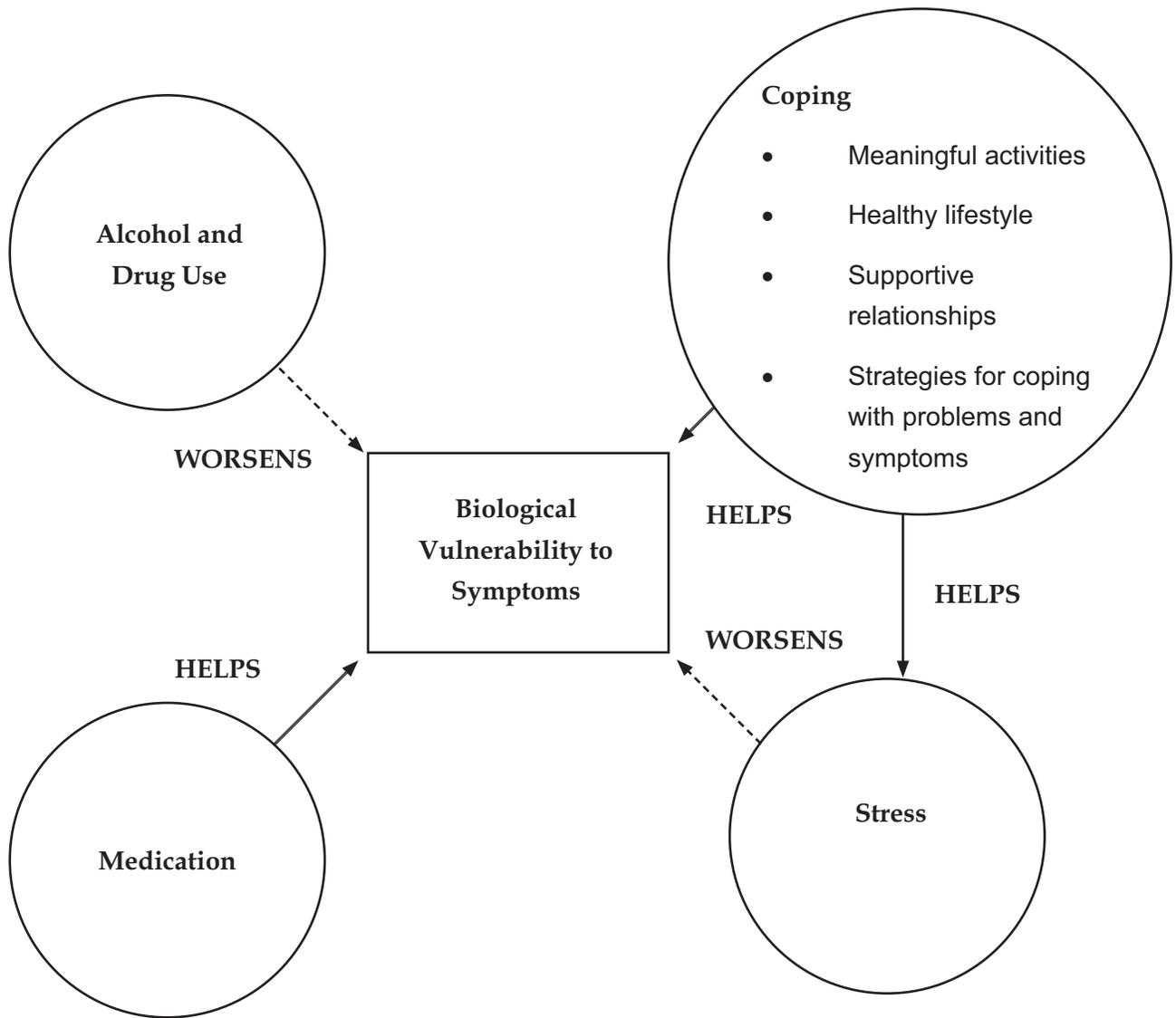
“When I get stressed out, it helps me to sit down with my sketch pad and colored pencils and do some drawing. I put the best drawings up on my wall. I also like to go to the art museums and see paintings and drawings. It takes my mind to a calmer place.”

It’s important to choose treatment options that work for you as an individual.

Summary of the main points about the stress-vulnerability model and strategies for treatment

- ▶ Both stress and biology contribute to symptoms.
- ▶ Biology plays a part in whether someone is vulnerable to developing a mental illness.
- ▶ Biological factors contribute to the chemical imbalance in the brain that scientists have associated with psychiatric symptoms.
- ▶ Stress can make symptoms worse or may even trigger the onset of symptoms.
- ▶ The goals of treatment are to reduce biological vulnerability, reduce stress, and improve the ability to cope with stress.
- ▶ Medications and avoiding drug and alcohol use can reduce biological vulnerability.
- ▶ Reducing stress can help reduce symptoms.
- ▶ Developing coping strategies for dealing with stress can help reduce symptoms.
- ▶ The more you learn about treatment, the better choices you can make.
- ▶ It's important to choose treatment options that work for you as an individual.

Appendix



Stress-Vulnerability Model

Building Social Support

“It’s important to me to have family and friends who I can talk to and do things with. And I like the fact that they count on me, too. We support each other.”

David Kime: artist, writer, and floral designer

Introduction

This handout discusses how to increase social support in your life. Having social support means that you feel connected and cared for by other people. This is especially important for helping you to reduce stress and reduce relapses. Strategies are described for increasing the number of supportive people in your life and for getting closer to people you already know.

What is social support?

“Social support” refers to having relationships that are rewarding, enriching and helpful. Relationships can be considered “supportive” when they are positively focused and have a minimum of conflict and strife. Differences in opinions are natural in any relationship, and a supportive relationship can involve disagreements from time to time. Disagreements in a supportive relationship, however, can usually be resolved in a peaceful and effective manner.

Social support can come from relationships with a variety of different people, including family members, friends, peers, spouses, boyfriends/girlfriends, co-workers, members of religious or other spiritual groups, classmates, mental health practitioners, and members of peer support groups. Social support systems vary widely.

*Social support means having relationships that are positive,
rewarding and helpful.*

Question: Which of your relationships do you find supportive?

Why is social support important?

Social relationships are an important part of people's lives. For many individuals, the quality of their relationships is a major factor in their personal satisfaction. Supportive relationships make people feel good about themselves and more optimistic about the future. Having supportive relationships can also help people reduce stress. As noted in the handout, "The Stress Vulnerability Model and Strategies for Treatment," reducing stress can help reduce relapses.

Relationships are an important part of people's lives.

Supportive relationships can help people reduce stress and reduce relapses.

Question: How is social support important in your life?

What does social support mean to you?

People have their own individual opinions about what makes a relationship supportive. They also have their own perspectives about what they want from their relationships and whether they are satisfied with the number and quality of their relationships. The following questions may help you evaluate what social support means to you.

Who are the people your life that support you?
What kinds of things do people do that you find supportive?
Which aspects of your relationships are you satisfied with?
Which aspects of your relationships would you like to change?
In what ways are you supportive of other people?
Are you satisfied with the way that you are supportive of other people?
Would you like to have more social support in your life?

Question: Circle the number on the scale below which best describes how satisfied you are with your social support:

/

/

/

/

/

1

not
satisfied

2

a little
satisfied

3

satisfied

4

very
satisfied

5

highly
satisfied

Increasing social support

People are often interested in increasing their social support and improving their relationships with others. Two general strategies can be used:

- ▶ You can increase the number of people with whom you have contact.
- ▶ You can improve the quality of your relationships with people with whom you have regular contact.

For many people a combination of both strategies is most helpful.

Social support can be increased by connecting with more people and improving the quality of existing relationships.

Strategies for connecting with people

Connecting with new people is often the first step towards increasing social support. In order to connect with people, you need to

- ▶ Find places to meet people.
- ▶ Have interesting things to say.
- ▶ Be responsive to what the other person says.

Specific tips for each of these steps are provided below.

Good places to meet people

You can meet people in all kinds of places. It is helpful to always be on the alert for the possibility of meeting someone, no matter where you are.

While it is possible to meet people in many different places, there are some places to go where meeting people may be easier. These tend to be public places where people naturally gather for recreation, to pursue an interest or to take care of business. Some examples include:

- ▶ Community organizations such as libraries or civic associations
- ▶ School or class
- ▶ Support groups
- ▶ Workplace

- ▶ Places where people gather for religious or spiritual activities (churches, synagogues, temples, mosques, etc)
- ▶ Peer drop-in center
- ▶ Health or exercise club such as the YMCA or YWCA
- ▶ Parks
- ▶ Museums
- ▶ Concerts
- ▶ Special interest groups such as those relates to politics, hobbies, sports, conservation or recreation
- ▶ Bookstores, coffee shops
- ▶ Volunteer programs

There are many different places to meet new people.

Questions: Where have you met people before?

What places would you like to go to meet new people? You can use the following checklist to record your answers:

Places to Meet People

Places	I have gone to this place to meet people	I would like to go to this place in order to meet people
Community organizations		
School/class		
Support groups		
Church, synagogue, temple, mosque, or other religious place		
Workplace		
Peer drop-in center		
Health or exercise club		
Parks		
Museums		
Concerts		
Special interest groups		
Bookstores, coffee shops		
Volunteer programs		
Other:		

Tips for starting conversations

In order to get to know someone or to get to know someone better, it is helpful to be able to start conversations. Starting and maintaining enjoyable conversations involves a combination of skills. These skills include choosing someone who might be receptive to a conversation, having something interesting to say, and showing interest in the other person.

Some specific tips for conversation are provided below:

▶ ***Find someone who isn't occupied.***

Choose someone who isn't obviously occupied. If the person is in the middle of doing something, they may not want to stop what they are doing in order to talk to you.

▶ ***Choose an interesting topic.***

The topic you choose could be related to something that you are doing when you are starting the conversation. For example, if you are in an art gallery, you could start a conversation about the paintings you are looking at.

You could also choose another topic, such as the weather, recent events, or sports. If you don't know the person, you can start by introducing yourself. But as you do so, you should also be thinking of a topic to follow the introduction.

▶ ***Look at the person.***

Eye contact is important when you are talking to people because it shows them that you are interested in what they have to say. If you feel uncomfortable looking into someone's eyes, you can look somewhere close to their eyes, such as their forehead or nose.

▶ ***Smile and nod your head to show you are listening.***

It can be helpful to let the person know that you are listening and are interested in what he or she has to say. Showing an interest in the other person indicates that you don't want to dominate the conversation by doing all the talking and that you are receptive to their ideas and point-of-view.

▶ ***Tune in to what the other person is saying.***

Asking questions about what the other person says and responding to their comments lets them know that you are interested in their perspective. If the person seems uninterested, consider changing topics or politely ending the conversation.

▶ ***Avoid telling very personal things about yourself.***

When you are just getting to know someone, avoid telling the person very private information about yourself. Such information too early in a conversation sometimes makes the person feel uncomfortable and can make it harder to make a connection with him or her. When you get to know the person better, he or she will feel more comfortable with conversations about more personal topics.

To start a conversation:

- find someone who isn't occupied
- choose an interesting topic
- show an interest in what the other person has to say.

Questions: What strategies do you use when starting conversations?
Which of the conversation strategies would you like to try?
You can use the following checklist to record your answers:

Strategies for Starting Conversations

Strategy	I already do this	I would like to try this or improve the way I do it
Find someone who isn't occupied		
Choose an interesting topic (example:)		
Look at the person		
Smile and nod your head to show you are listening		
Tune in to what the other person is saying		
Avoid telling very personal things about yourself		
Other:		
Other:		

Strategies for getting closer to people

Getting closer to people, including developing friendships and intimate relationships, is an important goal for many people. The most rewarding close relationships are ones in which each person cares about the other person's perspective and well being. In order to be close to other people, it is important to be able to share more personal things about yourself and to be open to them sharing more personal things about themselves with you. It is also important to be willing to do things to help the other person.

Showing the person that you care about him or her is part of being in a close relationship.

Questions: Would you like to develop closer relationships with people?
 If so, with whom?

There are three main considerations when you are developing a closer relationship:

- ▶ Things you can say to the other person
- ▶ Things you can do with the other person (or for the other person)
- ▶ Deciding how much and when to disclose personal information about yourself

Things you can say to develop closer relationships

- ▶ ***Express positive feelings and give compliments.***

Telling other people how you feel about them can help bring you closer. This can include expressing and showing affection, but it is not limited to that. For example, you can tell people that you admire certain qualities that they have or that you appreciate specific things about them.

- ▶ ***Ask the person questions about himself or herself.***

Getting to know people and developing closeness involves trying to understand more about their thoughts and feelings. Ask people about what they are thinking and feeling, try to understand their perspective, and show them you are interested in knowing more about them.

- ▶ ***Tell the person something about yourself.***

Gradually telling people more things about yourself is part of becoming closer to them. You can tell people about your feelings, your opinions, things you like to do, and your past experiences. Deciding when and what to tell about yourself is discussed below in more detail.

To develop closer relationships, it helps to:

- express positive feelings
- ask people questions about themselves
- gradually tell people more about yourself.

Questions: What are some specific things that you could say to someone to help you get closer to them?

How comfortable do you feel about saying these things?

You can use the following chart to record your answers:

Things You Can Say to Increase Closeness

Types of things you can say	Specific examples of what you could say	How comfortable are you with this?
Expressing positive feelings and giving compliments		
Asking the person questions about themselves		
Telling the person something about yourself		
Other:		
Other:		

Things you can do to develop closer relationships

▶ ***Try to understand the other person's point-of-view.***

Each person's experience and perspective is unique. To understand someone's point-of-view, it can be helpful to ask yourself questions such as

"What is the person feeling?"

"What is the person thinking?"

"If I were in their shoes, what would I feel or think?"

When you think you understand someone's perspective, it can be helpful to check it out with that person to see if you are correct or not. For example, if someone has been talking about their concerns about starting a new job, you might say something like, "From what you've said, it sounds like you're a little worried about having different responsibilities on the job than you're used to. Is that the way you feel?"

▶ ***Do things together.***

Identifying activities that you can do together can provide rewarding experiences for both of you. Explore what interests you have in common in order to think of things you can do together.

▶ ***Be willing to compromise.***

In close relationships, neither person can always have their own way. Being willing to compromise and negotiate shows that you are not being selfish and that you care about him or her.

▶ ***Show by your actions that you care about the other person.***

Caring feelings can be expressed by actions as well as words. You can let people know that you care by being helpful, by surprising them in unexpected and pleasant ways, and by investing some of your time in trying to make them happy.

▶ ***Be there for the person and help out.***

"Being there" for someone means being available during a time of need. Everyone has times of need. Recognizing when someone needs help and being able to support and assist him or her is an important sign that you care.

To develop closer relationships with people, it helps to:

- try to understand their point-of-view
- do things together
- be willing to compromise
- be there for them when they need you.

Questions: What are some examples of specific things you could do to increase the closeness of your relationships?

How comfortable do you feel about doing these things?

You can use the following chart to record your answers:

Things You Can Do to Increase Closeness

Types of things you can do	Specific examples of what you could do	How comfortable are you with this?
Try to understand the other person's point-of-view		
Do things together		
Be willing to compromise		
Show by your actions that you care about the other person		
Be there for the other person and help out		
Other:		
Other:		

Ways you can disclose personal information to develop closer relationships

“Disclosure” refers to telling someone personal information about yourself. As people get closer to each other, they tell more about themselves. Deciding how much to tell someone can be a tricky decision. If you tell too much too soon, the other person may feel overwhelmed, and may pull away from the relationship. If you disclose too little, over time it may be difficult to have a really close relationship.

In deciding how much to disclose about yourself, it is helpful to keep in mind that when two people are close to each other, they tell each other about the same amount of personal information about themselves. For example, if one person tells about their family background, the other person will usually follow by telling about the same amount about their own family background. You can start by matching the other person’s level of disclosure, and then gradually trying to increase the level as you get to know each other better.

It can be helpful to identify three levels of disclosure: low, medium, and high. Low disclosure involves telling things about yourself that are not highly personal, such as your tastes or preferences for things like food, movies, television, or books. High disclosure is telling someone very personal information about yourself, such as having a mental illness. Medium disclosure is somewhere in between.

Deciding what you want to disclose and what you want to keep to yourself is a personal decision based partly on whether you believe the other person will accept you after you have disclosed personal information.

Close relationships involve gradually increasing the levels of disclosure between people.

Questions: Which of your relationships involve low levels of disclosure? Medium levels? High levels? Are there any relationships where you would like to gradually increase the level of disclosure?

You can use the following checklist to record your answers:

Levels of Disclosure in Personal Relationships

Level of disclosure	Relationships you have at this level of disclosure	How satisfied are you with this level of disclosure?
Low level of disclosure		
Medium level of disclosure		
High level of disclosure		

Examples of social support

Example 1:

“I work part-time, and I have enjoyed getting to know some of my co-workers. We talk about work and joke around. Sometimes we give each other rides or take the bus together.

“There’s one friend that I’ve known since high school. He knows what I’ve been through and we talk about a lot of things, including some of our problems. And we like to do things, like going to the movies.

“I would definitely like to have a girlfriend. I’ve met a woman that I’m interested in, but so far we’re just getting to know each other. I’m trying to take it one step at a time.”

Example 2:

“My family is very important to me. That’s my mom, my dad, and my two brothers. We’ve had our ups and downs, like any family, but I feel like they are there for me. If I need to talk, they will listen. If I have a problem, they will help me solve it. I try to do the same for them.

“I’ve been taking a business class in the evening recently. At first I didn’t feel comfortable with the other students, but now that we’ve been in class together, we have something to talk about. We talk about the assignments where you can pick up coffee on the way to class. Things like that. I look forward to the class now.”

Example 3:

“One of my best sources of support right now is other people who have had psychiatric symptoms. I feel like we understand each other very well. They know what I’m talking about and vice versa. I’m a member of a support group and I’m taking a workshop so I can be a leader of a group myself.”

It’s important to develop a support system that works for you as an individual.

Summary of the main points about building social support

- ▶ Social support means having relationships that are positive, rewarding and helpful.
- ▶ Relationships are an important part of people's lives.
- ▶ Supportive relationships can help people reduce stress and reduce relapses.
- ▶ Social support can be increased by connecting with more people and improving the quality of existing relationships.
- ▶ There are many different places to meet new people.
- ▶ To start a conversation: find someone who isn't occupied, choose an interesting topic, and show an interest in what the other person has to say.
- ▶ Showing the other person that you care about him or her is part of being in a close relationship.
- ▶ To develop closer relationships, it helps to express positive feelings, ask people questions about themselves, and gradually tell them more about yourself.
- ▶ To develop closer relationships with people, it helps to try to understand their point of view, to do things together, to compromise, and to be there for them when they need you.
- ▶ Close relationships involve gradually increasing the levels of disclosure between people.
- ▶ It is important to develop a support system that works for you as an individual.

Using Medication Effectively

“Since everyone is different, finding the right medication is a personal thing. Now that I’ve found the right combination for myself, my life has improved tremendously. Have your doctor try something else if your symptoms are still severe enough that they are affecting your life.”

David Kime, artist, writer, floral designer

Introduction

This handout discusses medications for psychiatric disorders. Information is provided about the effects of medications, including their advantages and disadvantages. People are encouraged to make their own choices about taking medications. Strategies for getting the most out of medications are described.

Why is medication recommended as part of the treatment for mental illness?

Medications are some of the most powerful tools available for reducing symptoms and decreasing the risk of relapses. When people take medications regularly as part of their treatment, they are less affected by symptoms and they are less likely to have relapses.

In handout #3, you learned about the “stress-vulnerability model.” This model is based on evidence that both biological vulnerability and stress contribute to the symptoms of mental illness. Medications reduce biological vulnerability by helping to correct the chemical imbalance in the brain, which leads to symptoms.

When people take medications as part of their treatment, they usually:

- ▶ Experience symptoms less often or less intensely.
- ▶ Concentrate better and think more clearly.
- ▶ Fall asleep more easily and sleep more restfully.
- ▶ Accomplish more of their goals.

Medications are some of the most powerful tools available for reducing symptoms and preventing relapses.

How do you make an informed decision about medication?

You need to make informed decisions about all treatment options, including medication. In making your decision about medications, it is important to learn as much as you can and to weigh the possible benefits and possible drawbacks of taking medication.

Your doctor is vital to your decision-making process. She or he is an expert about medication and has experience helping others find effective medications.

However, it is also important for you to be very active in making decisions about medication. After all, you are the expert about your own experience of mental illness and what makes you feel better or worse.

Therefore, the best method for making a decision involves a partnership between you and your doctor, using both of your expertises together. It helps to have some questions in mind when you are deciding about taking medication or switching medications. Asking your doctor some of the questions on the following chart may be helpful.

Questions You Can Ask Your Doctor
How will this medication benefit me? What will it help me with?
How long does it take the medication to work? How long before I feel some of the benefits?
What side effects might I get from the medicine? Are there any side effects from long-term use?
What can be done if I get side effects?
Will I need blood tests to make sure that I have the right level of the medication in my bloodstream?
What if the medication doesn't work for me?
Other:

The best way to make a decision about medication is to work in active partnership with your doctor.

Question: What questions would you like to ask your doctor about medications?

What are your personal beliefs about medication?

People have different beliefs about medication, based on their culture, their family background, and their own experience.

Some people have strong positive beliefs about medications. Make a check mark next to any of following quotations which reflect your beliefs:

- “My uncle is diabetic and takes insulin. He leads a normal life. I have a mental illness and take medication for it. It’s the same thing to me.”

- “My medicine helps get rid of the symptoms I was having. It’s made a world of difference to my peace of mind.”

- “I tried everything I could on my own—exercise, relaxation techniques, counseling. I was still miserable and depressed until I tried some medicine.”

Other people have strong negative beliefs about medications. Make a check mark next to any of the following quotations, which reflect your beliefs:

- “In my culture, we don’t believe in Western medicines. I only want to use herbal remedies.”

- “I’m afraid of the long-term effects on my body of using medications.”

- “It’s a matter of will power. I shouldn’t need a drug to make me feel better.”

It helps to be aware of your own beliefs about medications, because they can interfere with your being objective. For example, if you have strong positive beliefs about medication, you might not ask enough questions about side effects. If you have strong negative beliefs, you might not find out enough about how the medicine could benefit you.

People may have strong beliefs about medications that can interfere with their making an informed decision.

Question: What do you think about medications?

What are the benefits of medications for mental illness?

Medication has been found to be helpful in two important ways:

- ▶ reducing symptoms during and after an acute episode of the illness
- ▶ reducing the chances of having episodes in the future.

Reducing symptoms during an acute episode

When the symptoms of mental illness are the most severe and troublesome, it is usually described as being a relapse or an acute episode of the illness. The experience of having relapses varies widely from person to person. Some individuals have only one or a few acute episodes, while others have them more often.

During and after an acute episode, medications can help reduce the severity of the symptoms. Sometimes the medicine helps people quite rapidly, and they are able to relax, think more clearly, and feel less depressed in a few days. Other times it may take a few weeks before the symptoms are reduced significantly.

Reducing the likelihood of relapses

Taking medication on a regular basis helps people prevent relapses of severe symptoms. One person described his medication as a “protective layer between me and the symptoms.” Another person said medication “is my insurance policy for staying well.”

Taking medication is not a cure for mental illness, and there is no guarantee that you will not have an acute episode again. However, for most people, taking medication on a regular basis significantly reduces their risk of relapses and hospitalizations.

Taking psychiatric medications can help to reduce symptoms during an acute episode. When taken on a regular basis, they can reduce the risk of having relapses.

Question: Have you had an experience where stopping your medication has been related to worse symptoms or a relapse?

Which medications are used to improve psychiatric symptoms?

Different kinds of medications help different types of symptoms. There are several different types of psychiatric symptoms, and more than one medication may be required to treat them.

There are four major categories of medications, which are commonly used to treat major mental illnesses. The medications and their benefits are summarized on the following chart:

Medications and Their Benefits

Medication Category	Possible benefits
Antidepressants	Can reduce the symptoms of depression, including low mood, poor appetite, sleep problems, low energy and difficulty concentrating. They can also be effective in treating anxiety disorders.
Mood stabilizers	Can help reduce extremes of moods, including mania and depression
Antipsychotic medications	Can reduce the symptoms of psychosis, including hallucinations, delusions, and disorganized speech or behavior.
Antianxiety and sedative medications	Can reduce anxiety, feeling overstimulated, and difficulty sleeping

At the end of this handout there are appendixes with information sheets containing some types of medications that are available at this time. Please read the information sheets that relate to the medications for the types of symptoms you have experienced. Keep in mind, however, that new medications are being developed all the time. Therefore, it is important to talk to your doctor about what may have become available since the appendix was written.

There are four major categories of medications that help improve different types of psychiatric symptoms.

Questions: Which medications have you taken?

Which symptoms did the medications help you with?

You can use the following checklist to record your answers.

Benefits From Medications I Have Used

Category of medication	Specific medication I used from this category	Benefits I experienced
Antidepressants		
Mood Stabilizers		
Antipsychotics		
Antianxiety or sedatives		
Other category:		

What are the side effects of medication?

It is important to be informed about both the potential benefits and the potential side effects of the specific medication that you have been prescribed. Medications for mental illness, like drugs for treating other illnesses, can cause undesired side effects.

Medication affects people in different ways. Some people may have only a few side effects or no side effects at all from their medication. Others taking the same medication may have significant side effects. Your reaction to medication depends on many factors, including your age, weight, sex, metabolic rate, and other medicines you might be taking.

In most cases, the side effects are temporary, and improve over time as your body adjusts to the medication. Some types of side effects, which are much less common, can be long lasting and even permanent. The newer medications tend to have fewer and less severe side effects. The more serious side effects are associated with the older antipsychotic medications, such as haldol, stelazine and thorazine.

If you recognize that you are having side effects, it is important to contact your doctor as soon as possible. Your doctor needs to help you evaluate how serious the side effects are and what can be done about them. It is up to you to decide what side effects you can tolerate and what risks you are willing to accept.

When you have side effects, your doctor may advise you to try one of the following: reduce the dose of the medication, add another medication for the side effect, or switch to another medication. There are also some coping strategies for dealing with side effects that help reduce the discomfort or counteract the side effects.

Appendix #5 contains more specific information about side effects and strategies for coping with them.

Psychiatric medications can cause side effects.

Question: What side effects from medications have you experienced?
 What did you do when you had side effects?
 You can use the following checklist to record your answer.

Side Effects From Medications I have Used

Category of medication	Specific medication I used from this category	Side effects I had when taking this medication
Antidepressants		
Mood stabilizers		
Antipsychotics		
Antianxiety and sedatives		
Other:		

From your point of view, what are the pros and cons of taking medication?

To make an informed decision about medications, it is important to weigh the potential benefits (the pros) and the potential drawbacks (the cons) of taking them. The following chart may be useful in summarizing the information:

The Pros and Cons of Taking Medications

Pros of taking medications (the benefits)	Cons of taking medications (the drawbacks)

If you decide to take medications, how can you get the best results?

Many people find that it can be difficult to remember to take medications regularly. “Behavioral tailoring” consists of the following strategies, which are designed to help you to fit taking medications into your regular routine. Since everyone has a different routine, it is important to tailor these strategies to meet your own needs.

▶ **Simplify your medication schedule as much as possible.**

When you take several medications several times each day, it becomes difficult to keep track of all the doses. Talk to your doctor about making your medication schedule as simple as possible without losing any of the benefits. The fewer the medications you have to take and the fewer the number of times per day, the easier it is to keep track. Some medications are available in long-acting injectible forms that can be administered every two weeks.

Example:

“I used to have a very complicated medication schedule. Four different pills, some twice a day, some three times a day. It was very hard to keep track of. I worked with my doctor to get a medication schedule that was easier for me to manage. Gradually I’ve gone to taking two different pills, once a day. I hardly ever miss a dose now.”

▶ **Take medications at the same time every day.**

Taking the medication at the same time (or times) every day makes it easier to remember. It also keeps the level of medication at a steady level in your bloodstream, which gives you maximum benefit throughout the day.

“I take my pills every night before bed. This helps me to sleep better and to feel better the next day. If I skip a dose, or take it the next morning, I don’t feel as well.”

▶ **Build taking medication into your daily routine.**

It is often easier to remember to take medication if it is done in conjunction with another daily activity. Examples of daily activities include brushing your teeth, showering, eating breakfast, and getting ready to go to work.

Example:

“Before I got into a routine, I kept forgetting to take my medicine. Now I make it part of having breakfast before I go to work. I have my cup of coffee, a bowl of cereal, a vitamin and my medication. It’s a habit that works for me. I don’t have to think about it.”

► **Use cues to help yourself remember.**

Many people have developed their own cues to help remind them to take their medications regularly. Some examples of cues include: using a pill container that is organized into daily doses, using a calendar, making notes to yourself, keeping the pill bottle next to an item that is used daily, asking a relative or other supporter to help you remember.

Examples:

“I give myself a cue for remembering to take my medication by putting the bottle next to my toothbrush. Every night when I reach for the toothbrush, I am reminded to take my pills.”

“I tape up a note next to the coffee pot, since I take my medication at breakfast.

“My calendar is very important to me. I look at it often to check my schedule for the day. I put a check mark on the date right after I take my medication.”

► **Keep the benefits in mind.**

Sometimes it helps to remind yourself of the reasons that you have decided to take medications. You could use the checklist “Benefits from Medications I have Used” which is located earlier in this handout.

Example:

“When I start to think that it’s a pain in the neck to keep taking medications, I remind myself why I decided to take them in the first place. I don’t want to get depressed again, and the medication helps me to do that.”

*If you decide to take medications, you will
get the best results by taking them at the same time every day.*

*It is helpful to develop strategies for fitting medications into your
daily routine.*

Questions: If you take medication, what have you found helps you get the best results?

Would it be helpful to try some of the strategies listed above?

You can use the following checklist to record your answer.

Strategies for Getting the Best Results From Medication

Strategy	I have used this strategy	I would like try this strategy or develop it further
Simplify the medication schedule		
Take medications at the same time every day		
Build taking medication into my daily routine		
Use cues and reminders (calendars, notes, pill organizers)		
Remind myself of the benefits of taking medications		
Other:		

Why is medication so complicated?

Everyone responds to medication in different ways. It can take time for you and your doctor to find the medication that helps you the most and has the fewest side effects.

Medications for mental illness usually take time to work. They are not like painkillers, for example, which have an effect within hours. It may take several weeks before you notice a difference in the way you feel. Talk to your doctor on a regular basis about how you are feeling, so that you can work together to find the best medicine for you. At the same time, continue to use as many recovery strategies as possible, such as self help programs, exercising, maintaining a healthy diet, and avoiding stressful environments. See handout #1 for more recovery strategies.

It can take time for you and your doctor to find the medication that is most effective for you.

Examples of individual experiences with medication

Example 1

"I used to go on and off my medication because I didn't think I needed it. I thought, 'Why should I take medicine when I feel fine?' But then I had to go to the hospital for relapses twice in one year. I hated that. Since I've been taking my medicine regularly for the past two years, I haven't had a major relapse and I've been able to stay out of the hospital. I've even begun talking to my doctor about reducing my dose."

Example 2

"I'm still not sure about medication. I only had one episode of symptoms, and I've been feeling pretty much O.K. since then. I check in with my doctor once a week, though, and we're keeping a close eye."

Example 3

"My medicine helps to keep my mood stable. I don't like the side effects, but the doctor and I are working on that. It's just so much better for me not to have those wild mood swings. Now I can have a better relationship with my wife and keep my job. The tradeoff is worth it to me."

Talk to your doctor about any questions or concerns about medications or side effects.

Question: Do you have any questions about medications that you would like to ask your doctor?

Summary of main points about medication

- ▶ Medications are one of the most powerful tools available for reducing symptoms and preventing relapses.
- ▶ The best way to make a decision about medication is working in active partnership with your doctor.
- ▶ People may have strong beliefs about medications that can interfere with their making an informed decision.
- ▶ Taking psychiatric medications can help to reduce symptoms during and after an acute episode. When taken on a regular basis, they can reduce the risk of having relapses.
- ▶ There are four major categories of medications, which help improve different types of psychiatric symptoms.
- ▶ Psychiatric medications can cause side effects.
- ▶ If you decide to take medications, you will get the best results by taking them at the same time every day.
- ▶ It is helpful to develop strategies for fitting medications into your daily routine.
- ▶ It can take time for you and your doctor to find the medication that is most effective for you.
- ▶ Talk to your doctor about any questions or concerns about medications or side effects.

Appendix 1: Antipsychotic medications

Antipsychotic medications are sometimes called “major tranquilizers” or “neuroleptics.” They are designed to reduce the symptoms of psychosis, including false perceptions (hallucinations), false beliefs (delusions), and confused thinking (thought disorders).

Antipsychotic medications not only help reduce psychotic symptoms during and after an acute episode, but also help prevent relapses and rehospitalizations. They are not addictive. Some of the newer medications also help reduce negative symptoms, including lack of energy, motivation, pleasure, and emotional expressiveness.

Two types of antipsychotic medications are available. The older generation antipsychotics include haldol, moban, mellaril, navane, prolixin, serentil, stelazine, thorazine and trilafon. The newer generation antipsychotics include clozaril, geodon, risperdal, seroquel, zeldox, and zyprexa. More medications are being developed all the time, so it is important to keep up-to-date with your doctor about what medications are available.

The following chart contains the brand names and chemical names of the antipsychotic medications currently available. Blank spaces are provided to write in the names of new medications as they become available.

Antipsychotic Medications

Brand name	Chemical name
Clozaril*	clozapine
Haldol	haloperidol
Loxitane	loxapine
Mellaril	thioridazine
Moban	molindone
Navane	thiothixene
Prolixin	fluphenazine
Risperdal*	risperidone
Serentil	mesoridazine
Seroquel*	quetiapine
Stelazine	trifluoperazine
Thorazine	chlorpromazine
Trilafon	perphenazine
Geodon*	ziprasidone
Zyprexa*	olanzapine

* newer generation antipsychotics

Side effects of antipsychotic medications

People have very different reactions to medications. Some people who take antipsychotic medications experience only a few side effects or none at all. Others experience several. It's also important to keep in mind that each medication has its own side effects, so you need to talk to your doctor about the specific side effects that are associated with the medication that has been recommended to you.

The main advantage of the newer generation medications is that they cause very few of the extrapyramidal (muscle movement) side effects that the older generation medications caused, such as muscle stiffness, mild tremors, restlessness, and muscle spasms. They also cause significantly fewer problems related to sexual difficulties and irregular menstrual periods. However, both the older and newer antipsychotic medications can cause weight gain, and some of the newer ones do so even more.

Tardive dyskinesia is an undesirable neurological side effect. It causes abnormal muscle movements, primarily in the face, mouth, tongue and hands. Tardive dyskinesia is associated with long-term use of the older antipsychotic medications and ranges from mild to severe. It is important to let your doctor know if you notice any abnormal muscle movements, so that he or she can evaluate for tardive dyskinesia.

Some side effects of antipsychotic medications are rare, but can be very serious if they occur. "Agranulocytosis" is when people stop making the white blood cells needed to fight infections. It is a potentially dangerous side effect of clozaril. However, when regular blood tests are done to monitor white blood cell levels, clozaril can be a very safe medication.

Treatment of Side Effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Appendix #5 for a list of some of these coping strategies.

Web sites for more information about medications

www.mentalhealth.com

www.mentalhealth.about.com

Appendix 2: Mood stabilizers

Mood stabilizing medications help treat problems with extremes of moods, including mania and depression. They help to reduce the acute symptoms and also help to prevent relapses and rehospitalizations. They are not addictive.

The following chart lists the most common medications in this category. Blank spaces are provided to fill in the names of any new mood stabilizing medications that become available.

Mood Stabilizing Medications

Brand Name	Chemical Name
Eskalith, Eskalith controlled release	Lithium carbonate
Tegretol	carbamazepine
Depakote, Depakene	valproic acid

Side effects of mood stabilizers

Not everyone who takes mood stabilizers experiences side effects. However, it is important to be aware of possible side effects and to contact your doctor as soon as you notice them.

Lithium

Possible side effects of lithium include nausea, stomach cramps, thirst, fatigue, headache, and mild tremors. More serious side effects include: vomiting, diarrhea, extreme thirst, muscle twitching, slurred speech, confusion, dizziness, or stupor.

Although lithium is a natural chemical element, like oxygen or iron, it can be harmful if it is taken in too high a dose. To prevent this, the doctor must monitor the amount of lithium in the body by taking regular blood tests.

It is also important to have enough salt in your diet while taking lithium, because the sodium in salt helps to excrete lithium. This means you should avoid low-salt diets and prescription and over-the-counter diuretic medications such as Fluidex with Pamabrom, Aqua-Ban, Tri-Aqua, or Aqua-rid.

Tegretol and Depakote

Possible side effects of Tegretol and Depakote include: fatigue, muscle aching or weakness, dry mouth, constipation or diarrhea, loss of appetite, nausea, skin rash, headache, dizziness, decreased sexual interest, and temporary hair loss.

Some side effects are more serious, including: confusion, fever, jaundice, abnormal bruising or bleeding, swelling of lymph glands, vomiting, and vision problems (such as double vision). It is important to have regular blood tests to monitor the level of these medications, and to check for any changes in blood cells and liver function. Because these medications can cause sedation, you must be cautious when driving or operating heavy machinery. It is recommended to limit drinking to one alcoholic drink per week.

Treatment for side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Appendix #5 for a list of some of these coping strategies.

Web sites for more information about medications

www.mentalhealth.com

www.mentalhealth.about.com

Appendix 3: Antidepressants

Antidepressants treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration. They help to reduce the acute symptoms and prevent relapses and hospitalizations. Antidepressants can also be effective for the treatment of anxiety disorders such as panic disorder, obsessive compulsive disorder and phobias. They are not addictive.

The newer generation antipsychotic medications, such as the family of drugs called serotonin selective reuptake inhibitors (SSRIs) tend to cause fewer side effects. SSRIs include Prozac, Paxil, Zoloft, Serzone, and Luvox. New medications continue to be developed.

The following chart lists the most common antidepressants. Blank spaces are provided to fill in the names of any new antidepressants that become available.

Antidepressant Medications

Brand Name	Chemical Name
Anafranil	clomipramine
Desyrel	trazodone
Effexor	Venlafaxine
Elavil	amitriptyline
Ludiomil	maprotiline
Luvox*	fluvoxamine
Marplan	isocarboxazid
Nardil	phenelzine
Norpramin	desipramine
Pamelor, Aventyl	nortriptyline
Paxil*	paroxetine
Prozac*	fluoxetine
Serzone*	nefazadone
Sinequan, Adapin	doxepin
Tofranil	imipramine
Vivactil	protriptyline
Wellbutrin	bupropion
Zoloft*	sertraline

* newer generation antidepressants (SSRIs)

Side effects of antidepressants

Not everyone has side effects when they take antidepressants. But it is important to be aware of them in case you do. Tell your doctor about any of the following side effects: nausea, vomiting, excitement, agitation, headache, sexual problems, dry mouth, dizziness, sedation, weight gain, constipation, heart palpitations, cardiac abnormalities, insomnia, memory problems, overstimulation, hypertensive crisis.

Hypomania, mania and antidepressants

Sometimes a small percentage of people who take antidepressants develop symptoms of hypomania or mania over the course of a few weeks. The symptoms of hypomania include irritability, argumentativeness, agitation, decreased need for sleep, and excessive talking. The symptoms of mania include grandiosity, euphoria, hostility, extreme goal-directed behavior, and engagement in activities that are potentially harmful. If you experience these symptoms, notify your doctor immediately. He or she may lower your dosage of medication or stop it altogether.

Precautions when taking Marplan and Nardil

There are many foods and drugs that should be avoided when taking Marplan and Nardil, including foods that are high in tyramine, such as aged cheeses, aged meats such as salami and pepperoni, and yeast extracts (except when they are baked into breads, etc). You should also avoid drinking beer, Chianti wine, sherry wine and vermouth and taking certain medications such as Tegretol, Dopar, Sinemet, Demerol, Aldomet, Ritalin, decongestants and stimulants. It is important to obtain a complete list from your doctor of drugs and foods to avoid.

Although it is unusual, occasionally people develop carpal tunnel syndrome when they take Marplan or Nardil. This can be corrected by appropriate vitamin supplements.

Treatment of side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Appendix #5 for a list of some of these coping strategies.

For more information about medications

www.mentalhealth.com

www.mentalhealth.about.com

Appendix 4: Antianxiety and sedative medications

Antianxiety and sedative medications help reduce anxiety and feeling overly stimulated. Some of these medications also help people sleep.

Unlike other medications for mental illnesses, these medications take only one to two hours to take effect.

Also unlike other medications for mental illnesses, some antianxiety and sedative medications can be addictive and long-term use should generally be avoided. If these medications are used, they should be carefully monitored.

The following chart lists the most common medications used for antianxiety and sedation. Blank spaces are provided to fill in the names of any new medications that become available. It is important to note that some of the medications can be used to help both anxiety and sleep problems, while others are used to help only one of these problems. Also, some of these medications are addictive, while others are not. It is important to talk to your doctor about the specific benefits and side effects of the medication you are taking.

Antianxiety and Sedative Medications

Brand Name	Chemical Name
Ativan	lorazepam
Benadryl	diphenhydramine
Buspar	bupirone
Centrax	prazepam
Dalmane	flurazepam
Halcion	triazolam
Klonopin	clonazepam
Librium	chlordiazepoxide
Noctec	Chloral hydrate
Restoril	temazepam
Serax	oxazepam
Valium	diazepam
Xanax	alprazolam

Side effects of antianxiety and sedative medications

Not everyone has side effects when they take antianxiety or sedative medications. It's important to be aware of them if you do, however, and to talk to your doctor right away. The most common side effects are over-sedation, fatigue, and problems with memory or other cognitive abilities. Because of the sedating effect, you are advised to limit drinking no more than one alcoholic drink per week. You are also advised to be cautious when driving. As mentioned earlier, long-term use of some of these medications can lead to dependency.

Treatment of side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Appendix #5 for a list of some of these coping strategies.

Web sites for more information about medications

www.mentalhealth.com

www.mentalhealth.about.com

Appendix 5: Coping with side effects

The following charts list some of the common side effects of different categories of medications and some suggestions for coping with them or counteracting them. Blank spaces are provided for additional strategies that you find useful.

Coping with Side Effects of Psychiatric Medications

Side effect	Strategy
Drowsiness	Schedule a brief nap during the day. Get some mild, outdoor exercise, such as walking. Ask your doctor about taking medication in the evening
Increased appetite and weight gain	Emphasize healthy foods in your diet, such as fruits, vegetables and grains. Cut down on sodas, desserts and fast foods. Engage in regular exercise. Go on a diet with a friend or join a weight reduction program.
Extreme restlessness	Find a vigorous activity that you enjoy, such as jogging, skating, aerobics, sports, outdoor gardening, swimming, bicycling
Muscle stiffness	Try doing regular muscle stretching exercises or yoga or isometrics exercises
Dizziness	Avoid getting up quickly from a sitting or lying down position.

Side effect	Strategy
Blurry vision	For mild blurry vision, talk to your doctor about getting reading glasses. These can often be bought without a prescription at a local drug store for very little money.
Sensitivity to the sun	Stay in the shade, use sunscreen and wear protective clothing. Avoid going out at the sunniest time of day.
Shakiness or tremors	Avoid filling cups and glasses to the brim.
Dry mouth	Chew sugarless gum, suck on sugarless hard candy, or take frequent sips of water.
Constipation	Drink 6-8 glasses of water daily. Eat high fiber foods such as bran cereals, whole grain breads, fruits and vegetables. Do light exercise daily.
Other:	
Other:	
Other:	

Reducing Relapses

“My dreams seemed to get more intense before a relapse was coming, and I would find myself getting up earlier. Racing thoughts were another sign. They seemed to come on rapidly. I would think of new things to produce, such as sculptures or a story. Not everything about it was bad, but I needed to treat it swiftly or it would get out of hand.”

David Kime, artist, writer, floral designer

Introduction

This handout discusses strategies for reducing symptom relapses or minimizing the severity of any relapses that occur. In order to reduce relapses it is helpful to identify stressful situations that have contributed to relapses in the past. It is also helpful to identify your own personal warning signs of an impending relapse. This information can be combined to develop a relapse prevention plan. This plan can be even more effective by including a significant other, such as a relative or friend.

Why do people have relapses?

The symptoms of mental illness tend to vary in intensity over time. Sometimes the symptoms may be absent; sometimes they may be mild or moderate; sometimes they may be strong.

When psychiatric symptoms become severe, it is usually referred to as a “relapse” or an “acute episode of the illness.” Some relapses can be managed at home, but other relapses require hospitalization to protect the person or other people.

Mental illness affects people in very different ways. Some people have a milder form of their illness and only have an episode once or a few times in their lives. Other people have stronger forms of their illness and have several episodes, some of which require hospitalization. Some people constantly experience symptoms, but do not have severe episodes that require hospitalization.

Scientists have not been able to identify all the reasons that people have relapses of their symptoms. Research has shown, however, that relapses are more likely to occur when:

- ▶ People are under more stress
- ▶ People stop taking their medications
- ▶ People use alcohol or drugs

Mental illnesses tend to be episodic, with symptoms varying in intensity over time.

Preventing and reducing relapses

There are many things you can do to prevent or reduce relapses. You have already learned some important relapse reduction strategies in the earlier educational handouts, including the following:

- ▶ Learn as much as possible about your illness.
- ▶ Be aware of your own individual symptoms.
- ▶ Be conscious of when you are under stress and develop strategies for coping with stress.
- ▶ Participate in treatments that help you recover.
- ▶ Build social supports.
- ▶ Use medication effectively.

In this handout you will learn some additional helpful strategies for staying well:

- ▶ Recognize events or situations that contributed to relapses in the past.
- ▶ Recognize the early warning signs that you might be starting to have a relapse.
- ▶ Develop your own relapse prevention plan to respond to early warning signs.
- ▶ Use the help of other people, such as family members, professionals, and friends, to prevent early warning signs from becoming full-blown relapses.

Different strategies can be used to prevent or reduce relapses.

What are common events or situations that can “trigger” relapses?

Some people can identify certain events or situations that appear to have led to relapses in the past. The events or situations that seemed to contribute to relapses can be thought of as “triggering” relapses.

The following chart lists some examples of common triggers. Please check off the examples that reflect an experience you have had.

Examples of Common Triggers

Personal Descriptions of Triggers	I experienced something like this
“I noticed that when I started staying out late, and not getting enough rest, I tended to relapse.”	
“When I’m under more stress at work, like having strict deadlines, I’m likely to start having symptoms again.”	
“Every time I go back to drinking beers every night, I end up needing to go back to the hospital.”	
“When there’s a change in my life, even a good change like moving into a better apartment, I tend to feel stressed out. Then the symptoms seem to come back.”	
“If I have arguments with my boyfriend, it really brings me down. Sometimes the symptoms get worse then.”	
“The biggest problem for me is when I stop taking medicine. I decide that I’m feeling better and there’s no need to take medicine any more. Before long, the symptoms start again.”	
Other:	
Other:	

Once you have identified a situation that appeared to trigger a relapse in the past, it is helpful to think about how you might handle the situation differently if it were to occur again. For example, if you noticed that drinking beers with your friends tends to trigger an episode, you could plan some activities with them that do not involve drinking. If you noticed that being under stress tends to trigger an episode, you could plan to use a specific relaxation technique, such as deep breathing, the next time you encounter another stressful situation.

Identifying situations and events that triggered relapses in the past can help you reduce the risk of future relapses.

- Questions: Have you experienced any relapses of symptoms?
- Are you able to identify situations or events that triggered relapses in the past?
- If so, what could you do to handle the situation differently?

What are “early warning signs”?

Even when people do their best to avoid it, their symptoms may start to come back and they may have a relapse. Some relapses may occur over short periods of time, such as a few days, with very little or no warning. However, most relapses develop gradually over longer periods of time, such as over several weeks.

There are often changes in the person’s inner experience and changes in their behavior when a relapse is starting. For some people, the changes may be so subtle at first that they may not seem worth noticing. For others, the changes are more pronounced and distressing. When people look back after a relapse, they often realize that these early changes, even the subtle ones, were signs that they were starting to have a relapse. These changes are called “early warning signs.”

Early warning signs are the subtle changes in a person’s inner experience and behavior that signal that a relapse may be starting.

Question: Have you experienced any relapses of your symptoms?
 If you have, did you notice any early signs of your relapses?

What are some common early warning signs?

Some early warning signs are quite common. Others are more unusual. The following chart lists some examples of the more common early warning signs. Please check off the examples that reflect an experience you have had.

Examples of Common Early Warning Signs

Early warning sign	Individual Example	I experienced something like this
Feeling tense or nervous	"Even going to the playground with my kids made me nervous. It seemed like the merry-go-round was going faster and that there were accidents waiting to happen everywhere."	
Eating less or eating more	"First I started skipping breakfast. Then I started skipping lunch. I lost weight even though I wasn't trying."	
Decreased need for sleep	"When I started to relapse, I didn't feel like I needed sleep. I would start working on my inventions and stay up all night."	
Trouble sleeping too much or too little	"I was tired and wanted badly to sleep. But somehow I couldn't fall asleep. I was exhausted all the time."	
Feeling depressed or low	"I started to feel that my work wasn't any good. And that I wasn't a good person. I couldn't take pleasure in anything. My mood was sliding down and down."	
Social withdrawal	"I only wanted to be alone. I even waited to eat dinner until my roommates had gone to bed."	

Early warning sign	Individual Example	I experienced something like this
Feeling irritable	“Even the smallest things would irritate me. For instance, I would fly off the handle if my husband called to say he was going to be 15 minutes late. I had no patience.”	
Stopping medication	“I stopped taking my medicine. I even threw away the bottles. I stopped going to my support group.”	
Trouble concentrating	“Knitting usually relaxes me. But I couldn’t concentrate enough to do the stitches right. My mind was wandering.”	
Thinking that people are against you	“It seemed like people behind the counter at the fast food restaurant were talking about me. They even seemed to be laughing at me. I couldn’t understand why.”	
Hearing voices	“The voice was not loud at first. Sometimes it just said my name.”	
Drug or alcohol use or abuse	“Usually I don’t drink. But when I was starting to relapse, I found myself pouring a drink of scotch every night. I think I was just trying to get in a better mood.”	
Increased spending or shopping	“I used up my checking account and then charged two credit cards to their limits.”	
Being overconfident about your abilities	“I thought I was such a great driver that the traffic laws didn’t apply to me. I was stopped by the police going 30 miles over the speed limit.”	
Other:		
Other:		

Common early warning signs include:

- Feeling tense or nervous
- Eating less or eating more
- Trouble sleeping too much or too little
- Decreased need for sleep
- Feeling depressed or low
- Feeling like not being around people
- Feeling irritable
- Stopping treatment
- Trouble concentrating
- Thinking that people are against you
- Drug or alcohol use or abuse
- Increased spending or shopping
- Being overconfident about your abilities

Question: Have you experienced any of the common early warning signs?
Which ones?

What are some other early warning signs?

Some people have early warning signs that others don't have. These unique warning signs are equally important to recognize.

Some examples of unique warning signs are:

"Before my last two episodes, I cut my hair very, very short."

"My brother noticed that I was whistling all the time."

"I started buying lottery tickets two or three times a day."

"I started wearing the same clothes every day. The same khaki pants and blue T-shirt."

"I became preoccupied with martial arts. I practiced martial arts moves for hours."

Some people have early warning signs that are unique.

Questions: Have you experienced early warning signs that other people don't have?
If so, what are your unique early warning signs?

Is there a systematic way to identify your own warning signs?

The following checklist contains a list of common early warning signs. Check off the early warning signs that you experienced in the week before your last relapse.

Early Warning Signs Questionnaire

(Adapted with permission, Herz and Melville, 2001)

Early warning signs	I experienced this sign
My mood shifted back and forth.	
My energy level was high.	
My energy level was low.	
I lost interest in doing things.	
I lost interest in the way I looked or dressed.	
I felt discouraged about the future.	
I had trouble concentrating or thinking straight.	
My thoughts were so fast I couldn't keep up with them.	
I was afraid I was going crazy.	
I was puzzled or confused about what was going on around me.	
I felt distant from my family and friends.	
I had the feeling that I didn't fit in.	
Religion became more meaningful to me than before.	
I felt afraid that something bad was about to happen.	
I felt that other people had difficulty understanding what I was saying.	
I felt lonely.	

Early warning signs	I experienced this sign
I was bothered by thoughts I couldn't get rid of.	
I felt overwhelmed by demands or felt that too much was being asked of me.	
I felt bored.	
I had trouble sleeping.	
I felt bad for no reason.	
I was worried that I had physical problems.	
I felt tense and nervous.	
I got angry at little things.	
I had trouble sitting still. I had to keep moving or pace up and down.	
I felt depressed and worthless.	
I had trouble remembering things.	
I was eating less than usual.	
I heard voices or saw things that others didn't hear or see.	
I thought that people were staring at me or talking about me.	
I had a decreased need for sleep	
I was more irritable.	
I was overconfident about my abilities.	
I increased my spending or shopping.	
Other:	
Other:	

Do people always recognize that they are experiencing early warning signs?

People are not always aware when their behavior has changed and they are experiencing an early warning sign of relapse. For example, someone might not realize that he or she is feeling unusually irritable. Instead, it may seem to him or her that other people are being especially annoying.

Friends, family members, co-workers, healthcare practitioners and other supportive people often notice when someone seems different or is acting out of character. They can be helpful allies in recognizing early warning signs.

If you ask them, your family members, friends and mental health practitioners can be your “extra eyes and ears” for noticing early warning signs. You can tell them some possible early warning signs to look for, and let them know that you would like them to inform you when they notice these signs. You can also include them in your “relapse prevention plan” to help you take action to keep early warning signs from becoming relapses.

Family members, friends, mental health practitioners and other supporters can help you recognize early warning signs.

Question: Whom would you like to help you recognize early warning signs?
You can use the following chart to record your answer.

People Who Could Help Me Recognize Early Warning Signs

Friends?
Family members?
Support group members?
Practitioners?
Co-workers?
Spouse or significant other?
Others?

What can be done when you become aware that you are experiencing an early warning sign of relapse?

The more quickly you act on early warning signs, the more likely it is that you can avoid a full relapse.

When early warning signs are noted, it helps to ask yourself the following questions:

- ▶ Is my stress level high? What can I do to reduce it?
- ▶ Am I taking part in the treatments I chose? Am I going to my support group, doing my relaxation exercises, going to my appointments with my counselor, etc.?
- ▶ If medication is part of my treatment, am I taking my medication as prescribed? If not, how can I make sure I do?
- ▶ Should I arrange a special appointment to talk to the doctor? Do I need to start a medication? Do I need a higher dose of the medication I am taking?
- ▶ Should I contact someone for extra support?

The following list contains examples of what other people have done when they recognized they were experiencing early warning signs. Some examples may sound familiar to you.

- ▶ “When I started to feel so irritable with everyone, even my best friend, I realized that I was under a lot of stress with changes at the office. I talked with my practitioner about strategies for coping with the stress better so it didn’t affect me so much.”
- ▶ “First someone called from my synagogue, asking why I hadn’t been coming to services like I used to. Then someone from my support group called and asked why I hadn’t been coming for the past three weeks. I realized that something might be wrong. I decided to go to the next support group, and asked a friend to give me a ride.”
- ▶ “I thought my medicine wasn’t helping me. So I didn’t renew the prescription when it ran out. My thinking got very confused. I kept forgetting things, too. I called the pharmacist about getting the medicine renewed, and then I called the doctor to talk about what had happened.”
- ▶ “My brother noticed empty beer bottles in the kitchen when he came to visit. When we got to talking, I realized that I was starting to use alcohol to help me fall asleep. The next day I called my counselor.”

The more quickly you act on early warning signs, the more likely you can avoid a full relapse.

Question: Have you had an experience where you were able to avoid early warning signs from becoming full relapses?

If so, what did you do?

How can you make a Relapse Prevention Plan?

It's not possible to predict who will have only one or two acute episodes of the symptoms of mental illness and who will have more. Making a Relapse Prevention Plan can help you avoid relapses and minimize the severity of episodes that do occur.

In developing a Relapse Prevention Plan, you may find it helpful to consult with the supportive people in your life. Peers, practitioners, family members, and others can help you remember details about what helped in past situations and can make suggestions about possible steps to take if early warning signs appear.

Support persons can also have a part in the plan itself, if you want them to. For example, you might ask family members to let you know if they notice early warning signs or ask them to help you reduce stress by taking walk with you. Of course, you make the final decision about what you want in your plan and whom you want involved.

Plans for preventing relapses are most effective if they contain the following:

- ▶ Reminders of past triggers
- ▶ Reminders of past early warning signs
- ▶ What helps you when you're having an early warning sign
- ▶ Who you would like to assist you
- ▶ Who you would like contacted in an emergency

The following pages contain an example of a Relapse Prevention Plan completed by Alberto.

Relapse Prevention Plan: Alberto's Example
<p>Reminder of events or situations that triggered episodes in the past:</p> <ul style="list-style-type: none">• broke up with my girlfriend• smoked marijuana
<p>Reminder of early warning signs that I experienced in the past:</p> <ul style="list-style-type: none">• felt tense, irritable• thought people were picking on me, didn't like me• couldn't concentrate on TV
<p>What I think would help me if I am experiencing an early warning sign:</p> <ul style="list-style-type: none">• If I'm smoking marijuana again, I need to stop, and maybe go back to my "Double Trouble" group.• If I'm upset about something that happened, I need to talk to my friend Juan or to my brother Martin.• If I'm feeling stressed out, I need to make sure I'm doing something to relax me every day, like listening to music or biking.• If I start to feel like people are picking on me or I can't concentrate, I need to talk to my counselor.• If I still don't feel better, I need to consider more medication – at least for a short time.
<p>Who I would like to help me, and what I would like them to do:</p> <ul style="list-style-type: none">• Juan or Martin could tell me if they think I'm starting to get irritable.• Juan could go biking with me.• My counselor could help me think of ways to relax.• My doctor could help me decide if I need more medicine.
<p>Who I would like to be contacted in case of an emergency:</p> <ul style="list-style-type: none">• Martin, my brother, ###-####• Maria Rodrigues, my counselor, ###-####• Dr. Rose, my doctor, ###-####

Before developing his Relapse Prevention Plan, Alberto talked with the supportive people in his life (his friend, his brother, his counselor, and his doctor). He asked them what they had observed before his last relapse and included some of their observations in his list of early warning signs. He also asked for their suggestions in making a plan for responding to an early warning sign and asked them whether they would be willing to play a specific part in carrying out the plan.

After writing up his Relapse Prevention Plan, Alberto asked his friend, his brother, his counselor and his doctor to read it. He then gave copies to each of them. Alberto keeps a copy of his Relapse Prevention Plan in his desk drawer, where he also keeps his checkbook. Whenever he writes a check, he makes a point of looking over his plan.

A Relapse Prevention Plan can help you in case early warning signs appear. The plan should contain:

- Reminders of past triggers
- Reminders of past early warning signs
- What helps you when you're having an early warning sign
- Who you would like to assist you
- Who you would like contacted in an emergency

It can be very helpful to have friends, family members, practitioners and other supporters involved in making the Relapse Prevention Plan and helping to carry it out.

Questions: What would you include in your Relapse Prevention Plan?

You can use the following planning sheet to record your answer.

Relapse Prevention Plan

Reminder of events or situations that triggered relapses in the past:

- 1.
- 2.
- 3.
- 4.

Reminder of early warning signs that I experienced in the past:

- 1.
- 2.
- 3.
- 4.

What I think would help me if I am experiencing an early warning sign:

- 1.
- 2.
- 3.
- 4.

Who I would like to assist me, and what I would like them to do:

- 1.
- 2.
- 3.
- 4.

Who would I like to be contacted in case of an emergency?

- 1.
- 2.
- 3.
- 4.

Examples of people who have been able to prevent or reduce the number of relapses they experience

David

“My strongest early warning signs are having vivid, bizarre dreams and not being able to sleep. When that happens, I start doing things to keep myself calm, like taking walks and listening to music. I give my checkbook and credit card to my parents because then I won’t be able to go on spending sprees and buy things I don’t need. Doing artwork helps, but I try not to work on projects late at night, because that makes it harder to go to sleep. If I need to, I call my doctor. Sometimes having some extra medication has helped me avoid a relapse. These things might not work for everyone, but they have kept me well.”

Tamika

“I’ve noticed that I start to feel down about myself. I can’t think of anything good about the present, and I keep dwelling on the past. I don’t understand why, but I start thinking about a boy I dated in high school, even though that was over 15 years ago. I’ve found that it helps to talk to someone, like my sister, about what I’m feeling, instead of keeping it to myself. It also helps me to schedule something every day that gets me out of the house. Even if it’s just going to the post office to mail a letter, it’s better than staying inside those four walls at home. Going to support groups helps, because they understand what I’m feeling. If it gets to the point I’m thinking about life not being worth living, I know it’s gotten very serious. I call my doctor right away. For over two years I’ve been able to avoid a relapse.”

A Relapse Prevention Plan can help you avoid having relapses of your symptoms.

Question: What do you think will help you most in reducing the risk of relapse?

Summary of main points about preventing or reducing relapses

- ▶ Mental illnesses tend to be episodic, with symptoms varying in intensity over time.
- ▶ Different strategies can be used to prevent or reduce relapses.
- ▶ Identifying situations and events that triggered relapses in the past can help you reduce the risk of future relapses.
- ▶ Early warning signs are the subtle changes in a person's inner experience and behavior that signal that a relapse may be starting.
- ▶ Common early warning signs include:
 - Feeling tense or nervous
 - Eating less or eating more
 - Trouble sleeping or sleeping too much
 - Decreased need for sleep
 - Feeling depressed or low
 - Feeling like not being around people
 - Feeling irritable
 - Stopping treatment
 - Trouble concentrating
 - Thinking that people are against you
 - Drug or alcohol use or abuse
 - Increased spending or shopping
 - Being overconfident about your abilities
- ▶ Some people have early warning signs that are unique.
- ▶ Family members, friends, mental health practitioners and other supporters can help you recognize early warning signs of relapse.
- ▶ The more quickly you act on early warning signs, the more likely you can avoid a full relapse

- ▶ A Relapse Prevention Plan can help you in case early warning signs appear. The plan should contain:
 - Reminders of past triggers
 - Reminders of past early warning signs
 - What helps you when you're having an early warning sign
 - Who you would like to assist you
 - Who you would like contacted in an emergency
- ▶ Friends, family members, practitioners and other supportive people can be helpful in developing your Relapse Prevention Plan and carrying it out.
- ▶ A Relapse Prevention Plan can help you avoid having relapses of your symptoms.

Coping with Stress

“Exercise helps me elevate my mood. My writing is a great distraction and helps me get my mind off the pressures of work and life in general. My sculpture also helps me to escape. Believing that there is a God and that He doesn’t hate me and that I can turn to Him also helps. I also like music and find listening to it helpful.

“What helps you? God? Medication? Therapy? Art? Exercise? TV? Music? Reading? What?”

David Kime, artist, writer, floral designer

Introduction

This handout describes different ways of coping effectively with stress. In order to cope effectively, it is first important to know what situations you find stressful and what the experience of stress is like for you. Specific strategies for dealing with stress are suggested, such as using relaxation techniques, talking with others, exercising, and creative expression.

What is stress?

“Stress” is a term people often use to describe a feeling of pressure, strain, or tension. People often say that they are “under stress” or feel “stressed out” when they are dealing with challenging situations or events.

Everyone encounters stressful situations. Sometimes the stress comes from something positive (like a new job, new apartment, or new relationship) and sometimes from something negative (like being bored, having an argument with someone, or being the victim of crime).

*Stress is the feeling of pressure, strain or tension
that comes from dealing with challenging situations.*

Question: What is it like when you experience stress?

Why is stress relevant to mental illness?

According to the stress-vulnerability model, stress is an important factor in mental illness because it can worsen symptoms and lead to relapses. If you can decrease stress, you can decrease symptoms.

Nobody has a stress-free life and probably nobody would want to! Stress is a natural part of life. In fact, to pursue important personal goals, you need to be willing to take on new challenges, which can be stressful. Being able to cope effectively with stressful situations can minimize the effects of stress on you and your symptoms. This can enable you to continue to pursue your goals and enjoy life.

Coping effectively with stress can help you to reduce symptoms and pursue your goals.

What makes you feel under stress?

Different people find different things stressful. For example, some people enjoy the hustle and bustle of a big city, while others don't like the crowds and noise and find it stressful. Some people enjoy going to a party and meeting new people; others find it stressful. Knowing what you personally find stressful will help you cope better.

There are two main types of stress: life events and daily hassles.

Life events refers to experiences such as moving, getting married, the death of a loved one, or having a baby. Some life events are more stressful than others; for example, getting a divorce is usually more stressful than changing jobs.

To see how many life events you have experienced in the past year, complete the following checklist:

Life Events Checklist

Put a check mark next to each event that you have experienced in the past year.

- Moving
- Getting married
- New baby
- Divorce or separation
- Injury
- Illness
- New job
- Loss of a job
- Inheriting or winning money
- Financial problems
- Injury or illness of a loved one
- Death of a loved one
- Victim of a crime
- Legal problems
- New boyfriend or girlfriend
- Broke up with a boyfriend or girlfriend
- Stopped smoking
- Went on a diet
- New responsibilities at home
- New responsibilities at work
- No place to live
- Hospitalization
- Drinking or using street drugs caused problems
- other: _____

- Total number of life events checked off.

moderate stress=1 event

high stress=2-3 events

very high stress=more than 3 events

Daily hassles are the small daily stresses of everyday life that can add up if they occur over time. Examples of daily hassles include dealing with long bus rides, working with unpleasant or critical people, having conflicts with family members or close friends, living or working in a noisy chaotic place, and being rushed to do things.

The following checklist will help you evaluate how many daily hassles you are dealing with:

Daily Hassles Checklist

Place a check mark next to each event that you have experienced in the past week:

- not enough money to take care of necessities
- not enough money to spend on leisure
- crowded living situation
- crowded public transportation
- long drives or traffic back ups
- feeling rushed at home
- feeling rushed at work
- arguments at home
- arguments at work
- doing business with unpleasant people (sales clerks, waiters/ waitresses, transit clerks, toll booth collectors)
- noisy situation at home
- noisy situation at work
- not enough privacy at home
- minor medical problems
- lack of order or cleanliness at home
- lack of order or cleanliness at work
- unpleasant chores at home
- unpleasant chores at work
- living in a dangerous neighborhood
- other: _____

- Total number of hassles in the past week

moderate stress=1 or 2 daily hassles high stress=3-6 daily hassles very high stress=more than 6

Life events and daily hassles are both sources of stress.

Questions: What is the most stressful life event you have experienced in the past year?
 What are the most stressful daily hassles you have experienced in
 the past week?

What are the signs that you're under stress?

When people are under stress, it affects them physically and emotionally. It also affects their thinking, mood, and behavior. Some people show only physical signs of stress, such as muscular tension, headaches or sleep problems. Others have trouble concentrating or become irritable, anxious or depressed. Still others may pace or bite their nails. Each person's response to stress is individual.

Being aware of your own personal signs of stress can be very helpful, because once you realize that you're under stress you can start to do something about it.

You can use the following checklist to identify your own personal signs of being under stress.

Signs of Stress Checklist

Put a check mark next to the signs you notice when you are under stress:

- headaches
- sweating
- increased heart rate
- back pain
- change in appetite
- difficulty falling asleep
- increased need for sleep
- trembling or shaking
- digestion problems
- stomach aches
- dry mouth
- problems concentrating
- anger over relatively minor things
- irritable
- anxious
- feeling restless or "keyed up"
- tearful

- ___ forgetful
- ___ prone to accidents
- ___ using alcohol or drugs (or wanting to)
- ___ other:_____
- ___ other:_____
- ___ other:_____

Being aware of signs of stress can help you take steps to prevent it from getting worse.

Question: Have you noticed any signs of being under stress in the past week?

How can you prevent stress?

Putting energy into preventing stress can pay off. If you eliminate some of the avoidable stress in your life, it frees you up to enjoy yourself more and to accomplish more of your goals.

Most people find it helpful to be familiar with a variety of prevention strategies, like the ones described below and listed in the “Strategies for Preventing Stress Checklist.” Choose the strategies that best suit you.

Be aware of situations that caused stress in the past. If you found a situation stressful before, it will probably cause problems again. Knowing that a situation has been stressful will allow you to think of different ways to handle it so it won’t be as stressful. For example, if you notice that you become irritable whenever you catch the bus at rush hour, try catching it at a less busy time. Or try practicing deep breathing if you become tense on a crowded bus.

If large holiday gatherings with your extended family make you feel tense, try taking short breaks away from the larger group. Or try getting together with family members at times other than holidays, in smaller groups.

Schedule meaningful, enjoyable activities. Having activities that you enjoy makes a significant difference in reducing stress. For some people, their work is meaningful and enjoyable. Other people look to volunteering, hobbies, music, sports or art for meaning and enjoyment. It all depends on what the individual finds most meaningful.

Schedule time for relaxation. It’s important to take time to relax each day, to refresh your mind and body from the tensions of the day. Some people find exercise relaxing, while others find reading or doing a puzzle or some other activity to be relaxing.

Have balance in your daily life. Being active and involved is important to keeping stress low. However, too much activity can lead to stress. It’s important to leave time for sleep and for restful, relaxing activities, such as a reading or taking a walk.

Develop a support system. Seek out people who are encouraging and supportive, rather than critical and pressuring. It’s very helpful to have relationships with people you feel comfortable with. Common support systems include, friends, family members, peer support, professionals and members of one’s religious or spiritual group. See the handout “Building Social Supports” for more information on this subject.

Take care of your health. Eating well, getting enough sleep, exercising regularly, and avoiding alcohol or drug abuse helps prevent stress. These healthy habits are not easy to maintain, but they really pay off.

Talk about your feelings or write them down in a journal. Holding in your feelings can be very stressful. It helps to have an outlet for your feelings so that you don't keep them bottled up. These may be positive feelings, like being excited about a new job or negative feelings, such as being angry at how someone else has behaved. Having someone to talk to, such as a family member, friend, or professional, can help. Or you might find it helpful to keep a journal of your thoughts and feelings.

Avoid being hard on yourself. Some people increase their stress by being critical of themselves and what they are accomplishing. Try to be reasonable about what you expect from yourself, and give yourself credit for your talents and strengths. It can be helpful to identify some positive features about yourself and remind yourself of these features when you are feeling negatively about yourself.

Strategies for Preventing Stress Checklist

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Be aware of situations that caused stress in the past		
Schedule meaningful activities		
Schedule time for relaxation		
Have a balance in my daily life		
Develop my support system		
Take care of my health		
Talk about my feelings		
Write down my feelings in a journal		
Avoid being hard on myself. Identify positive features about myself		
Other:		

You can avoid stress by using strategies such as scheduling enjoyable activities and developing a support system.

Question: Which prevention strategies would be most helpful to you?

How can you cope with stress effectively?

Coping effectively with stress is a key to living a successful and rewarding life and being able to pursue your personal goals. Some examples of strategies for coping with stress include:

Talking to someone about the stress you are experiencing

“When I was packing up my stuff to move to a new place, I started having headaches and trouble sleeping. I called my sister and told her how stressed out I felt. She told me she felt the same way when she moved the last time. She even offered to help me pack. It made a huge difference.”

Using relaxation techniques

“If I’ve had a stressful day, it helps me to do some deep breathing. I put on some relaxing music, and sit in my favorite chair. Then I start by taking ten deep, slow breaths. Then I let my breath out very slowly. As I exhale, I try to imagine that when I let out my breath, I’m letting out the tension in my body. Then I take about 20 or 30 more breaths. Sometimes I try to imagine a peaceful scene, like the ocean, when I’m breathing. I usually feel more relaxed after that.”

The Appendix to this handout contains some relaxation techniques that you can try.

Using positive self-talk

“Before when I was under stress, I used to blame myself and think that there was no way out. Now I try to think more positively. I say to myself, ‘This is hard, but I can do it,’ or ‘If I take this one step at a time, I’ll be able to handle it.’ It’s hard to do sometimes, but it makes me feel better about myself.”

Maintaining your sense of humor

“For me ‘laughter is the best medicine.’ When I’ve been on a subway ride that lasted two hours instead of 45 minutes, I feel very tense and agitated. I have some funny videos at home, and I’ll pull one out and have a good laugh. Believe it or not, it helps me to watch a Monty Python movie or one starring Adam Sandler.”

Participating in religion or spiritual activity

“I grew up in a religious home. Although I’m not sure I believe every aspect of that religion, I still find it comforting to go to services. And sometimes instead of going to services I go for a walk in the park and see how beautiful nature can be. That’s very spiritual for me.”

Exercising

“I like to ‘work off’ my stress by getting some exercise. Sometimes I go for a run and sometimes I just do some jumping jacks until I calm down.”

Writing in a journal

“I’ve started keeping a journal to write down my thoughts and feelings. I don’t care about the grammar or spelling—I just write down what comes into my head. Sometimes I write about stressful things and that seems to help. Writing helps me think things through.”

Making or listening to music

“I’m a music person. I put on my headphones and blow away the stress of the day. I can even do it on the train, to distract myself on the long ride.”

Doing art or going to see art

“I like to sketch. I especially like drawing cartoons. I must admit I sometimes make some unflattering cartoons of people who are bugging me.”

Playing games or developing a hobby

“I like playing card games. When I don’t have anyone to play with, I like solitaire. It’s relaxing to me.”

Using coping strategies, such as listening to music, exercising, watching videos, or participating in a hobby, can help you manage stress effectively and enjoy your life.

Questions: What strategies do you use to cope with stress?

 What strategies would you like to try or develop further?

 You can use the following checklist to record your answer to these questions.

Strategies for Coping with Stress Checklist

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Talking to someone		
Using relaxation techniques		
Using positive self talk		
Maintaining my sense of humor		
Participating in religion or other form of spirituality		
Exercising		
Writing in a journal		
Listening to music		
Doing artwork or going to see artwork		
Participating in a hobby		
Other:		
Other:		

Examples of coping effectively with stress

People develop different strategies for coping with stress, depending on what works for them. The following individuals have recognized what kinds of situations are stressful to them and have worked out strategies that help them cope effectively with these situations.

Leticia

“For me, it’s very stressful to rush to get somewhere on time. I start to feel anxious and irritable. Sometimes I even get a headache. So I try to plan ahead as much as possible, and allow myself plenty of time. On the nights before I go to work, I lay out my clothing for the next day. I get up at least an hour before I have to leave the house to catch the bus. Then I don’t feel anxious. I can relax on my way to work and start the day feeling fresh.

“Of course, I can’t plan for everything. Sometimes the bus is late or the road conditions are bad. When I feel myself starting to get anxious, I do some deep breathing to slow myself down. Sometimes I use ‘positive self-talk.’ I tell myself, ‘I have an excellent record at work of arriving on time and doing my job well. It’s O.K. if I’m late once in a while. My boss has always told not to worry about this. Just relax.’ It works for me.”

Daniel

“Recently I’ve been under stress because my mother has been ill and in the hospital. I visit her almost every afternoon and I think I’m doing all I can to help her. But sometimes I have trouble sleeping. I lie in bed worrying, so it takes me longer to fall asleep. Then I end up tired in the morning and have a hard time getting up.

“It helps me to talk to someone about my worries. I talk to my sister and it helps a lot. I also try to do something relaxing in the evening, to take my mind off Mom’s illness. If it’s not too dark, I take a walk in the neighborhood. Or I might read a travel magazine or watch a nature show on TV. It helps me to feel more calm and to be able to fall asleep more easily.”

Ching-Li

“I feel tense when there is a lot of noise. I try to avoid those kinds of situations. But there are times when it’s unavoidable, like at my apartment. I have roommates, and sometimes they watch television shows or make noise when they are cooking dinner. I like my roommates and I don’t think they are being excessive. Noise is just part of having roommates.

“It helps me to take a break and go to my room. I like to listen to my music on headphones; it drowns out the noise and takes me to a more quiet place.

You can develop an individual plan for coping with stress that works for you.

How to develop a plan for coping with stress

This handout included checklists to help you identify the following: stressful situations, signs of stress, strategies for preventing stress, and strategies for coping with stress. It may be helpful to put this information together as an individual plan for coping with stress using the following form:

Individual Plan for Coping with Stress
Stressful situations to be aware of: 1. 2. 3.
Signs that I am under stress: 1. 2. 3.
My strategies for <u>preventing</u> stress: 1. 2. 3.
My strategies for <u>coping</u> with stress: 1. 2. 3.

Summary of the main points about coping with stress

- ▶ Stress is the feeling of pressure, strain, or tension that comes from responding to challenging situations.
- ▶ Being able to cope effectively with stress can help you to reduce symptoms and pursue your goals.
- ▶ Life events and daily hassles are both sources of stress.
- ▶ Being aware of signs of stress can help you take steps to prevent it from getting worse.
- ▶ You can avoid stress by using strategies such as scheduling enjoyable activities and developing a support system.
- ▶ Using coping strategies, such as listening to music, exercising, watching videos, or participating in a hobby, can help you manage stress effectively and enjoy your life.
- ▶ You can develop an individual plan for coping with stress that works for you.

Appendix: Relaxation Techniques

Three types of relaxation techniques are described below:

- ▶ Relaxed breathing
- ▶ Muscle relaxation
- ▶ Imagining a peaceful scene

Relaxation techniques are most effective when they are practiced on a regular basis. When you are first learning a technique, you usually concentrate on doing the steps according to the instructions. As you become familiar with the instructions, you will be able to concentrate more on the relaxation you are experiencing. Choose one of the following techniques and try practicing it daily. After a week, evaluate whether you think the technique is effective for you.

Relaxed Breathing

The goal of this exercise is to slow down your breathing, especially your exhaling.

Steps:

1. Choose a word that you associate with relaxation, such as CALM or RELAX or PEACEFUL.
2. Inhale through your nose and exhale slowly through your mouth. Take normal breaths, not deep ones.
3. While you exhale, say the relaxing word you have chosen. Say it very slowly, like this, “c-a-a-a-a-l-m” or “r-e-e-l-a-a-x.”
4. Pause after exhaling before taking your next breath. If it’s not too distracting, count to four before inhaling each new breath.
5. Repeat the entire sequence 10 to 15 times.

Muscle relaxation

The goal of this technique is to gently stretch your muscles to reduce stiffness and tension. The exercises start at your head and work down to your feet. You can do these exercises while sitting in a chair.

Steps:

1. Neck rolls. Drop your head to one side. Gently roll it around in a wide circle. Repeat 3-5 times. Then reverse directions, and gently roll your head in a wide circle the other way. Repeat 3-5 times.
2. Shoulder shrugs. Lift both shoulders in a shrugging motion. Try to touch your ears with your shoulders. Let your shoulders drop down after each shrug. Repeat 3-5 times.
3. Overhead arm stretches*. Raise both arms straight above your head. Interlace your fingers, like you're making a basket, with your palms facing down (towards the floor). Stretch your arms towards the ceiling. Then, keeping your fingers interlaced, rotate your palms to face upwards (towards the ceiling). Stretch towards the ceiling. Repeat 3-5 times.
4. Knee raises. Reach down and grab your right knee with one or both hands. Pull your knee up towards your chest (as close to your chest as is comfortable). Hold your knee there for a few seconds, before returning your foot to the floor. Reach down and grab your left knee with one or both hands and bring it up towards your chest. Hold it there for a few seconds. Repeat the sequence 3-5 times.
5. Foot and ankle rolls. Lift your feet and stretch your legs out. Rotate your ankles and feet, 3-5 times in one direction, then 3-5 times in the other direction.

*If it is not comfortable to do step #3 with your arms overhead, try it with your arms reaching out in front of you.

Imagining a peaceful scene

The goal of this technique is to “take yourself away” from stress and picture yourself in a more relaxed, calm situation.

Steps:

1. Choose a scene that you find peaceful, calm and restful. If you have trouble thinking of a scene, consider the following:
 - at the beach
 - on a walk in the woods
 - on a parkbench
 - on a mountain path
 - in a canoe or sailboat
 - in a meadow
 - traveling on a train
 - in a cabin
 - beside a river
 - next to a waterfall
 - in a high rise apartment overlooking a large city
 - riding a bicycle
 - on a farm
2. After choosing a peaceful scene, imagine as many details as possible, using all your senses.
3. What does the scene look like? What are the colors? Is it light or dark? What shapes are in the scene? If it's a nature scene, what kinds of trees or flowers do you see? What animals? If it's a city scene, what kind of buildings? What kind of vehicles?
4. What sounds are in your peaceful scene? Can you hear water or the sounds of waves? Are there sounds from animals or birds? From the breeze? From people?
5. What could you feel with your sense of touch? Are there textures? Is it cool or warm? Can you feel a breeze?
6. What smells are there in your peaceful scene?
Could you smell flowers? The smell of the ocean? The smell of food cooking?
7. Disregard any stressful thoughts and keep your attention on the peaceful scene.
8. Allow at least five minutes for this relaxation technique.

Educational Handout #8

Coping with Problems and Symptoms

“Your symptoms will probably come and go over the years. That’s the way most mental illnesses are. But the more you learn to cope with your symptoms the easier it will become, and you can avoid relapses and hospitalizations. Just try to go about your daily routine. The bad times will pass.”

David Kime, artist, writer, floral designer

Introduction

This handout describes strategies for coping with common problems and symptoms. People sometimes experience stress due to depression, anxiety, sleep problems, hearing voices, and other symptoms. Coping strategies can be effective at reducing symptoms or distress related to symptoms. Other strategies can be used to deal with day-to-day problems encountered in living.

The importance of coping with problems

Problems are a natural part of life. Everyone encounters some problems along the way, no matter how well they are managing their lives. Some problems are easily solved and cause very little stress. Other problems are more challenging, and can result in significant stress. When stress builds up, it can cause symptoms to worsen and can lead to a relapse.

This handout will provide a step-by-step method for solving problems and achieving goals. It will also provide some specific strategies for coping with problems that people commonly encounter, including problems related to psychiatric symptoms.

Developing strategies for coping with problems can help reduce stress.

Question: What is an example of a problem that has caused you stress?

A step-by-step method for solving problems and achieving goals

When trying to solve a problem or achieve a goal, it is important to take an active, solution-focused approach. The following structured, step-by-step method was introduced in the handout “Recovery Strategies.” This method can be used for solving problems and achieving goals by yourself or with members of your support system, such as family members, friends, peers, or practitioners. These people can be especially helpful in contributing ideas for solutions and in carrying out specific steps of the solution you choose.

- Step 1.** Define the problem or the goal you would like to achieve. Be as specific as possible.
- Step 2.** List some possible solutions (at least 3). This step is for brainstorming. Don’t evaluate whether the solutions are good or bad yet.
- Step 3.** For each solution, list one advantage (pro) and one disadvantage (con). Be brief, but give each solution a chance.
- Step 4.** Choose the best solution or combination of solutions. Which solution is most likely to solve the problem or achieve the goal? Which solution can be realistically carried out?
- Step 5.** Plan how to carry out the solution. Answer these questions:
 - Who will be involved in carrying out the solution?
 - What step will each person do?
 - What is the time frame for each step?
 - What resources are needed?
 - What obstacles might come up and how could they be overcome?
- Step 6.** Set a date for evaluating how the solution is working. First focus on the positive: What has been accomplished? What went well? Then decide if the solution was successful or if you need to revise it or choose another one.

The more you use this method for solving problems and achieving goals, the easier and smoother it will become.

Using a step-by-step method for solving problems and achieving goals can help you take an active, solution-focused approach.

Questions: Are you experiencing a problem that is causing stress? Or is there a goal that you would like to achieve but is difficult to pursue?

You can use the following worksheet(s) to develop a plan for solving the problem or achieving the goal.

Step-by-Step Problem-Solving and Goal Achievement

1. Define the problem or goal as specifically and simply as possible.

2. List 3 possible ways to solve the problem or achieve the goal:

a.

b.

c.

3. For each possibility, list one advantage and one disadvantage:

Advantages/pros:

Disadvantages/cons:

a.

a.

b.

b.

c.

c.

4. Choose the best way to solve the problem or achieve the goal. Which way has the best chance of succeeding?

5. Plan the steps for carrying out the solution. Who will be involved? What step will each person do? What is the time frame? What resources are needed? What problems might come up? How could they be overcome?

a.

b.

c.

d.

e.

f.

6. Set a date for follow up:_____.

Give yourself credit for what you have done. Decide whether the problem has been solved or whether the goal has been achieved. If not, decide whether to revise the plan or try another one.

Step-by-Step Problem-Solving and Goal Achievement

1. Define the problem or goal as specifically and simply as possible.								
2. List 3 possible ways to solve the problem or achieve the goal: a. b. c.								
3. For each possibility, list one advantage and one disadvantage: <table><tr><td><u>Advantages/pros:</u></td><td><u>Disadvantages/cons:</u></td></tr><tr><td>a.</td><td>a.</td></tr><tr><td>b.</td><td>b.</td></tr><tr><td>c.</td><td>c.</td></tr></table>	<u>Advantages/pros:</u>	<u>Disadvantages/cons:</u>	a.	a.	b.	b.	c.	c.
<u>Advantages/pros:</u>	<u>Disadvantages/cons:</u>							
a.	a.							
b.	b.							
c.	c.							
4. Choose the best way to solve the problem or achieve the goal. Which way has the best chance of succeeding?								
5. Plan the steps for carrying out the solution. Who will be involved? What step will each person do? What is the time frame? What resources are needed? What problems might come up? How could they be overcome? a. b. c. d. e. f.								
6. Set a date for follow up:_____. Give yourself credit for what you have done. Decide whether the problem has been solved or whether the goal has been achieved. If not, decide whether to revise the plan or try another one.								

Common problems

The rest of this handout will focus on some of the problems that people commonly encounter, including problems related to psychiatric symptoms. When these problems are not addressed, they can cause distress, contribute to stress, and increase the risk of relapse.

Because each person is an individual, no one has the same set of problems. In order to develop coping strategies that work for you, it is helpful to first identify the specific problems you have experienced. You can use the following checklist to help in this process:

Checklist of Common Problems and Symptoms

Category of problem	Specific problem	I experience this problem
Thinking problems	paying attention	
	concentrating	
Mood problems	anxiety	
	depression	
	anger	
	sleeping difficulties	
Negative symptoms	lack of interest	
	lack of pleasure	
	lack of expressiveness	
	social withdrawal	
Psychotic symptoms	hallucinations	
	delusions	
Drug and alcohol use	drugs	
	alcohol	
	other substances	
Other problem area:		

People often experience problems in the following categories:

- thinking
- mood
- negative symptoms
- psychotic symptoms
- abusing drugs or alcohol

Questions: Which of these common problems do you experience?
Which one causes the most stress for you?

Strategies for coping with specific problems and symptoms

Several coping strategies are suggested for each problem listed in the Common Problems Checklist to enable you to pick and choose the strategies that you think might work for you. Next to each strategy is a box that you can check off to indicate that you would like to try the strategy.

It is important to keep in mind that if any of the following problems described begin to worsen or interfere significantly with your life, they may be signs of an impending relapse. In such situations, it is suggested that you contact your doctor or practitioner to help you evaluate what steps to take.

There are a variety of strategies for coping with problems and symptoms. It's important to choose the ones that you think will help you the most.

Thinking problems

Please check off the strategy that you would like to try.

Concentration

Sometimes people have problems concentrating on conversations or activities. The following strategies may be helpful:

- ▶ Minimize distractions, so there is only one thing to concentrate on. For example, if you're trying to concentrate on a phone conversation, make sure the radio and TV are off, and that other people aren't talking nearby.
- ▶ Ask the person with whom you are conversing to slow down or repeat things that you're unsure of.
- ▶ Check to make sure you understand by summarizing what you heard. For example, you can say something like, "Let me see if I understand your main point; are you saying _____?"
- ▶ Break down activities or tasks into smaller parts, and take frequent breaks. For example, if you have to clean your apartment, you could try breaking the task down into one room at a time, taking breaks between each room. You could break it down further, by cleaning only one section of each room at a time. For example, in the kitchen you could start with the sink area, then move to the stove area.

Attention

- ▶ Choose an interesting activity that requires attention, but start out by spending a brief time on the activity and gradually increasing the amount of time. For example, if you are having difficulty paying attention when reading, you could start by reading a few paragraphs of an article in a newspaper or magazine. When you feel comfortable with that, you could try selecting a short article and reading it entirely. In this way, you could gradually build up to reading chapters in a book. The important thing is to progress at a pace that's comfortable for you.
- ▶ Ask someone to join you in an activity that requires attention, such as a board game, card game, or a jigsaw puzzle. Many people find that doing something together helps them focus better.

Questions: Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice? You can use the following chart to record your answer:

Plan for Coping with Thinking Problems

Strategy I would like to try	When I would like to try it	Steps I will take

Mood problems

Please check off the strategies that you would like to try.

Anxiety

When people are anxious, they usually feel worried, nervous, or afraid. There are often physical signs of anxiety, such as muscle tension, headaches, heart racing, or shortness of breath. People may feel anxious about certain situations and go to extremes to avoid them. Some strategies for coping with anxiety are listed below.:

- ▶ Talk with someone in your support system to let him or her know about your feelings.
- ▶ Use relaxation techniques, such as deep breathing or progressive muscle relaxation, to stay calm.
- ▶ Identify situations that tend to make you anxious and making a plan to do something about them. For example, if you are anxious about an upcoming application deadline, make plans to start working on the first part of the application.
- ▶ Work with your practitioner on a plan for gradually exposing yourself to situations that makes you feel anxious.

For example, if someone is anxious about taking the bus, he or she might start by waiting at the bus stop and watching people get on and off the bus. After becoming more comfortable with that, he or she might try getting on the bus and getting off at the first stop. The idea is to feel comfortable before moving on to the next step.

Depression

When people are depressed, they may have one or more of the following problems: feeling bad about themselves, not doing the things they used to enjoy, sleeping too much or too little, low energy, poor appetite, and having trouble concentrating and making decisions.

If you get severely depressed or if you start thinking of hurting yourself or ending your life, you should contact your practitioner immediately or seek emergency services. However, if you are not having severe symptoms of depression, you can try the following coping strategies to help improve your mood:

- ▶ Set goals for daily activities, starting with one or two activities and gradually building up to a full schedule.
- ▶ Identify things that you still enjoy and build your strengths in those areas.
- ▶ Schedule something pleasant to do each day, even if it's a small thing. This will give you something to look forward to.
- ▶ Talk to someone in your support system to let him or her know how you're feeling. Sometimes they have good ideas you can try.

- ▶ Ask people to join you in activities. You may be more likely to follow through with plans when someone else is involved.
- ▶ Deal with loss of appetite by eating small portions of food that you like and taking your time.
- ▶ Practice relaxation exercises on a regular basis.
- ▶ Remind yourself of the steps you have accomplished and avoid focusing on setbacks

Anger

Some people find that they feel angry or irritable much of the time and get outraged about situations that would ordinarily seem relatively minor.

Because this is a common problem, there are programs for anger management, which many people have found helpful. Some of the techniques taught in anger management classes include:

- ▶ Recognize the early signs that you are starting to feel angry (for example, heart pounding, jaw clenching, perspiring), so that you can keep things from getting out of control.
- ▶ Identify situations that commonly make you feel angry and learn how to handle these situations more effectively.
- ▶ Develop strategies for staying calm when you're angry, such as counting to ten before responding, distracting yourself, temporarily leaving the situation, or politely changing the subject.
- ▶ Learn how to express angry feelings briefly and constructively. The following steps are helpful:
 - Speak firmly but calmly.
 - Tell the person what he or she did to upset you. Be brief.
 - Suggest how the situation could be avoided in the future.

Sleeping difficulties

Sleeping too much or too little can be very disruptive. It's hard to accomplish things when you don't get enough sleep.

Trying some of the following strategies may help:

- ▶ Go to sleep and get up at the same time every day.
- ▶ Avoid caffeine after 6 PM.
- ▶ Exercise during the day so you'll feel tired at night.

- ▶ Do something relaxing before going to bed, such as reading, taking a warm shower, drinking warm milk or herbal tea, or listening to music
- ▶ Make sure that your room is dark and that the temperature is comfortable.
- ▶ Avoid watching violent or distressing programs on television or video just before going to bed.
- ▶ Avoid having discussions about upsetting topics just before going to bed.
- ▶ Avoid napping during the day.
- ▶ Avoid spending more than 30 minutes lying awake in bed. Instead, try getting up, going to another room, and doing something relaxing (like reading or listening to music) for at least 15 minutes before returning to bed.

Questions: Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice? You can use the following chart to record your answer:

Plan for Coping with Mood Problems

Strategy I would like to try	When I would like to try it	Steps I will take

Negative symptoms

Please check off the strategies that you would like to try.

Lack of interest and lack of pleasure

It's very difficult to stay active when things don't seem interesting to you or when you don't enjoy things you used to enjoy. It's also difficult to pursue goals when you feel this way.

The following strategies may be helpful to gradually increase your interest and enjoyment of activities:

- ▶ Be patient with yourself. Changes will happen gradually.
- ▶ Start with an activity that you used to enjoy. Think of something brief that you could do that is related to that activity. For example, if you used to enjoy jogging, you could try taking a brief walk (5-10 minutes) in the neighborhood. Be attentive to what you experience as you walk: What do you see? What do you hear? What do you smell? How does your body feel being active? Do you feel more relaxed after walking?
- ▶ As you gain more confidence in brief activities, gradually plan longer activities. For example, after taking short daily walks in your neighborhood for a few weeks, you could try taking a walk to an interesting place (a park or shopping area) further away. Or you might try staying in the neighborhood, but walking at a slightly faster pace.

After several weeks, you might gradually work up to taking a short jog.

- ▶ Ask people in your support system to do things with you. It can be more enjoyable to have someone with whom to converse and share the experience. For example, when you take a walk with a friend or family member it becomes a social experience as well as a physical one.

- ▶ Regularly schedule enjoyable activities. For example, you could set up a schedule of walking every morning after breakfast. The more regularly you do an activity, the more likely you will start to feel enjoyment in it.
- ▶ Investigate new interests such as the following:
 - Computers (games, e-mail, websites, chat rooms, word processing, etc.)
 - Doing artwork or crafts
 - Visiting museums (art, science, natural history, history)
 - Games (chess, checkers, cards, etc.)
 - Collecting coins or stamps
 - Cooking (different varieties such as microwave specialties, Chinese, Italian, French, cookies, cakes, etc)
 - Exercising (bicycling, swimming, calisthenics, aerobics, dance-based exercises)
 - Gardening (indoor or outdoor)
 - Walking
 - Running
 - Humor (reading jokes, telling jokes to others, humorous movies or television shows)
 - Listening to music
 - Playing a musical instrument
 - Watching sports (at the event or on television)
 - Playing sports
 - Reading (fiction, non-fiction, humor, mysteries, poetry, plays)
 - Writing (journal, poetry, newsletter, articles, stories, novels)
 - Yoga (class or video)
 - Singing (by yourself or with others)
 - Nature (books, videos, television shows about nature)
 - Playing musical instruments
 - Science-related interests (astronomy, math, weather)
 - Word games (crossword puzzles, Scrabble, Wheel of Fortune, Password, Pictionary, word scrambles)
 - Trivia/Knowledge games (Trivial Pursuit, Jeopardy, Name that Tune, Tripod)
 - Sewing, knitting
 - Other:
 - Other:
- ▶ Be willing to try something several times in order to get familiar with it. The more familiar and comfortable you feel with an activity, the more likely you will enjoy it.

Lack of expressiveness

If other people tell you that they cannot read your facial expression or that it is hard to tell what you are thinking or feeling by your expression or tone of voice, it may indicate that you are having a problem with expressing your emotions. This can create misunderstandings. For example, when you are interested in something, other people may think you are bored or not paying attention. The following strategies may help you avoid this kind of misunderstanding:

- ▶ Verbally express what you are feeling or thinking. Make frequent clear comments about your reactions to conversations or activities.
- ▶ Make “I” statements that clearly express your point of view or your feelings, such as the following:
 - “I’m enjoying talking to you today. You are lifting my spirits.”
 - “I was a little nervous about playing ping pong today. But I’m glad I did, because it was fun.”
 - “I liked that movie because it was funny.”
 - “I’m feeling a little discouraged today.”

Social Withdrawal

Everyone needs time alone. But if you find that you are withdrawing from people and avoiding contact with others, it may create problems in your relationships. The following strategies may be helpful in coping with social withdrawal:

- ▶ Join a support group.
- ▶ Explore jobs or volunteer work that involves contact with other people.
- ▶ Schedule contact with someone every day, even if it’s for a short time.
- ▶ If you find it stressful to be with people, practice relaxation techniques (see the handout “Coping with Stress”) before and/or after your contact with them.
- ▶ If it’s too stressful to have personal contact, call people on the phone and talk for at least a few minutes.
- ▶ Arrange for errands that involve contact with people, such as going to the store or the library.
- ▶ Make a list of people in your support system with whom you feel most comfortable. Call them when you are feeling that you are starting to withdraw. If possible, make a plan to meet with them.
- ▶ Sometimes it’s more comfortable to spend time with people when you are engaging in an activity together. Try planning activities with someone, such as going to museums or a musical performance.

Questions: Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice? You can use the following chart to record your answer:

Plan for Coping with Problems Related to Negative Symptoms

Strategy I would like to try	When I would like to try it	Steps I will take

Psychotic symptoms

Please check off the strategies you would like to try.

Delusions

Sometimes people develop beliefs that are firmly held in spite of contradictory evidence. For example, they might start to believe that the FBI is monitoring their phone calls even though there is no evidence of this. Or they might believe that people are talking about them or staring at them. For some people having this kind of belief, which is called a “delusion,” is an early sign that they are starting to experience a relapse of their mental illness, and they need to contact their practitioner to discuss an evaluation.

For some people, however, these kinds of beliefs do not go away between episodes of their illness, and unless they get worse than usual, they are not necessarily a sign that an evaluation is needed. If this is your situation, such beliefs may be distressing or distracting, however, and you might try one or more of the following coping strategies:

- ▶ Distract yourself from the disturbing belief by doing something that takes your mental attention, such as doing a puzzle or adding up rows of numbers.
- ▶ Check out your beliefs by talking to someone you trust. For example, you might ask your practitioner to help you evaluate the evidence for and against your belief. Ask for his or her point of view. If your beliefs cause you to worry about safety, for example, you might ask, “What is the evidence that supports that I am in danger, and what is the evidence that does not support that I am in danger?”
- ▶ Distract yourself with a physical activity, like going for a brisk walk.

If you try the strategies listed above, but still feel distressed or distracted by beliefs, it may be helpful to mention it to someone in your support system. You may also benefit from consulting the Relapse Prevention Plan you developed in the handout “Reducing Relapses.”

Keep in mind that you should contact your practitioner if you become so convinced of your belief that you are thinking of acting on it. For example, if you become convinced that someone means you harm, you might start thinking of defending yourself, which could possibly lead you to harm someone else. If you can’t reach your practitioner, seek out emergency services under these circumstances.

Hallucinations

Sometimes people hear voices or see things when nothing is there. They might even feel, taste, or smell something when nothing is there. These experiences are called “false perceptions” or “hallucinations.” For some people, when this happens it is a sign that they are starting to experience a relapse of their mental illness and should contact their practitioner to discuss an evaluation.

For some people, however, these hallucinations do not go away between episodes, and unless they get worse than usual they are not necessarily a sign that an evaluation is needed. If this is your situation, you may find it distressing or distracting, however, and you might want to try one or more of the following coping strategies:

- ▶ Distract yourself by doing something that takes your attention, such as having a conversation with someone, reading, or taking a walk. Some people who hear voices hum to themselves or listen to a Walkman to drown out voices.
- ▶ Check out your experiences with someone you trust. For example, one person who thought he heard voices outside his window asked his brother to listen and give an opinion.
- ▶ Use positive self-talk. Some people tell themselves things like, “I’m not going to listen to these voices,” or “I’m not going to let these voices get to me,” or “I’m just going to stay cool and the situation will pass.”
- ▶ Ignore the hallucinations as much as possible. Some people say that it helps to focus on other things instead.
- ▶ Put the hallucinations “in the background.” Some people say they acknowledge what they are hearing or seeing, but don’t pay any further attention to it. For example, they might tell themselves, “There’s that critical voice again. I’m just going to let it happen and go about my business. I’m not going to let it bother me or affect what I’m doing.”
- ▶ Use relaxation techniques. Some people find that the voices or visual hallucinations get worse when they are under stress. Doing some deep breathing or muscle relaxation reduces the stress and reduces some of the intensity of the hallucination. (See the Appendix of the handout “Coping with Stress” for examples of relaxation techniques.)

If the voices start to tell you to do something to hurt yourself or someone else and you think you might act on this, however, you need to contact your practitioner or emergency services.

Questions: Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice? You can use the following chart to record your answer:

Plan for Coping with Problems Related to Psychotic Symptoms

Strategy I would like to try	When I would like to try it	Steps I will take

Drug or alcohol abuse problems

If you are experiencing problems with alcohol, drugs, or over-the-counter medications, you are not alone. These problems are called “substance abuse,” and are very common, affecting people from all walks of life. It’s especially common for people with mental illness to have problems with alcohol or drug use. If someone has both a mental illness and a substance abuse problem, the two disorders are often referred to as “dual disorders” or “dual diagnosis.”

Drugs and alcohol can make the symptoms of mental illness worse and can interfere with the benefits of prescribed medication. To stay well, therefore, it is very important to address any problems you might have with drugs or alcohol.

The coping strategies described below can be very helpful, but it is important to keep in mind that most people need additional help to overcome serious alcohol or drug problems. Programs that integrate treatment for mental illness with treatment for substance abuse have the most positive results. Self-help programs such as AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Dual Recovery and Double Trouble (for people with both substance abuse and mental illness) are also extremely helpful.

Whether or not you are participating in an integrated treatment program or a self-help group, it is important to develop strategies that you can use for dealing with drug or alcohol problems. Please check off the strategies that you would like to try:

- ▶ Educate yourself about the scientific facts about drugs and alcohol. For example, it is helpful to know that although alcohol in small amounts may be relaxing, it can also cause depression. Also, people with mental illness are more sensitive to the effects of drugs and alcohol, resulting in problems associated with using even small or moderate amounts of drugs or alcohol. These substances also make your prescribed medication less effective.

- ▶ Identify the advantages and disadvantages of using drugs or alcohol. What are the things that you like about using drugs or alcohol? What are the things that you don’t like about it?

Some of the advantages people report include, “I like smoking marijuana because it’s fun to do with friends,” or “I sleep better after I’ve been smoking.” On the other hand, they report disadvantages such as, “Smoking pot makes me paranoid,” and “I spend all my money when I go out smoking and have nothing left to pay the rent.”

- ▶ Be realistic about how using drugs and/or alcohol has affected your life. For some people, the effects may be relatively minor, like having less spending money. For others the effects are more extensive, like losing friends, having legal problems, being unable to keep a job.

- ▶ Develop alternatives to using drugs or alcohol. What are other ways of getting some of the positive effects that you look for when using drugs or alcohol? What are some other ways of getting your needs met? For example, some people report the following alternatives: “I signed up for a class in photography so I would have something else to do with my time” and “Doing some kind of exercise makes me feel less depressed – without the hangover.”
- ▶ Practice how to respond to people who offer you drugs or alcohol. Some examples of possible responses include:
 - “When I see Thomas coming, I go the other way, because he always wants to get high with me.”
 - “I tell people I’m on my way someplace else and can’t stop.”
 - “I tell Alberto that I want to spend time with him, but I’d rather go to a movie.”
 - “I have to be direct with Maria and say, ‘I don’t drink anymore so don’t ask me to go to the bar with you.’”
 - “If one of those pushers tries to come up to me on the street, I just walk by quickly and don’t make eye contact.”
- ▶ Keep in mind the advantages of avoiding drugs and alcohol. To strengthen their determination, some people keep a list such as the following:
 - I’ll be able to save money.
 - I’ll be less depressed in the long run.
 - I’ll stay out of the hospital.
 - I’ll be able to keep my job.
 - I won’t have as many arguments with my family.
 - I’ll feel better physically

Questions: What strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice? You can use the following chart to record your answer:

Plan for Coping with Problems Related to Drug or Alcohol Abuse

Strategy I would like to try	When I would like to try it	Steps I will take

Examples of people using coping strategies

Example #1

“I enjoy watching football on TV, but I can’t concentrate for the length of a whole game. So I usually videotape the game. I can fast-forward the tape past the commercials, which cuts down the time. I can also turn it off and take a break whenever I want. It works well for me.”

Example #2

“When I feel depressed, I tend to dwell on all my failures. It helps me to call my sister, who always reminds me of what I’ve accomplished. Talking to her makes me feel better about the future.”

Example #3

“I sometimes have a problem with anger. I hold it inside and it builds up. It’s better for me to express my feelings and get them off my chest. I stay calm, though, and keep it short and simple.”

Example #4

“I was having trouble getting interested in things. I was just sitting in my apartment all day. I’ve decided to get involved in one of my old hobbies, photography. I used to really enjoy taking pictures. To get started I went to a photography exhibit at the museum. And I’m sorting through some old family photographs to organize them into an album. It’s bringing back some of my old interest. I’m thinking about taking a class.”

Example #5

“Even though I’m taking medications, I still hear voices. Sometimes they are loud and say disturbing things. I use a couple of strategies for this. Sometimes I listen to music on my headphones. It helps to drown out the voices. Sometimes I walk to the park and shoot a few baskets. It helps distract me from the voices.”

Example #6

“I used to smoke marijuana in the evening when I was bored. But every time I smoked it caused my symptoms to get worse. So now I try to schedule activities in the evening so I don’t get bored. For example, I’m taking a class in computers, which I don’t know anything about. It’s keeping me from thinking about marijuana for now.”

Plan for coping with problems and symptoms

This handout included several checklists and planning sheets to help you identify coping strategies for specific problems and symptoms. Completing the following chart, “Plan for Coping with Problems and Symptoms” will help you summarize that information.

It is helpful to have a plan for putting coping strategies into action.

Plan for Coping with Problems and Symptoms

Problem or Symptoms	Strategy I plan to use

Summary of the main points about coping with problems and symptoms

- ▶ Developing strategies for coping with problems and symptoms can help reduce stress.
- ▶ Using a step-by-step method for solving problems and achieving goals can help you take an active, solution-focused approach.
- ▶ People often experience problems in the following categories:
 - Thinking
 - Mood
 - Negative symptoms
 - Psychotic symptoms
 - Abusing drugs or alcohol
- ▶ There are a variety of strategies for coping with problems and symptoms. It is important to choose the ones that you think will help you the most.
- ▶ It is helpful to have a plan for putting coping strategies into action.

Getting Your Needs Met in the Mental Health System

“Everyone has different needs. Some folks may need one-to-one contact with a therapist and some folks may need a structured daily program. Find out what you need as an individual.

“It pays to be aware of the different kinds of services that are available to you. The last time I was in a crisis, the resource coordinator at the mental health clinic was very helpful.”

David Kime: artist, writer, and floral designer

Introduction

This handout provides an overview of the mental health system, including the services and programs available at many mental health centers. Information is provided to help people evaluate what programs they might like to participate in to further their own recovery. Strategies are provided to help people advocate effectively for themselves when they encounter a problem in the mental health system.

What are community mental health centers?

In the United States, Community Mental Health Centers (CMHCs) are the main source of public outpatient mental health services. In some states, the CMHCs provide services only to people who live in a certain geographic area. In other states, you may have a choice as to which CMHC you want to receive services from. Rates for services vary. People are charged based on insurance coverage, eligibility for medical assistance, and income.

It is important to keep in mind that in many states the mental health system is in the process of

making extensive changes. For example, some public mental health services are now being provided by managed care organizations. Some of the changes may result in confusion about which services are being offered, who is eligible, and how to get access. Case managers and social workers usually have current information.

Psychiatrists and therapists are also available in the private sector, including private agencies, local hospitals, teaching hospitals, counseling agencies, and some employment programs. Private insurance and/or financial resources may be necessary to afford these services. However, some organizations, such as teaching hospitals, have special programs for providing mental health services that are more affordable.

Community Mental Health Centers are the main source of public outpatient mental health services.

What are some of the types of services offered by Community Mental Health Centers?

Community Mental Health Centers (or agencies that are affiliated with them) usually provide a wide range of services. If they do not provide the services you are looking for, they may be able to give you information on where to find them in your community. Your center may provide some of the following:

- ▶ Mental health evaluations
- ▶ case management
- ▶ medication services
- ▶ peer support or other consumer-led programs
- ▶ individual therapy
- ▶ group therapy
- ▶ social skills training
- ▶ family psychoeducation and other family services
- ▶ day treatment programs or partial hospital programs
- ▶ support groups
- ▶ education about mental illness
- ▶ emergency services

- ▶ occupational therapy
- ▶ recreational therapy
- ▶ employment services
- ▶ integrated mental health and substance use treatment
- ▶ access to Assertive Community Treatment Teams (ACT Teams)

Community Mental Health Centers usually provide a wide range of services.

Which services might be helpful to you?

The needs of people with psychiatric symptoms differ from one person to the next. Mental health centers often offer a variety of services to meet each person's needs.

You may have already used some of the following services and may be interested in trying others. As you read the following descriptions of other people's experiences, please check off the services that you would like to try.

▶ **Mental Health Evaluation**

"It helped me to have a complete mental health assessment. I had been having problems for a while and going from one bad experience to another. I talked with the psychologist doing the assessment about the problems I'd been having. He also asked questions about what was going well in my life, what I'm good at, and what kind of support I have. It gave me a better perspective."

▶ **Case Management**

"I work closely with my case manager. When I need it, he helps me with all kinds of practical things, like helping me to apply for benefits and arranging for free transportation to my appointments. He also helped me find out what I needed to get involved in a supported employment program. He really knows the mental health system in and out."

▶ **Medication services**

"My doctor helped me to find the medication that I'm taking now. I tried a few kinds before I settled on this one. My doctor had a lot of experience, which really helped. Now I see her once a month."

▶ **Peer support/consumer-led programs**

“Going to a recovery program which was designed and led by people who had experienced psychiatric symptoms themselves was a key ingredient to my recovery. I got a chance to be with people who really understood me. I’ve also gotten a chance to help other people. It makes me feel much more confident and optimistic about the future.”

▶ **Individual therapy**

“Having someone I can talk to about issues in my life is really important to me. My counselor helped me to sort out some problems I was having in my relationship with my boyfriend. She also encouraged me to go back to school, which I’m currently considering.”

▶ **Group therapy**

“In my therapy group we talk about our feelings and different ways to cope with situations that come up in our lives. I feel comfortable talking with the people in the group about what’s on my mind.”

▶ **Social skills training**

“I’ve learned a lot in my Social Skills Training group. I had been having trouble making friends, and being in the group taught me how to start conversations and keep it going. It also gave me a chance to try conversations in the group before I tried it at my job. The feedback from the other group members has been very helpful.”

▶ **Family psychoeducation and other family services**

“I asked my Mom and Dad and brother to sign up with me for a family psychoeducation group at the Mental Health Center. It really helped to have them learn more about my illness. And it made us better able to talk together.”

▶ **Day treatment or partial hospitalization program**

“I feel better when I have some structure every day. I like seeing people I know and having something to do. We have educational groups and leisure groups. I especially like the music groups.”

▶ **Housing Options**

“I’m living in an apartment building that is owned by the Community Mental Health Center. I have my own apartment, but there is always a staff member around to help me if I need it. I like the other people in the building.”

▶ **Support groups**

“Hearing from other people who have gone through similar things is very helpful to me. I don’t feel like I’m the only one. And the other people have good ideas that I can try out.”

▶ **Emergency services**

“My mental health center has a 24 hour crisis line. I used it once when I was under a lot of stress, and it helped me stay in control.”

▶ **Occupational therapy (O.T.)**

“Working with the occupational therapist helped me to get myself organized with shopping and cooking. Before that I was eating out all the time, which was really expensive.”

▶ **Recreational Therapy (R.T.)**

“The recreational therapist helped me to get involved with my hobbies again. He encouraged me to get out my guitar and practice some songs. It’s been great to play music again.”

▶ **Integrated mental health and substance use treatment**

“I used to get confused because my drug counselor told me one thing, and my mental health counselor told me another. Now we’re all working together and I’m making progress.”

▶ **Employment services**

“I’m starting part-time work next week at a book store. The supported employment specialist asked me what kind of work I had done in the past and what I was interested in doing now. She helped me find a job that suited me. Now she’s going to stay involved while I’m working. I feel like I’ve got support for going back to work.”

▶ **Assertive Community Treatment Team (ACT Team)**

“I used to be in and out of the hospital all the time. Now I have an ACT Team who helps me stay in the community. They help me with all kinds of things, including housing and transportation.”

Individuals vary widely in the mental health services they use.

Question: Which mental health services did you check off that you would like to try?
You can record your answers on the following checklist:

Mental Health Services Checklist

Service	I would like to try this service
Mental health evaluation	
Case management	
Medication services	
Peer support/consumer-led programs	
Individual therapy	
Group therapy	
Social skills training	
Family psychoeducation and other family services	
Day treatment/partial hospitalization programs	
Housing options	
Support groups	
Emergency services	
Occupational therapy	
Recreational therapy	
Integrated treatment for mental health and substance use	
Employment services	
Assertive Community Treatment (ACT)	
Other:	

How can you find out more about what is involved in participating in specific programs?

You may find out information about the key parts of these services from the community mental health centers, mental health research centers, consumer support agencies, and from advocacy groups. Some information is available on websites, and some can be found by checking your local phone book or by calling the offices of your state or county division of mental health.

Are you entitled to financial benefits?

Benefit programs are established to help members of our community when they are having financial difficulties. Sometimes people do not apply for these programs because they feel a sense of embarrassment attached to them. It is important to remember that you are part of a larger community and deserve to receive the financial and other supports that are intended to help people manage their lives.

Understanding and applying for benefits can be a complicated task. Talking with a case manager or social worker is a good way to find out what benefits you may be entitled to and how to apply for them. A case manager or social worker will also know of any recent changes in benefit programs.

Depending on your work history and current financial needs, you may qualify for one of the following financial benefits:

Social Security Disability Insurance (SSDI)

If you worked in the past and contributed to Social Security (or your disability started before you reached the age of eighteen) and are currently unable to work full-time because of mental illness, you may be eligible for SSDI. It is a federal program, and you can apply for it at the Social Security Administration Office. After two years of being eligible for SSDI, you might be eligible for Medicare health insurance.

Supplemental Security Income (SSI)

If you have not worked in the past (or are only eligible for a small amount of SSDI), are currently unable to work full-time because of mental illness, and have very limited financial resources, you may be eligible for Supplemental Security Income (SSI). It is a federal program, and you can apply at the Social Security Administration Office. If you receive SSI you may also be eligible for Medicaid health insurance.

Public Assistance

Each state offers different financial benefits and has different eligibility requirements. State benefit programs are often called “public assistance” or “temporary assistance for needy families” or “welfare programs.” If you have a low income and have mental health problems that interfere with working full-time, you may be eligible for public assistance. It is usually a modest amount of money.

Many states also have programs to assist with the purchase of food, such as food stamps. Many states and communities have programs to help with housing costs. The housing programs may be operated by local housing authorities or by the states.

Because public assistance is funded by the state, you would apply at the state Office of Public Assistance or Office of Public Welfare. You may also be eligible for Medicaid health insurance, which is sometimes called “medical assistance.”

Depending on your work history and financial need, you may be eligible for SSI, SSDI or Public Assistance.

Questions: Are you currently receiving financial benefits?

If not, do you think you might be eligible for SSDI, SSI or Public Assistance?

Are you entitled to health insurance benefits?

Social workers and case managers are usually well informed about health insurance benefits. The details about these benefits may vary from year to year, so it's a good idea to start by talking to someone who knows the most recent information.

You may be eligible for one of the following health care benefits:

Medicare

If you are unable to work full-time because of mental illness and have been eligible to receive SSDI for more than two years, you may be eligible for Medicare. It usually covers inpatient and outpatient bills, although it is subject to deductibles, co-payments and "ceilings" for certain services. Medicare has two programs, Medicare A and Medicare B. You can get information about these programs from your local Social Security Office. Even if you are not sure that you will receive Medicare or Social Security, you have the right to apply. Applications are made at the Social Security Administration Office.

Medicaid

If you have a low income (or no income) and have mental health problems that interfere with working full-time, you may be eligible for Medicaid, which is called "Medical Assistance" in some states. Even though the programs vary from state to state, they usually cover inpatient and outpatient bills, and medication costs. In some states you are required to pay small co-payments and there are restrictions on reimbursements. You can apply at the State Office of Public Assistance or Office of Public Welfare.

Appealing Decisions

The Social Security Administration and local state programs (such as Medicaid) have ways that you can appeal decisions that have been made about whether you are eligible for services. When you apply, ask about what the appeal process is. If you feel a decision was not made correctly, you have a right to follow the appeal process.

Depending on your work history and financial need, you may be eligible for health insurance benefits from Medicare or Medicaid.

Questions: Do you currently receive health insurance benefits?
If not, do you think you might be eligible for Medicare or Medicaid?

How can you advocate for yourself in the mental health system?

You may encounter a problem with the mental health system and may need to advocate for yourself. Here are some examples of problems that other people reported:

“I was on an endless list to see an individual counselor.”

“I wanted to get a job. I couldn’t find out how to get help with this.”

“I was ready to leave the day treatment program, but people kept telling me there was no alternative.”

When problems come up, the following guidelines may be helpful:

Keep a record of the details of the problem and what you have tried to do about it.

“I kept a copy of all my applications to the apartment program. Also, when I called someone at the housing office, I wrote down the date, who I spoke to, and what we talked about. I keep all the information together in a folder. It made it much easier to present my case to the apartment supervisor.”

Seek out the person on your treatment team who has the most experience in the type of problem you are having.

“I was frustrated about finding a job. I found out from my case manager that there is an employment specialist on my treatment team. I asked my case manager to refer me to work with that person. It’s moving the process along.”

Talk about your concerns calmly and clearly.

“I was getting very impatient about getting into an apartment. At first I used to get furious when I saw the housing coordinator in the hall. She was very uncomfortable when I raised my voice. Then I tried asking for an appointment and speaking more calmly. I even rehearsed what I was going to say before I went in. She was much more responsive.”

If you are not satisfied after speaking with the appropriate person, take additional action.

“Sometimes I don’t get results from talking to the designated person. I have learned to ask to speak to their supervisor or to go to the consumer advocate. Getting them involved usually helps.”

Follow through on actions that are your responsibility.

“When I went to the social worker about getting Social Security Disability (SSDI), he told me that I needed to get my employment records organized and bring them in so he could help me make the best case. I was the only one who knew where my records were, so if I didn’t bring them in, my social worker couldn’t proceed.”

Let people know that you appreciate their efforts.

“The nurse was pleased when I told her that I had tried her suggestions for coping with some of the side effects of my medication. She asked me to let her know if there was anything else I needed.”

If at first you don’t succeed, try, try again.

“I had to be persistent about getting transportation to the Artists-in-Recovery program. At first people said it wasn’t possible. But I was determined to attend the program, because I knew it was helping me. So I kept pursuing it, and I got other people to speak up for me. I finally got transportation.”

Speak up for yourself if you encounter a problem in the mental health system.

Questions: Have you advocated for yourself in the mental health system?
 If so, was it effective?

Who can you ask for help if you have a problem with the mental health system?

Mental health systems can seem huge and overwhelming. Even when you speak up for yourself, there may be times when it's helpful to have someone to help you advocate for yourself.

In many mental health systems, someone is designated as a "consumer advocate" or "complaint investigator" to help people with problems they might be having with the system. It is a good idea to get to know the consumer advocate at your Mental Health Center. In some states, there is a state office of consumer affairs or consumer advocacy. It is useful to learn how to access this resource also. Often these offices have a staff that includes people who have experienced psychiatric symptoms who are working as advocates. They can help answer your questions and guide you through the advocacy process.

Sometimes people feel that they "get lost in the system." To avoid that experience, it usually helps to find someone on your treatment team whom you feel comfortable talking to and whom you could turn to for help if you are having problems.

People usually feel most comfortable talking to someone who listens to their problems, asks questions, remembers what was said in past conversations, offers suggestions, and avoids critical or judgmental comments. Most people look for someone who seems to take an active interest in their well being.

The job title of the person with whom you feel comfortable will vary. Some people feel most comfortable talking with their case manager or their social worker or their psychiatrist. Other people feel most comfortable with their nurse or their psychologist or some other mental health worker.

Once you identify the person you feel comfortable with, it helps to keep him or her informed about how things are going with you. Let the person know both when things are going well and when things are not going well. Maintaining good communication will help the person be more effective if a problem comes up for you.

Get to know the consumer advocate at your mental health center.

Identify someone on your treatment team to help you advocate for yourself if you encounter a problem with the mental health system.

- Questions: Do you know the consumer advocate at your community mental health center?
- Who on your treatment team would you like to help you advocate for yourself?

Are your needs being met by the mental health system?

You may or may not feel that your needs are being met by the mental health system. Answering the questions in the following chart could be helpful:

Questions About What I Receive From The Mental Health System

Questions	Answers (please be specific)
<p>Are there additional services that I would like to receive?</p> <p>(see the “Mental Health Services Checklist,” earlier in this handout)</p>	
<p>Are there any financial benefits that I would like to apply for?</p>	
<p>Are there any health insurance benefits I would like to apply for?</p>	
<p>Are there any food or nutrition programs that I would like to apply for?</p>	
<p>Are there any housing programs or benefits that I would like to apply for?</p>	
<p>Would I like to strengthen my skills at advocating for myself?</p>	
<p>Would I like to meet the consumer advocate at my mental health center or get to know him or her better?</p>	
<p>Would I like to identify someone on my treatment team who could help me advocate for myself?</p>	
<p>Is there anything else I would like to improve about what I receive from the mental health system?</p>	

Summary of the main points about getting your needs met in the mental health system

- ▶ Community mental health centers are the main source of public outpatient mental health services.
- ▶ Mental health centers usually offer a wide range of services.
- ▶ Individuals vary widely in the mental health services they use.
- ▶ Depending on your work history and financial need, you may be eligible for financial benefits from Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or Public Assistance.
- ▶ Depending on your work history and financial need, you may be eligible for health insurance benefits from Medicare or Medicaid.
- ▶ Speak up for yourself if you encounter a problem in the mental health system.
- ▶ Get to know the consumer advocate at your mental health center.
- ▶ Identify someone on your treatment team to help you advocate for yourself if you encounter a problem with the mental health system.