



EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation

Practitioner Guides and Handouts

Illness Management and Recovery



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



Practitioner Guides and Handouts

Illness Management and Recovery

Acknowledgments

This document was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by the New Hampshire-Dartmouth Psychiatric Research Center under contract number 280-00-8049 and Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). Pamela Fischer, Ph.D. and Crystal Blyler, Ph.D. served as SAMHSA Government Project Officers.

Disclaimer

The views, opinions, and content of this publication are those of the authors and contributors and do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or HHS.

Public Domain Notice

All material appearing in this document is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization from the Office of Communications, SAMHSA, HHS.

Electronic Access and Copies of Publication

This publication may be downloaded or ordered at <http://www.samhsa.gov/shin>. Or, please call SAMHSA's Health Information Network at **1-877-SAMHSA-7** (1-877-726-4727) (English and Español).

Recommended Citation

Substance Abuse and Mental Health Services Administration. *Illness Management and Recovery: Practitioner Guides and Handouts*. HHS Pub. No. SMA-09-4462, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

Originating Office

Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

HHS Publication No. SMA-09-4462
Printed 2009

Practitioner Guides and Handouts

Practitioner Guides and Handouts has been developed to guide your work with the IMR curriculum. Used with the main document, *Training Frontline Staff*, this booklet has all the Practitioner Guides and Handouts that you will use every day as you implement your Illness Management and Recovery (IMR) program. The IMR curriculum consists of an orientation to the IMR program and these 10 topics:

- Recovery strategies;
- Practical facts about mental illnesses;
- Stress-Vulnerability Model and treatment strategies;
- Building social support;
- Using medication effectively;
- Drug and alcohol use;
- Reducing relapses;
- Coping with stress;
- Coping with problems and persistent symptoms; and
- Getting your needs met by the mental health system.

Illness Management and Recovery

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Illness Management and Recovery KIT that includes a DVD, CD-ROM, and seven booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Your EBP

What's in Training Frontline Staff— Practitioner Guides and Handouts

Orientation to Illness Management and Recovery.	3
Topic 1: Recovery Strategies	7
Topic 2: Practical Facts About Mental Illnesses	34
Topic 2a: Practical Facts About Schizophrenia	66
Topic 2b: Practical Facts About Bipolar Disorder	76
Topic 2c: Practical Facts About Depression	84
Topic 2d: Strategies and Resources for Responding to Stigma.	91
Topic 3: The Stress-Vulnerability Model and Treatment Strategies	95
Topic 4: Building Social Supports.	117
Topic 5: Using Medication Effectively.	152
Topic 5a: Antipsychotic Medications	182
Topic 5b: Mood-Stabilizing Medications.	184

Illness Management and Recovery

Topic 5c: Antidepressant Medications	186
Topic 5d: Antianxiety and Sedative Medications	188
Topic 5e: Coping with Side Effects	190
Topic 6: Drug and Alcohol Use	192
Topic 7: Reducing Relapses	229
Topic 8: Coping with Stress	257
Topic 8a: Relaxation Techniques	285
Topic 9: Coping with Problems and Persistent Symptoms	288
Topic 10: Getting Your Needs Met by the Mental Health System	330

Training Frontline Staff

Practitioner Guides and Handouts

Practitioner Guides and Handouts are available for each topic. The Handouts have practical information and skills that consumers can use in their recovery process. The Handouts are written in simple, easy-to-understand language and include informative text, summary boxes, probing questions, and exercises to help consumers learn the material in a number of different ways. They are not meant to be stand-alone documents. Help consumers integrate the knowledge and skills presented in them.

Practitioner Guides for each topic were developed to help you provide effective IMR services. The guides give you a quick review of each topic's overall goal and the recommended structure for every session.

The guides also give you reminders and recommendations such as the following:

- Alert you to upcoming exercises so that you may allot time to complete them;
- Prompt you to connect information within the Handout with consumers' personal recovery goals; and
- Suggest homework assignments that appropriately reinforce knowledge and skills.

Practitioner Guides also include suggestions for motivational, educational, and cognitive-behavioral strategies that are tailored to the topic area. For more information about how to provide IMR services, see *Training Frontline Staff*.

Since you may offer IMR services in an individual format, a group format, or both, many Practitioner Guides and Handouts have been tailored to the format in which they will be provided. For this reason, each Practitioner Guide and Handout is marked with one of the following icons on the top right corner of the page to identify whether it was developed for the individual or group format:



Individual session



Group session

If a Practitioner Guide or Handout may be used in either format, both icons will appear. Multiple sessions may be needed to cover a specific topic in the group format. In this case, you will find a Practitioner Guide for each session.

Before each session, select and review the appropriate Practitioner Guide and Handout for the topic that you will be discussing. Use this material to help comprehensively cover the topics in the IMR curriculum.



Orientation to Illness Management and Recovery

Introduction	Whether IMR is offered in an individual or group format, orient consumers to the IMR program individually. In orientation sessions, IMR practitioners introduce consumers to the IMR program, get to know them better, and assess their knowledge and skill levels.
Goals	■ Help consumers understand the structure and content of the IMR program. ■ Help consumers understand their role in participating in IMR. ■ Define common expectations for IMR participation. ■ Assess consumers' knowledge and skill level.
Handouts	Review and distribute the IMR Handout— <i>Orientation to Illness Management Recovery</i> (for both individual and group sessions).
Number and pacing of sessions	This topic can usually be covered in one to three sessions.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies
Motivational strategies	Motivational strategies used while orienting consumers to the IMR program include helping consumers identify the benefits of participating and how the overall goals of IMR apply in their lives. While assessing consumers' knowledge of mental illnesses and skills for managing their illnesses, re-frame past challenges to show that the strategies they used to cope with these difficulties reflect personal strength. Acknowledge past problems or disappointments and express empathy, but help consumers focus on the future and what they might accomplish.

Orientation to Illness Management and Recovery

Educational strategies

Educational strategies for this topic help consumers learn about the IMR program. The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers' points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small chunks at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points from this topic.

Once consumers decide to participate in the IMR program, **give them an IMR binder** that they should bring to every session to store Handouts distributed during the sessions.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping consumers learn how to use the information in this session.

- **Complete the *Knowledge and Skills Inventory*.** Not every question has to be answered. For more information, see Module 2 in *Training Frontline Staff*.
- **Help consumers make connections** about how the IMR program can help them to achieve their personal recovery goals.



Individual session



Group session

Illness Management and Recovery (IMR)

Practitioner Guide

Orientation to Illness Management and Recovery

Review questions: Use the following questions to review the main points of this topic.

- Are you interested in the IMR program?
- Which part of IMR seems most interesting to you?
- How do you think the IMR program can help you?
- If you decide to participate in IMR, what will you have to do?





Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Orientation to Illness Management and Recovery

The overall goals of IMR are to—

- Learn about mental illnesses and strategies for treatment;
- Decrease symptoms;
- Reduce relapses and rehospitalizations; and
- Make progress toward goals and toward recovery.

IMR practitioners will—

- Work side by side with you to help you move forward in your recovery process; and
- Provide information, strategies, and skills that can help you manage psychiatric symptoms and make progress toward your goals.

IMR includes—

- An orientation session to review the goals and expectations of the program;
- One or two sessions to get to know you better;
- Three to 10 months of weekly or biweekly sessions;
- Active practice of relapse prevention and recovery skills; and
- Optional involvement of significant others (family members, friends, practitioners, other supporters) to increase their understanding and support.

By participating in IMR, you agree to—

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

Throughout the IMR program, you and the IMR practitioner will strive for—

- An atmosphere of hope and optimism;
- Regular attendance;
- Side-by-side collaboration; and
- Making progress toward achieving your goals.



Illness Management and Recovery (IMR) Practitioner Guide

Topic 1: Recovery Strategies

Introduction	This topic sets a positive and optimistic tone that is continued throughout the Illness Management and Recovery (IMR) Program. It conveys confidence that people who experience psychiatric symptoms can move forward in their lives. It introduces the concept of recovery and encourages consumers to develop their own definitions of recovery. In these sessions, IMR practitioners help consumers establish personally meaningful goals that will be followed up throughout the program.
Goals	■ Increase consumers' awareness of the concept of recovery and expand the possibilities of recovery in their own lives. ■ Identify personal recovery goals. ■ Develop a specific plan for achieving one or two personal recovery goals.
Handouts	Review and distribute IMR Handout—Topic 1: Recovery Strategies (for both individual and group sessions).
Number and pacing of sessions	This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount.
Structure of the sessions	■ Socialize informally and identify any major problems. ■ Review the previous session. ■ Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework. ■ Set goals or follow up on goals. ■ Set the agenda for today's session. ■ Teach new material (or review material from the previous session, if necessary). ■ Summarize progress made in the current session. ■ Agree on homework to be completed before the next session.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies

Topic 1: Recovery Strategies**Motivational strategies**

Motivational strategies for this topic focus on helping consumers identify the benefits of moving toward recovery and develop the confidence that they can achieve recovery goals.

Some consumers immediately embrace the concept of recovery. Others are more hesitant and need to be encouraged to realize that pursuing recovery is worth the effort. Help consumers identify some personal benefits of engaging in recovery. Evaluate the advantages and disadvantages of keeping things the way they are and the advantages and disadvantages of changing.

To increase consumers' confidence about pursuing recovery goals, encourage them to talk about past accomplishments. 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 from high school, knowing about certain subjects, managing money well, and taking care of one's health.

- **Re-frame past challenges** to show that the strategies consumers used to cope with these difficulties reflect personal strength.
- **Acknowledge past problems or disappointments and express empathy,** but help consumers focus on the future and what they might accomplish.
- **Help consumers identify goals that are personally meaningful** and worth pursuing. These goals can be short term or long term, rudimentary or ambitious.
- **Help consumers break goals into manageable steps** that can be accomplished and that will give a sense of progress. Let consumers know that you will help them make progress toward their goals throughout the program.

Topic 1: Recovery Strategies**Educational strategies**

Educational strategies for this topic help consumers learn about recovery and become familiar with strategies that may help them make progress toward recovery goals. The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers' points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small chunks at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points from this topic.

Topic 1: Recovery Strategies

Cognitive-behavioral strategies

Cognitive-behavioral strategies help consumers learn to use the information from this topic to think more positively about themselves and to actively pursue personal recovery goals.

Several exercises are in IMR Handout—Topic 1: *Recovery Strategies*. Some ideas for how you may use these exercises to help consumers apply the information are:

- **Complete the exercise *Strategies for Recovery*.** Help consumers identify a strategy that will help them in recovery. After the strategy is identified, help them decide how they might use it and, if possible, help consumers practice it in the session. Modeling (*demonstrating*) strategies and engaging consumers in role-plays (*behavioral rehearsal*) to practice strategies are very helpful. For example, if consumers want to improve their social support network, you could set up a role-play where they could practice what they might say in a phone call inviting a friend to do something. Pretend to be the friend who is receiving the call.

- **Complete the exercise *Satisfaction with Areas of My Life*.** Help consumers identify strengths and problem areas in their lives.

- **Three exercises are available to help consumers apply information about setting and pursuing goals.**

Choose one of these two exercises to complete in your session:

- *Working on Goals* is a simplified worksheet. Use this exercise to identify one or two goals and a few steps for achieving them.
- *Step-by-Step Problem-Solving and Goal Achievement* is a more detailed worksheet for goal planning.

Introduce Goals Set in the IMR Program. Explain that since setting and pursuing personal recovery goals is a process that continues throughout the IMR program, consumers should track the goals they set and the progress they make toward achieving them. Have consumers place *Goals Set in the IMR Program* in the front of their IMR binders. Tell them that they will update this chart at the beginning of every session.

- **Help consumers practice one or more of the steps** developed in *Working on Goals* or *Step-by-Step Problem-Solving and Goal Achievement*. For example, if consumers 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. Help consumers conduct a role-play to practice interviewing (for example, answering common interview questions and describing jobs in which they are interested).

- **Help consumers identify and practice a strategy for overcoming obstacles** to achieving their goals. For example, if consumers identified that they would like to go to the local peer support center, you could conduct a role-play on how to start a conversation with someone at the center.

Topic 1: Recovery Strategies

Homework strategies

Ask consumers to do a homework assignment related to the topic. Say “Here are some ideas for homework assignments.”

- Write down what recovery means to you and bring it to the next session.
- Design a cover for your IMR binder based on what recovery means to you.
- Complete any exercises that you were unable to finish during the session.
- After completing the exercise *Strategies for Recovery*, pick one strategy to try. For example, if you are interested in creative expression, sketch in a notebook every other day.
- Ask a family member or other supporter to participate in a recovery strategy. For example, if you would like to play chess as a leisure activity, ask a sibling to play chess at least once during the week.
- After completing the exercise *Step-by-Step Problem-Solving and Goal Achievement*, carry out one or more of the steps in the plan. For example, if your goal is to join a support group, contact the local peer support organization to find out about the schedule of their groups.
- Review *Examples of recovery goals and strategies for pursuing them* in the IMR Handout—Topic 1: *Recovery Strategies*. Underline the parts that you find especially relevant.
- Discuss the recovery examples with a family member or other supporter.

Topic 1: Recovery Strategies

Tips for common problems

People may be reluctant to talk about recovery.

- Some consumers have been told, "You'll never get better," "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 consumers' developing very low expectations for themselves. The notion that recovery is possible may not be consistent with consumers' self-concept of feeling like "a failure." You may need to help them challenge this view.
- Explore what consumers have heard from others and what they believe about recovery. Suggest alternative ways of looking at the future.

If a consumer 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 you should give up your goals. People with mental illnesses have skills and abilities they can use to accomplish personal goals in their lives."
- If consumers dwell on past setbacks and disappointments, gently re-direct them to think about the future. Express empathy, but do not remain focused on the past. For example, if consumers frequently talk about how they 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."

Consumers may find it difficult to identify goals.

- Before talking about goals, it may help to know more about consumers' lives. Consumers will provide substantial information when they complete the *Knowledge and Skills Inventory* at the beginning of the program. You can also ask:
 - "Where do you live? Do you like where 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?"
- Discuss what consumers' goals were before they became ill by asking:
 - "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 answers, you might be able to talk about what consumers would like to pursue. For example, if someone says he wanted to be a veterinarian, you could ask if he is still interested in animals and explore whether he might be interested in a part-time job at a veterinary clinic or an animal shelter.

Topic 1: Recovery Strategies

Consumers may identify very ambitious goals.

If consumers identify very ambitious goals, do not discourage their hopes. Instead, help them break goals down into a series of smaller steps and work toward those steps, using a *shaping* approach. For example, if a consumer 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 such as a local beach, a lake, or even a pleasant park. Explore with the consumer how he could begin saving money toward the goal of taking a vacation.

**Topic 1: Recovery Strategies****Review questions:** Use the following questions to review the main points of this topic.**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 mental illnesses who is discouraged about recovery?

True/false questions

True False

When people have mental illnesses, they cannot accomplish important goals in their lives.

☐ ☐
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?

- Throw yourself into it full force
- Don't do it
- Try it out, starting with small activities

☐ ☐
☐ ☐
☐ ☐

**Topic 1: Recovery Strategies****Introduction**

This topic sets a positive and optimistic tone that is continued throughout the Illness Management and Recovery Program (IMR). It conveys confidence that people who experience psychiatric symptoms can move forward in their lives. It introduces the concept of recovery and encourages consumers to develop their own definitions of recovery. In these sessions, IMR practitioners help consumers establish personally meaningful goals that will be followed up throughout the program.

Goals

- Increase consumers' awareness of the concept of recovery and expand the possibilities of recovery in their own lives.
- Identify personal recovery goals.
- Develop a specific plan for achieving one or two personal recovery goals.

Handouts

Review and distribute IMR Handout—Topic 1: *Recovery Strategies* (for both individual and group sessions). We recommend covering this topic in four sessions:

- Session 1: *The importance of recovery*
- Session 2: *What helps people in the process of recovery?*
- Session 3: *Identifying goals to work toward*
- Session 4: *Strategies for achieving goals*

Structure of group sessions

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three group members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.



Illness Management and Recovery (IMR)
Practitioner Guide

Topic 1: Recovery Strategies

**Session 1:
The importance of recovery**

How to begin

Review the following sections of IMR Handout—Topic 1: *Recovery Strategies*:

- *Introduction*
- *What is recovery?*

Session goal

Increase consumers' awareness of the concept of recovery and expand the possibilities of recovery in their own lives.

Structure of the session

- Socialize informally (greet and welcome the group).
- Set the agenda for today's session. Say, "Today we're going to talk about recovery from mental illnesses and what it means to different people."
- Teach material from the Handout

Motivational strategies

Help consumers make the connection between consumers being hopeful and recovery-oriented and being able to achieve their goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Cognitive-behavioral strategies

- Encourage consumers to circle personally meaningful quotations from IMR Handout—Topic 1: *Recovery Strategies* as they are read and discuss it.
- Praise all efforts. Summarize the progress made in today's session. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Write down brief ideas of what recovery means to you and bring it to the next session.
- Design a cover for your IMR binder based on what recovery means to you.
- Review and discuss the Handout with a family member or other supporter.

**Practitioner Guide****Topic 1: Recovery Strategies****Session 2:
What helps people
in the process of recovery?****How to begin**

Review the following sections of IMR Handout—Topic 1: *Recovery Strategies*:

- *What helps people in the process of recovery?*

Session goal

- Identify personal recovery goals.
- Develop a specific plan for achieving one or two personal recovery goals.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated:
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week we talked about what recovery means to different people. Today we're going to talk about what helps people in the process of recovery. Some people may have already identified what helps them in the process of recovery. I would appreciate it if you could share your experience as we go along."
 - "How might it be useful to us to learn some strategies for moving forward in recovery? How could making progress in recovery help pursue our goals?"
- Teach material from the Handout.

Motivational strategies

Encourage consumers to connect making progress in their recovery process to achieving goals that are important to them.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.



Practitioner Guide

Topic 1: Recovery Strategies

Session 2: What helps people in the process of recovery?

Cognitive-behavioral strategies

- Ask consumers to circle or check off personally meaningful strategies as they are read or discussed.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete the exercise *Strategies for Recovery*.
- Review and discuss the Handout with a family member or other supporter.

**Topic 1: Recovery Strategies****Session 3:
Identifying goals to work toward****How to begin**

Review the following sections of IMR Handout—Topic 1: *Recovery Strategies*:

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

Session goal

Identify personal recovery goals.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated:
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed.; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week we talked about strategies that help people in the process of recovery. Today we're going to talk about what we would like to see happen in our lives as we move forward in recovery. This is the beginning of setting goals we would like to work toward."
 - "Some people may have already identified areas of their lives they would like to be different as part of their recovery. I would appreciate it if some of you could share the goals you have set with the rest of the group."
- Teach material from the Handout.

Motivational strategies

Encourage consumers to make the connection between identifying what's important to them and setting goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.



Topic 1: Recovery Strategies

**Session 3:
Identifying goals to work toward**

Cognitive-behavioral strategies

- Using shaping strategies, help consumers think about the importance of taking small steps toward goals, in contrast to a mistaken belief that success is “all or nothing”.
- Summarize the progress made in today’s session. Praise all efforts. Say:
 - “We talked about many things today. What do you think some of the main points were? What helped you?”
 - “You did a great job today. I look forward to seeing you all in our next group.”

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete the exercise *Satisfaction with Areas of My Life* if you were unable to finish it during the session.
- Select one or two areas of your life that you would like to change. Write the areas down and bring them to the next session.
- Review and discuss the Handout with a family member or other supporter.

**Topic 1: Recovery Strategies****Session 4:
Strategies for achieving goals****How to begin**

Review the following sections of IMR Handout—Topic 1: *Recovery Strategies*:

- *Which goals would you like to focus on?*
- *Examples of recovery goals and strategies for pursuing them*
- *Summary of the main points about recovery strategies*

Session goal

Develop a specific plan for achieving one or two personal recovery goals.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated:
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed.; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week we talked about setting goals in the IMR program to improve areas of our lives we are not satisfied with. Today we're going to work at breaking down those goals into smaller steps. How might it be useful for us to make a plan related to achieving goals? What might be some advantages for planning instead of starting immediately and figuring it out as we go."
 - "Snags come up occasionally that get in the way of working toward goals. We will look at ways to find solutions to those obstacles."
- Teach material from the Handout.

Motivational strategies

Help consumers connect planning for goals and being able to actually achieve them. ("How does it help to plan for what we want to do?")

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.



Topic 1: Recovery Strategies

**Session 4:
Strategies for achieving goals**

**Cognitive-behavioral
strategies**

- Complete one of two exercises, *Working on Goals* or *Step-by-Step Problem-Solving and Goal Achievement*, to show how it could be used to make a plan for achieving a goal.
- To model an example, choose a goal that a consumer offers or use a hypothetical one such as planning to attend a church service or asking a friend to visit.
- Model how consumers can use the chart *Goals Set in the IMR Program* to track their goals and the progress that they have made.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at next group when we start a new topic, *Practical Facts About Mental Illnesses*."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete any exercises that you were unable to finish during the session.
- Review and discuss the Handout with a family member or other supporter.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 1: 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 from bipolar disorder

Introduction

This Handout is about the topic of recovery from mental illnesses. It includes a discussion of how different people define *recovery* and encourages people to develop their 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.

People define recovery in their own ways.

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.

What is recovery?

People define recovery from mental illnesses in their own 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 illnesses 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.

Q: What does recovery mean to you?

What helps people in the process of recovery?

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

■ 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.

■ 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 to not 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.

■ Expressing 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.

■ Expressing 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 proactive. 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.

Q: Which of the strategies for recovery have you used?

Q: Which of the strategies would you like to try to develop further? Use the following exercise to record your answers.

Exercise: Strategies for Recovery		
Strategy	I already use this strategy	I would like to try this strategy or develop it further
Become involved in self-help programs	☐	☐
Stay active	☐	☐
Develop a support system	☐	☐
Maintain physical health	☐	☐
Be aware of the environment	☐	☐
Make time for recreation	☐	☐
Express creativity	☐	☐
Express spirituality	☐	☐
Follow 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 they 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 help to take some time to review what's important to you, what you want to accomplish, and what you want your life to be like. Ask yourself these questions:

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

Use the following exercise to help answer these questions.

Exercise: 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	☐	☐	☐
Express spirituality	☐	☐	☐
Finances	☐	☐	☐
Belonging to a community	☐	☐	☐
Intimate relationships	☐	☐	☐
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 dissatisfied with and would like to improve. For example, if you are dissatisfied because you don't have enough enjoyable activities, it might be a good idea to set a goal of identifying some activities and scheduling time to try them. Identifying what you would like to improve in your life will help you set goals.

Q: What two areas of your life are you dissatisfied with and would like to improve?

Which goals would you like to focus on?

Setting goals

People who are most effective at getting what they want usually set clear goals for themselves. Choose one or two goals that you would like to achieve. It usually works best to start with goals that are relatively small and have a strong chance of being achieved within the next few months.

If a goal is ambitious or looks as if it would take a long time to achieve, break it down into some smaller goals or steps that can be achieved within the next few months.

Planning steps for achieving goals

You may find it helpful to follow a step-by-step method for achieving goals. Use one of the following two exercises to help define a personal goal and outline steps for achieving it.

- Use the exercise *Working on Goals* to identify one or two goals and a few steps toward achieving them.
- Use the exercise *Step-by-Step Problem-Solving and Goal Achievement* for more detailed goal planning.

Exercise: Working on Goals

Goal 1:

First steps toward achieving it:

Goal 2:

First steps toward achieving it:

Exercise: Step-by-Step Problem-Solving and Goal Achievement

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

List three possible ways to solve the problem or achieve the goal. Then for each possibility, fill in one advantage and one disadvantage.

Possible ways to solve the problem	Advantages	Disadvantages
1.		
2.		
3.		

Choose the best way to solve the problem or achieve the goal.

Which way has the best chance of succeeding?

Exercise: Step-by-Step Problem-Solving and Goal Achievement

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

Steps to carry out the solution	Who will help	When	Resources	Possible problems	Possible solutions

Set a date for followup:

/ /

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.

Suggestions for Setting and Pursuing Goals

- Break large goals down 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!"

Keeping track of your progress

Setting and pursuing goals that are important to you are at the heart of the IMR program. For that reason, at the beginning of each session we will talk about and work on your personal recovery goals.

Use the following chart to record your goals and the progress that you make on them. Place this chart in the front of your IMR binder.

Q: What is an example of a goal that you have set in the past?

Q: Have you used a step-by-step plan for achieving a goal before?

Goals Set in the IMR Program

Examples of recovery goals and strategies for pursuing them

Review the following examples.

James

James' recovery goals focus on his work and being a good husband and father. He uses the following reminders to handle the personal and interpersonal challenges he encounters in these roles:

- 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—take a walk, see a movie, go listen to music in the park.
- Make time for romance.
- Learn what makes you feel good or what you enjoy doing.
- Be willing to apologize sometimes.
- Avoid arguments. They only build up your adrenaline, and then you feel worse.
- Remind yourself to be positive.

David

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 helped him pursue his goals:

- Express yourself in art for your own enjoyment.
- Express yourself in writing. Keep a journal or write a poem or story.
- Find a job that suits you.
- 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 illnesses get you down.
- Meet others who have experienced psychiatric symptoms.
- Help others in their recovery.
- Stay in touch with family members and keep up family traditions as much as possible.

Each person finds his or her own pathway to recovery.

Sarah

Sarah said that her recovery goals focus 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 helps her to maintain the personal balance she needs to pursue her recovery goals. She suggests asking yourself the following questions every morning:

- Did you eat a healthy breakfast?
- What is your structure for the day?
- How is your wardrobe?
- How is your money situation?
- How is your medication situation?
- To whom can you talk? Do you have a strong support system?
- Are you sleeping well?

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

Summary of the Main Points About Recovery Strategies

- People define recovery in their own personal ways.
- Identifying what you would like to improve in your life will help you set goals.
- Step-by-step planning can help you to achieve your goals.
- Each person finds his or her own pathway to recovery.
- Strategies for recovery include the following:
 - ☐ Be involved in self-help programs
 - ☐ Stay active
 - ☐ Develop a support system
 - ☐ Maintain physical health
 - ☐ Be aware of the environment and how it affects you
 - ☐ Make time for leisure and recreation
 - ☐ Express creativity
 - ☐ Seek out spirituality
 - ☐ Follow through with treatment choices

**Practitioner Guide****Topic 2: Practical Facts About Mental Illnesses**

Introduction	People are empowered by knowledge. The more consumers understand the basic facts about mental illnesses, the better equipped they are to speak for themselves and to take an active role in their treatment and recovery. This topic gives consumers the opportunity to answer some common questions that they have about mental illnesses. This topic also gives consumers a chance to share their experiences with you.
Goals	■ Help consumers understand the origins of mental illnesses, their course, and how they are diagnosed. ■ Discuss the symptoms of schizophrenia and reduce myths that consumers may hold about this illness. ■ Discuss the symptoms of mood disorders, particularly bipolar and depressive disorders, and reduce myths that consumers may hold toward these illnesses. ■ Increase awareness of stigma and learn strategies for responding to negative attitudes and unfair treatment. ■ Become familiar with examples of people who have mental illnesses and who lead productive, meaningful lives.
Handouts	The Handouts for this topic differ depending on whether you offer the topic in an individual or group format. If you are conducting this topic in an individual format, you can choose from three IMR Handouts: ■ IMR Handout—Topic 2a: <i>Practical Facts About Schizophrenia</i> ■ IMR Handout—Topic 2b: <i>Practical Facts About Bipolar Disorder</i> ■ IMR Handout—Topic 2c: <i>Practical Facts About Depression</i> Review these Handouts and distribute the appropriate one. Each Handout includes a brief discussion on the stigma associated with mental illnesses. Assess consumers' knowledge and interest in this topic and for those who need more information, consider distributing IMR Handout—Topic 2d: <i>Strategies and Resources for Responding to Stigma</i>.
Number and pacing of sessions	This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount.

Topic 2: Practical Facts About Mental Illnesses**Strategies to be used in each session**

- Socialize informally and identify any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework.
- Follow up on goals.
- Set the agenda for today's session.
- Teach new material (or review materials from a previous session, if necessary).
- Summarize progress made in the current session.
- Agree on homework to be completed before the next session.

Motivational strategies

Motivational strategies for this topic focus on helping consumers understand the relevance of learning about their disorders. You can help consumers identify how knowing more about their mental illnesses and their treatment can benefit them personally. The overriding question is, "How might you use this information to improve your life in some way?" The following suggestions may be helpful:

- For each section of the Handout, identify at least one way the information may be helpful. For example, when reading *What are the symptoms of schizophrenia?*, ask a general question such as, "How could this information help you?"
- Keep in mind consumers' goals. Continue to help identify goals.
- Show an appreciation for consumers' experience and knowledge. Thank them for talking about their thoughts and feelings.

Topic 2: Practical Facts About Mental Illnesses

Educational strategies

Educational strategies for this topic help consumers understand basic information about mental illnesses. The best learning will occur when consumers can relate this information to their own experiences. For example, learning more about the specific symptoms of bipolar disorder might help consumers understand recent manic episodes. Learning about hallucinations may help consumers understand their experience with hearing voices.

The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers' points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small "chunks" at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points of this topic.

Cognitive-behavioral strategies

Cognitive-behavioral strategies help consumers learn to use information from this topic to think and behave differently about their illnesses. It is especially helpful for consumers to consider how learning about mental illnesses can improve something in their lives and help them achieve personal goals.

Show consumers how they can use this information practically. Previously, consumers may not have understood that their symptoms caused some of their experiences. For example, consumers 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." Help consumers remind themselves that certain experiences result from symptoms of their mental illnesses. Using the steps above, choose and practice alternative self-statements such as, "The voices I'm hearing are a symptom of my illness."

Topic 2: Practical Facts About Mental Illnesses

Homework strategies

Ask consumers to do a homework assignment related to the topic. Ideas for homework assignments are as follows:

- Compare a mental illness to a medical illness that someone you know has. List the similarities and differences.
- Plan how you can practice using positive self-statements based on new information to combat blaming yourself for having symptoms or problems.
- Talk with a family member or other supporter about your understanding of how mental illnesses are diagnosed.
- Talk with a family member or other supporter about the symptoms you've experienced. Review and discuss the Handout.
- Practice ways to respond to a particular type of mistaken belief about mental illnesses.
- Complete any exercises that you were unable to finish during the session.

Tips for common problems

Consumers may be reluctant to acknowledge that they have psychiatric symptoms, a specific mental illness, or any mental illness.

- Recognizing that you have a mental illness can be helpful, but is not a prerequisite for participating in the IMR program. Respect consumers' opinions and seek common ground to facilitate working together.
- Point out that psychiatric diagnoses are just a way of describing a group of symptoms that occur together. You may choose to use different words or phrases that are acceptable to consumers 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 this topic to a previously identified goal. For example, you could say, "I think working together on this topic will help you with your goal of staying out of the hospital."

Some consumers already know a great deal about their mental illness.

Review the Handout to check consumers' understanding and to explore opportunities to ensure that they use the information effectively. Sometimes consumers have received information piecemeal. The Handout may help synthesize what they have learned before. It may be possible to review this information quickly if consumers are already very familiar with the contents.

**Practitioner Guide****Topic 2: Practical Facts About Mental Illnesses**

Review questions: Use the following questions to review the main points from this topic. Modify them depending on consumers' diagnosis (schizophrenia, bipolar disorder, major depression).

Open-ended questions

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

True/false questions and fill-in

True False

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 | ☐ | ☐ |

Which of the following is NOT a symptom of bipolar disorder?

- | | | |
|--------------------------------------|--------------------------|--------------------------|
| ■ Being violent | ☐ | ☐ |
| ■ Feeling extremely happy or excited | ☐ | ☐ |
| ■ Feeling very sad | ☐ | ☐ |

Which of the following is NOT a symptom of depression?

- | | | |
|--------------------|--------------------------|--------------------------|
| ■ Being violent | ☐ | ☐ |
| ■ Feeling very sad | ☐ | ☐ |
| ■ Low energy level | ☐ | ☐ |

Topic 2: Practical Facts About Mental Illnesses

	True	False
Everyone who has _____ has symptoms all the time.	☐	☐
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	☐ ☐ ☐	☐ ☐ ☐



Topic 2: Practical Facts About Mental Illnesses

Introduction

People are empowered by knowledge. The more consumers understand the basic facts about mental illnesses, the better equipped they are to speak for themselves and to take an active role in their treatment and recovery. This topic gives consumers the opportunity to answer some common questions that they have about mental illnesses. This topic also gives consumers a chance to share their experiences with you.

Goals

- Help consumers understand the origins of mental illnesses, their course, and how they are diagnosed.
- Discuss the symptoms of schizophrenia and reduce myths that consumers may hold about this illness.
- Discuss the symptoms of mood disorders, particularly bipolar and depressive disorders, and reduce myths that consumers may hold toward these illnesses.
- Increase awareness of stigma and learn strategies for responding to negative attitudes and unfair treatment.
- Become familiar with examples of people who have mental illnesses and who lead productive, meaningful lives.

Handouts

The Handouts for this topic differ depending on whether you offer this topic in an individual or group format. While you may choose from three IMR Handouts if you conduct this topic in an individual format, for group sessions, review and distribute IMR Handout—Topic 2: *Practical Facts About Mental Illnesses* (group session).

We recommend covering this topic in four sessions:

- Session 1: *Understanding the diagnosis, origin, and course of mental illnesses*
- Session 2: *Practical facts about schizophrenia*
- Session 3: *Practical facts about mood disorders*
- Session 4: *Public attitudes and behavior toward people with mental illnesses*

Topic 2: Practical Facts About Mental Illnesses**Structure of group sessions**

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.



Practitioner Guide

Topic 2: Practical Facts About Mental Illnesses

Session 1: Understanding the diagnosis, origin, and course of mental illnesses

How to begin

Review the following sections of IMR Handout—Topic 2: *Practical Facts About Mental Illnesses* (group sessions):

- Introduction
- How are mental illnesses diagnosed?
- What causes mental illnesses?
- What is the course of mental illnesses?

Session goal

Help consumers understand the origins of mental illnesses, their course, and how they are diagnosed.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals. Be aware if any consumers have set goals to better understand mental illnesses or a specific diagnosis.
 - Praise efforts toward goals. Adjust goals as needed.
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to talk about what a *diagnosis* means and how medical people make one. We will also discuss where mental illnesses come from and how they might affect different people in different ways over their lifespan."
 - "Understanding these basic facts about mental illnesses is an important step for many people to move forward in their recovery."
- Teach material from the Handout.

Motivational strategies

- Help consumers connect understanding their mental illness and achieving their personal recovery goals.
- Help consumers understand that the course of their illness is not "set in stone."
- Raise hope that recovery is possible.

Practitioner Guide

Topic 2: Practical Facts About Mental Illnesses

Session 1: Understanding the diagnosis, origin, and course of mental illnesses

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Cognitive-behavioral strategies

- Help consumers use this information to think and behave differently about their illness.
- Encourage consumers to modify any harsh beliefs that lead them to view mental illnesses as a character flaw.
- Practice using positive self-statements to counter self-blame:
 - Help consumers choose an alternative self-statement such as, "No one is to blame for mental illnesses."
 - Model saying the statement aloud and ask consumers to practice by saying the statement aloud or silently.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped to you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Compare your mental illness to a medical illness that someone you know has. List the similarities and differences.
- Plan how you can practice using positive self-statements based on new information to combat blaming yourself for having symptoms or problems.
- Talk with a family member or other supporter about your understanding of how a diagnosis of mental illness is made.



Practitioner Guide

Topic 2: Practical Facts About Mental Illnesses

Session 2: Practical facts about schizophrenia

How to begin

Review the following sections of IMR Handout—Topic 2: *Practical Facts About Mental Illnesses* (group sessions):

- *What is schizophrenia?*
- *Examples of people who have schizophrenia*

Session goal

Discuss the symptoms of schizophrenia and reduce myths that consumers may hold about this illness.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to talk about the symptoms of schizophrenia."
 - "Some of you may already know about the symptoms of schizophrenia. As we go along today, I welcome each of you to share what you have already learned about schizophrenia."
- Teach material from the Handout.

Motivational strategies

Help consumers recognize how learning more about mental illness can help them achieve their personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

**Practitioner Guide****Topic 2: Practical Facts About Mental Illnesses****Session 2:
Practical facts about
schizophrenia****Cognitive-behavioral
strategies**

- Complete the exercise *Symptoms of Schizophrenia*.
- Praise consumers for their willingness to talk about what are sometimes uncomfortable and avoided topics.
- Encourage consumers to modify any harsh beliefs that lead them to view mental illnesses as character flaws.
- Practice using positive self-statements to counteract self-blame:
 - Help consumers choose an alternative self-statement such as, "No one is to blame for mental illnesses."
 - Model saying the statement aloud and ask consumers to practice by saying the statement aloud or silently.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped to you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Write down positive self-statements that you can use to counter self-blame. Practice saying the new statements aloud or silently.
- Review the Handout with a family member or other supporter.
- Complete the exercise if you were unable to finish it during the session.

Tips for common problems**Consumers may be reluctant to acknowledge that they have psychiatric symptoms, a specific mental illness, or any mental illnesses.**

- Recognizing that you have a mental illness can be helpful, but is not a prerequisite for participating in the IMR program. Respect consumers' opinions and seek common ground to facilitate working together.
- Point out that psychiatric diagnoses are just a way of describing a group of symptoms that occur together. You may choose to use different words or phrases that are acceptable to consumers 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 this topic to a previously identified goal. For example, you could say, "I think working together on this topic will help you with your goal of staying out of the hospital."



Topic 2: Practical Facts About Mental Illnesses

**Session 3:
Practical facts about
mood disorders**

How to begin

Review the following sections of IMR Handout—Topic 2: *Practical Facts About Mental Illnesses* (group sessions):

- *What are mood disorders?*
- *Examples of people who have bipolar disorder or depression*

Session goal

Discuss the symptoms of mood disorders, particularly bipolar and depressive disorders, and reduce myths that consumers may hold toward these illnesses.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week we talked about symptoms of schizophrenia. Today we will look at the symptoms of mood disorders, particularly bipolar and depression disorders. Notice some of the similarities and differences between the symptoms of mood disorders and those of schizophrenia that we talked about last week."
 - "If you have experienced symptoms of a mood disorder, I would be interested in hearing what the course of your illness has been. Like all disorders, it is different for different people."
 - "We will learn about some accomplished people who have been diagnosed with mood disorders."
- Teach material from the Handout.

Motivational strategies

Help consumers recognize how learning more about mental illnesses can help them achieve their personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 2: Practical Facts About Mental Illnesses

Session 3: Practical facts about mood disorders

Cognitive-behavioral strategies

- Complete the exercise *Symptoms of Mania, Depression, and Psychosis*.
- Notice and reinforce small steps that consumers make toward modifying harsh beliefs that lead them to view mental illnesses as character flaws.
- Practice using positive self-statements to counter self-blame.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped to you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Practice using positive self-statements to counter self-blame.
- Review and discuss the Handout with a family member or other supporter.
- Complete the exercise if you were unable to finish it during the session.

**Practitioner Guide****Topic 2: Practical Facts About Mental Illnesses****Session 4:
Public attitudes and behavior
toward people with mental
illnesses****How to begin**

Review the following sections of IMR Handout—Topic 2: *Practical Facts About Mental Illnesses* (group sessions):

- *What is stigma?*
- *Summary of the main points about mental illnesses*

Session goal

Increase awareness of stigma and learn strategies for responding to negative attitudes and unfair treatment.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "We have learned a lot about mental illnesses so far—how they are diagnosed and how symptoms differ between different disorders. Today we will talk about the negative opinions and mistaken attitudes that some people hold about mental illnesses. Those attitudes at times lead people to act unfairly toward people who have psychiatric symptoms. A term for that unfair treatment is called *stigma*."
 - "As we go along, I would like to hear about your experiences. When people in the community discovered that you have been diagnosed with mental illnesses, how did they respond? We will discuss some ways you can learn to respond to stigma and unfair behavior if you encounter it."
- Teach material from the Handout.

Motivational strategies

- Praise consumers for their willingness to talk about what is sometimes an uncomfortable and avoided topic.
- Praise consumers for sharing their own experiences with stigma.

Practitioner Guide

Topic 2: Practical Facts About Mental Illnesses

Session 4: Public attitudes and behavior toward people with mental illnesses

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Cognitive-behavioral strategies

- Complete the exercise *Strategies for Combating Stigma*.
- Model some possible responses to stigma, as described in the Handout. Ask consumers to role-play responses of their own.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group, when we start a new topic called *The Stress-Vulnerability Model and Treatment Strategies*."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Write down how you may respond if you encounter negative attitudes or mistaken beliefs about mental illnesses.
- Review and discuss the Handout with a family member or other supporter.
- Complete the exercise if you were unable to finish it during the session.



Handout

Topic 2: Practical Facts About Mental Illnesses

"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 mental illness

Introduction

This Handout gives you information about mental illnesses, including facts about how diagnoses are made, what the symptoms are, how common they are, and the possible courses of the disorders.

Currently no blood test, x-ray, or brain scan can diagnose mental illnesses. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests to rule out other causes of symptoms such as a brain tumor or an injury to the brain.

Mental illnesses are diagnosed by a clinical interview with a mental health professional.

How are mental illnesses diagnosed?

Mental illnesses are 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, the professional asks you questions about symptoms that you have experienced and how you function in different areas of your life such as in relationships and at work.

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

What causes mental illnesses?

Mental illnesses are nobody's fault. Although the exact cause of mental illness is not known, scientists believe that the symptoms of mental illnesses are linked to a chemical imbalance in the brain.

Chemicals called *neurotransmitters* send messages in the brain. When these chemicals 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 mental illnesses at a later age.

In addition to biological vulnerability, stress, alcohol and drug use, and trauma may contribute to the onset of mental illnesses or worsen mental health symptoms. 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 IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies*.

Many questions about mental illnesses remain unanswered, but research is underway to try to learn more.

The cause of mental illnesses is not known. Biological vulnerability, stress, trauma, alcohol and drug use have been found to contribute to or worsen mental health symptoms.

Q: What other explanations have you heard about what causes mental illnesses?

What is the course of mental illnesses?

Most people develop mental illnesses as teenagers or as young adults, usually between the ages of 16 and 30. People vary in how often they have symptoms, how severe their symptoms are, and how much the disorders interfere with their lives.

Mental illnesses affect people in different ways. Some people have a mild form of a disorder and have symptoms only a few times in their lives. Other people have a stronger form and have several episodes, some requiring hospitalization. Some people experience symptoms almost constantly, but do not have severe episodes that require hospitalization.

Mental illnesses tend to be episodic, with symptoms varying in intensity over time. When symptoms reappear or worsen, this is called an *acute episode* or a *relapse*. (For more information on this subject, see IMR Handout—Topic 7: *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 mental illnesses can reduce their symptoms and live productive, meaningful lives.

Q: What is your experience with relapse?

What is schizophrenia?

Schizophrenia is a mental illness that affects many people. About one in every 100 people (1 percent) develops the disorder at some time. It occurs in every country, every culture, every racial group, and every income level.

Schizophrenia causes symptoms that can interfere with many aspects of people's lives—especially their work and social lives. 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:

- An effective treatment for schizophrenia exists.
- 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.

Q: What do you know about schizophrenia?

What are the symptoms of schizophrenia?

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

No one has the same symptoms or is affected to the same degree. You may, however, recognize having experienced some of the symptoms mentioned on the following pages.

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

The Major Symptoms and Associated Features of Schizophrenia

- Hallucinations
- Delusions
- Thought disorders
- Disorganized or catatonic behavior
- Negative symptoms (lack of energy, motivation, pleasure, or emotional expression)
- Cognitive difficulties
- Decline in social or occupational functioning

Hallucinations

Hallucinations are false perceptions—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 often they are unpleasant, saying insulting things or calling people names.

When people hear voices, it seems as if the sound is coming in through their ears and the voices sound like other human voices. The voices sound 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 involve seeing things that 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

Delusions are false beliefs—people have strong beliefs that are firmly held and unshakeable, even when the evidence contradicts them. These beliefs are individual and are 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 believing that others want to hurt you when they don't. This is called a *paranoid delusion*. Another common delusion is believing that you have special powers, talents, or wealth. Other delusions include believing that another person or force can control your thoughts or actions or believing that others are referring to you or talking about you.

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, despite 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.



Thought disorders

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 something was blocking my thought.

Disorganized or catatonic behavior

Disorganized or *catatonic behavior* refers to two different extremes of behavior—both relatively rare.

- *Disorganized behavior* is behavior that appears random or purposeless to others.

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.

- *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 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.

**No one has the same symptoms
or is affected to the same degree.**



Negative symptoms

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 tone of voice.

While these symptoms may be accompanied by feelings of sadness, often they are not. Some people may consider these symptoms a sign of laziness, but this is not the case.

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 felt. They said they couldn't read my expression. Even when I was interested in what they were saying, they thought I was bored or disinterested.

Cognitive difficulties

People with schizophrenia may also experience cognitive difficulties. *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.

Decline in social or occupational functioning

The symptoms of schizophrenia may cause people to experience a decline in social or occupational functioning. 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 before a diagnosis of schizophrenia is possible.

It is also important because it has a big impact on people's ability to carry out their roles in a wide variety of areas such as taking care of themselves, 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.

Schizophrenia is a mental illness that affects many aspects of a person's life.

Q: Which symptoms or associated features have you experienced? Use the following exercise to record your answer.

Exercise: Experiences of Symptoms of Schizophrenia		
Symptom or associated feature	I experienced this	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)	☐	
Disorganized or catatonic behavior (random behavior or remaining motionless)	☐	
Negative symptoms (lack of energy, motivation, pleasure, and emotional expressiveness)	☐	
Cognitive difficulties (problems with concentration, memory, and reasoning)	☐	
Decline in social or occupational functioning (less time socializing, problems doing work)	☐	

Examples of people who have schizophrenia

- **John Nash** (1928–present) is an American mathematician who made discoveries 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** (1834–1920) 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** (1890–1950) 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 experienced schizophrenia are not famous, but are quietly leading productive, creative, and 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 her community and School Boards and enjoys gardening.
- **Mr. Z** lives in a group home and volunteers at the zoo. While in the past he was frequently hospitalized, he has successfully stayed out of the hospital for 2 years. He is looking for paid employment.

Countless positive examples show that people with schizophrenia have contributed to society.

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

What are mood disorders?

Mood disorders include several different diagnoses—the most common are bipolar disorder and major depression. A diagnosis of a mood disorder is based on a combination of different symptoms, their severity, and how long they have been present. Symptoms that occur only when a person has used alcohol or drugs are not included.

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

About one in every 100 people (1 percent) develops the disorder at some time. It occurs in every country, every culture, every racial group, and every income level.

Depression is one of the most common psychiatric disorders—15 to 20 of every 100 people (15 to 20 percent) will experience a period of serious depression at some time in their lives.

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

What are the symptoms of mood disorders?

No one has the same symptoms or is affected to the same degree. Extremely high moods are called *mania*. People who have had periods of mania have reported the following symptoms:

■ Feeling extremely happy or excited

I was so happy with my life; I felt like I was on top of the world. I thought the whole world loved 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 and seemed to doubt me.

■ Feeling unrealistically self-confident

I sent a handwritten script to Steven Spielberg. I was absolutely sure he would buy it immediately for his next movie.

■ Sleeping less

I felt like I only needed 2 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 faulty judgment

I thought nothing bad could happen to me, so I spent everything in my bank account, borrowed from everyone I knew, and 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 the following experiences:

■ Being in a 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 lose all interest in food. Nothing looks good and I hardly eat anything. I lost 10 pounds the last time.

■ Sleeping too little or too much

I had a lot of trouble falling asleep 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 having 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, or 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 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.

■ Having 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.

■ Having 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.

No one has the same symptoms or is affected to the same degree.

Symptoms that 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 present (*hallucinations*)

I heard different kinds of voices. Sometimes the voices just made 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.' Other times the voices said scary things about other people like, '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.

■ Having 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.

Q: Which symptoms have you experienced? Use the following exercise to record your answer.

Exercise: Symptoms of Mania, Depression, and Psychosis			
	Symptom	I had this symptom	Example of what happened to me
Mania	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	☐	
Depression	Being in a sad mood	☐	
	Eating too little or too much	☐	
	Sleeping too little or too much	☐	
	Feeling tired and having low energy	☐	
	Feeling helpless, hopeless, or worthless	☐	
	Feeling guilty for things that weren't your fault	☐	
	Having suicidal thoughts or actions	☐	
	Having trouble concentrating and making decisions	☐	
Psychosis	Hearing, seeing, feeling, or smelling something that is not actually present	☐	
	Having very unusual or unrealistic beliefs that are not shared by others in your culture	☐	
	Having confused thinking	☐	

Examples of people who have bipolar disorder or depression

- **Patty Duke** is an Oscar award-winning, 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.

Countless positive examples show that people with bipolar disorder and depression have contributed to society.

Other famous people who have been troubled by depression include the following:

- **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 bipolar disorder or depression are not famous, but are quietly leading productive, creative, and meaningful lives:

- Ms. Y is an attorney in a large law firm and is active in her church.
- Mr. Z teaches in an elementary school. He is married and is expecting his first child.

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

What is stigma?

Some people hold negative opinions and attitudes toward people who have experienced symptoms of mental illness. This is called *stigma*. Not everyone with mental illnesses has experienced stigma although, unfortunately, many people have.

Stigma is a complicated problem with no easy solutions. Research has shown that as the general public learns more about mental illnesses and as people get to know someone who has experienced psychiatric symptoms, their negative beliefs are reduced.

Strategies for responding to stigma

It may help you to develop some personal strategies for responding to stigma. Each strategy has advantages and disadvantages. What you decide to do depends on the specific situation. Possible strategies include the following:

- Educate yourself about mental illnesses.
- Correct misinformation without disclosing your own experience.
- Selectively disclose your experience to fight stigma.
- Become aware of your legal rights.

Educate yourself about mental illnesses

Sometimes people who experience psychiatric symptoms do not know the facts themselves. They may blame themselves for their symptoms, think they cannot take care of themselves, or think that they can't be part of the community. This is called *self-stigma*. You may have had these negative thoughts or feelings. It is important to fight self-stigma because it can discourage you and cause you to lose hope in your recovery.

Educate yourself about mental illnesses so you can separate myths from facts. Consider joining a support group where you can meet different people who have experienced psychiatric symptoms. To find support groups, ask your IMR practitioner or contact:

Consumer Organization and Networking Technical Assistance Center (CONTAC)

PO Box 11000

Charleston, WV 25339

Phone: (888) 825-TECH

Phone: (304) 345-7312

Web site: <http://www.contac.org>

National Empowerment Center (NEC)

599 Canal Street

Lawrence, MA 01840

Phone: (800) 769-3728

Phone: (978) 685-1494

Web site: <http://www.power2u.org>

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

Q: Have you experienced stigma? What are some strategies for responding to stigma?

Correct misinformation without disclosing your own experience

Some day a co-worker might say, “People with mental illnesses are all dangerous.” You might decide to reply, “Actually, I read a long article in the paper that said that most people with mental illnesses are not violent. The media just sensationalizes certain cases.”

To learn more facts to help fight stigma, contact:

Chicago Consortium for Stigma Research

3424 State Street

Chicago, IL 60616

Phone: (312) 567-6751

Web site: <http://www.stigmaresearch.org>

National Stigma Clearinghouse

245 Eighth Avenue

Suite 213

New York, NY 10011

Phone: (212) 255-4411

Web site: <http://www.stigmanet.org>

SAMHSA’s Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center)

11420 Rockville Pike

Rockville, MD 20852

Phone: (800) 540-0320

Web site: <http://www.adscenter.org>

To fight stigma, you could correct misinformation without disclosing personal experience.

Selectively disclose your experience to fight stigma

Disclosing information about your own experience with psychiatric symptoms is a personal decision. It’s important to weigh the risks and benefits to yourself, in both the short and long term. Talking this over with someone in your support system might help.

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

To fight stigma, you might decide to disclose 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 following:

- The Americans with Disabilities Act (ADA) makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation.
- The Fair Housing Act (FHA) 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, you might take a range of possible actions, depending on the situation.

First, consider speaking directly to the person involved. For example, if you need a reasonable accommodation on the job, talk with your employer. 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.

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

If speaking directly with your employer does not work, talk to an expert to get advice, support, advocacy, mediation, and even legal help. For example, if your employer was unresponsive to your request for accommodation, contact:

U.S. Equal Employment Opportunity Commission (EEOC)

1801 L Street, NW

Washington, DC 20507

Phone: (202) 663-4900

Phone: (800) 669-4000

Web site: <http://www.eeoc.gov>

If a landlord refused to rent an apartment to you because of psychiatric symptoms, contact:

Office of Fair Housing and Equal Opportunity (FHOO)

Department of Housing and Urban Development
451 7th Street SW

Room 5204

Washington, DC 20410

Phone: (202) 708-1112

Web site: <http://www.hud.gov>

Q: What strategies have you used to combat stigma? Use the following exercise to record your answer.

Exercise: Strategies for Combating Stigma	
Strategy	I have used this strategy
Educating yourself about psychiatric symptoms and mental illnesses	☐
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: _____	☐

Summary of the Main Points About Mental Illnesses

- Mental illnesses affect many aspects of a person's life.
- Mental illnesses are very common: About 15 to 20 out of every 100 people have a period of serious depression at some point in their lives. One out of every 100 people develops schizophrenia at some point, and one out of every 100 develops bipolar disorder.
- People can learn to manage the symptoms of mental illnesses and lead productive lives.
- Mental illnesses are diagnosed by a clinical interview with a mental health professional.
- No one has the same symptoms or is affected to the same degree.
- Mental illnesses are nobody's fault.
- Scientists believe that mental illnesses are linked to a chemical imbalance in the brain.
- Countless positive examples show that people with mental illnesses have contributed to society.
- Stigma refers to negative opinions and attitudes that some people have about mental illnesses.
- There are many ways to counteract stigma, both as an individual and as part of a group.



Handout

Topic 2a: 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 mental illness

Introduction

This Handout gives you information about the psychiatric disorder of schizophrenia, including facts about how a diagnosis is made, what the symptoms are, how common it is, and the possible courses of the disorder. The Handout also includes several examples of famous people who have experienced the symptoms of schizophrenia and have made positive contributions to society.

What is schizophrenia?

Schizophrenia is a mental illness that affects many people. About one in every 100 people (1 percent) develops the disorder at some time. It occurs in every country, every culture, every racial group, and every income level.

Schizophrenia causes symptoms that can interfere with many aspects of people’s lives—especially their work and social lives. Some symptoms make it difficult to know what’s real and what’s not real.

Schizophrenia is a mental illness that affects many aspects of a person’s life.

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:

- An effective treatment for schizophrenia exists;
- People with schizophrenia can learn to manage their illness; and
- 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.

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

Q: 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, the professional asks you questions about symptoms you have experienced and how you function in different areas of your life such as in relationships and at work.

Currently no blood test, x-ray, or brain scan can diagnose schizophrenia. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests to rule out other causes of the symptoms such as a brain tumor or an injury to the brain.

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

What are the symptoms of schizophrenia?

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

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

The Major Symptoms and Associated Features of Schizophrenia

- Hallucinations
- Delusions
- Thought disorders
- Disorganized or catatonic behavior
- Negative symptoms (lack of energy, motivation, pleasure, or emotional expression).
- Cognitive difficulties
- Decline in social or occupational functioning

Hallucinations

Hallucinations are false perceptions—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 as if the sound is coming in through their ears and the voices sound like other human voices. The voices sound 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 involve seeing things that 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.

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

Delusions

Delusions are false beliefs—people have strong beliefs that are firmly held and unshakeable, even when the evidence contradicts them. These beliefs are 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 believing that others want to hurt you when they don't. This is called a paranoid delusion. Another common delusion is believing that you have special powers, talents, or wealth. Other delusions include believing that another person or force can control your thoughts or actions or believing that others are referring to you or talking about you.

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, despite 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.



Thought disorders

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 something was blocking my thought.

Disorganized or catatonic behavior

Disorganized or catatonic behavior refers to two different extremes of behavior—both relatively rare.

- *Disorganized behavior* is behavior that appears random or purposeless to others.

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.

- *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 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.

**No one has the same symptoms
or is affected to the same degree.**

Negative symptoms

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 feelings of sadness may accompany these symptoms, often they do not. Some may consider these symptoms a sign of laziness, but this is not the case.

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.

Cognitive difficulties

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.

Decline in social or occupational functioning

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 before a diagnosis of schizophrenia is possible.

It is also important because it has a big impact on people's ability to carry out their roles in a wide variety of areas such as taking care of themselves, 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.

Schizophrenia is a mental illness that affects many aspects of a person's life.



Q: Which symptoms and associated features have you experienced? Use the following exercise to record your answer.

Exercise: Experiences of Symptoms of Schizophrenia		
Symptom or associated feature	I experienced this	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)	☐	
Disorganized or catatonic behavior (random behavior or remaining motionless)	☐	
Negative symptoms (lack of energy, motivation, pleasure, and emotional expressiveness)	☐	
Cognitive difficulties (problems with concentration, memory, and reasoning)	☐	
Decline in social or occupational functioning (less time socializing, problems doing work)	☐	

What causes schizophrenia?

Schizophrenia is nobody's fault. While the cause of schizophrenia is unknown, scientists believe that the symptoms of schizophrenia are linked to a chemical imbalance in the brain.

Chemicals called *neurotransmitters* send messages in the brain. When these chemicals 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, trauma, and alcohol and drug use may contribute to the onset of schizophrenia and worsen 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, but many research projects are underway to try to learn more about the disorder.

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

Q: What is the course of schizophrenia?

Q: What happens after you first develop symptoms?

Most people develop schizophrenia as teenagers or young adults, usually between ages 16 and 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 mild form of the disorder and have symptoms only a few times in their lives. Other people have a stronger form and have several episodes, some requiring 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 worsen, this is usually called a *symptom exacerbation*, an *acute episode*, or a *relapse*. (For more information about this subject, see IMR Handout—Topic 7: *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.

Q: What has been your experience with symptom relapses?

Examples of people who have schizophrenia

- **John Nash** (1928–present) is an American mathematician who made discoveries that had 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** (1834–1920) 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** (1890–1950) 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*.

Countless positive examples show that people with schizophrenia have contributed to society.

Other people who experienced schizophrenia are not famous, but are quietly leading productive, creative, and 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 community and School Boards and enjoys gardening.
- Mr. Z lives in a group home and volunteers at the zoo. While in the past he was frequently hospitalized, he has successfully stayed out of the hospital for 2 years. He is looking for paid employment.

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

What is stigma?

Some people hold negative opinions and attitudes toward people who have experienced psychiatric symptoms. This is called *stigma*. Not everyone with mental illnesses has experienced stigma although, unfortunately, many people have.

It's important to educate yourself about the laws against discrimination against people with physical or psychiatric disabilities. Two major laws that protect against unfair treatment are the following:

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

Stigma is a complicated problem with no easy solution. Research has shown that as the general public learns more about mental illnesses and as people get to know someone who has experienced psychiatric symptoms, their negative beliefs are reduced.

Many organizations are working on national campaigns to educate the public and create more laws that protect against discrimination. If you have experienced stigma or would like to know more about strategies for responding to stigma, ask your IMR practitioner for IMR Handout—Topic 2d: *Strategies and Resources for Responding to Stigma*, which includes resources and contact information.

Stigma refers to negative opinions and attitudes that some people have about mental illnesses.

Q: Have you experienced stigma? What did you do?

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

By reading this Handout and learning some practical facts about your illness, you are taking an important step in learning how to manage your symptoms. Other important steps include the following:

- Learning how to cope with stress;
- Building social support;
- Developing a relapse prevention plan;
- Using medication effectively;

- Learning how to cope with symptoms; and
- Getting your needs met in the mental health system.

These steps will be covered in the other sessions of the Illness Management and Recovery Program.

What you do makes a difference in your recovery. You can take steps to effectively manage your symptoms.

Summary of the Main Points About Mental Illnesses

- Schizophrenia is a mental illness that affects many aspects of a person's life.
- One in every 100 people develops schizophrenia at some time.
- People can learn to manage the symptoms of schizophrenia and lead productive lives.
- Schizophrenia is diagnosed through a clinical interview with a trained mental health professional.
- The major symptoms of schizophrenia are as follows:
 - Hallucinations;
 - Delusions;
 - Thought disorders;
 - Cognitive difficulties;
 - Decline in social or occupational functioning;
 - Disorganized or catatonic behavior; and
 - Negative symptoms (lack of energy, motivation, pleasure, or emotional expression).
- No one has the same symptoms or is affected to the same degree.
- Schizophrenia is nobody's fault.
- Scientists believe that schizophrenia is linked to a chemical imbalance in the brain.
- Schizophrenia tends to be episodic, with symptoms coming and going at varying levels of intensity.
- Countless positive examples show that people with schizophrenia have contributed to society.
- Stigma refers to negative opinions and attitudes that some people have about mental illnesses.
- What you do makes a difference in your recovery. You can take steps to effectively manage your symptoms.

**Handout****Topic 2b: 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 gives you information about bipolar disorder, including facts about how a diagnosis is made, the symptoms, how common it is, and the possible courses of the disorder. It includes several examples 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 mental illness that affects many people. It is sometimes called *manic depression*. About one in every 100 people (1 percent) develops the disorder at some time. It occurs in every country, every culture, every racial group, and every income level.

Bipolar disorder causes symptoms that can interfere with many aspects of people's lives. Some symptoms cause severe mood swings, from the highest of highs (*mania*) to the lowest of the lows (*depression*.) 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:

- An effective treatment for bipolar disorder exists.
- 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 your life goals.

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

Q: 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, the professional asks you questions about symptoms you have experienced and how you function in different areas of your life such as in relationships and at work.

Currently no blood test, x-ray, or brain scan can diagnose bipolar disorder. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests to rule out other causes of symptoms such as a brain tumor or an injury to the brain.

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

What are the symptoms of bipolar disorder?

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

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

Mania

People who have had periods of mania have reported having extremely high moods such as the following:

■ Feeling extremely happy or excited

I was so happy with my life; I felt like I was on top of the world. I thought the whole world loved 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 and seemed to doubt me.

■ Feeling unrealistically self-confident

I sent a handwritten script to Steven Spielberg. I was absolutely sure that he would buy it immediately for his next movie.

■ Sleeping less

I felt like I only needed 2 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 faulty judgment

I thought nothing bad could happen to me, so I spent everything in my bank account, borrowed from everyone I knew, and 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.

Depression

Extremely low moods called depression may include the following experiences:

■ Being in a 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 lose all interest in food. Nothing looks good and I hardly eat anything. I lost 10 pounds the last time.

■ Sleeping too little or too much

I had a lot of trouble falling asleep 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 having 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, or 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 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.

■ Having 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.

■ Having 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.

Psychotic symptoms

Some people with bipolar disorder have psychotic symptoms or symptoms which make it hard to know what is real. They have described the following experiences:

- **Hearing, seeing, feeling, or smelling something that is not actually present** (*hallucinations*)

I heard different kinds of voices. Sometimes the voices just made comments like, 'Now you're eating lunch.' But sometimes the voices said things like, 'You're stupid or no one wants to be friends with such a loser.' Other times the voices said scary things about other people like, '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.

- **Having 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.

Symptoms of bipolar disorder include mania, depression, and psychotic symptoms. No one has the same symptoms or is affected to the same degree.

Q: Which symptoms have you experienced? Use the following exercise to record your answer.

Exercise: Symptoms of Mania, Depression, and Psychosis			
	Symptom	I had this symptom	Example of what happened to me
Mania	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	☐	
Depression	Being in a sad mood	☐	
	Eating too little or too much	☐	
	Sleeping too little or too much	☐	
	Feeling tired and having low energy	☐	
	Feeling helpless, hopeless, or worthless	☐	
	Feeling guilty for things that weren't your fault	☐	
	Having suicidal thoughts or actions	☐	
	Having trouble concentrating and making decisions	☐	
Psychosis	Hearing, seeing, feeling, or smelling something that is not actually present	☐	
	Having very unusual or unrealistic beliefs that are not shared by others in your culture	☐	
	Having confused thinking	☐	

What causes bipolar disorder?

Bipolar disorder is nobody's fault. Although the cause of bipolar disorder is unknown, scientists believe that bipolar disorder is linked to a chemical imbalance in the brain.

Chemicals called *neurotransmitters* send messages in the brain. When these chemicals 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 at a later age.

In addition to biological vulnerability, stress, trauma, and alcohol and drug use may contribute to the onset of bipolar disorder and worsen 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 IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies*.

Many questions about bipolar disorder remain unanswered, but research is underway to try to learn more.

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

People usually develop bipolar disorder as teenagers or young adults, usually between the ages of 16 and 30. People can also have their first symptoms when they are in their 40s or 50s.

People vary in how often they have symptoms, how severe their symptoms are, and how much the disorder interferes with their lives. Bipolar disorder affects people in very different ways. Some people have a mild form of the disorder and have symptoms only a few times in their lives. Other people have a stronger form of the disorder and have several episodes, some requiring hospitalization.

Bipolar disorder tends to be episodic, with symptoms varying in intensity over time. When symptoms reappear or worsen, this is called an *acute episode* or a *relapse*. (For more information on this subject, see IMR Handout—Topic 7: *Reducing Relapses*.)

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

Q: What is your experience with relapse?

Examples of people who have bipolar disorder

- **Patti Duke** is an Oscar award-winning, 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, and 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.

Countless positive examples show that people with bipolar disorder have contributed to society.

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

What is stigma?

Some people hold negative opinions and attitudes toward people who have experienced symptoms of mental illness. This is called *stigma*. Not everyone with mental illness has experienced stigma although, unfortunately, many people have.

It's important to educate yourself about the laws against discrimination against people with physical or psychiatric disabilities. Two major laws that protect against unfair treatment are the following:

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

Stigma is a complicated problem with no easy solution. Research has shown that as the general public learns more about mental illnesses and as people get to know someone who has experienced psychiatric symptoms, their negative beliefs are reduced.

Many organizations are working on national campaigns to educate the public and create more laws that protect against discrimination. If you have experienced stigma or would like to know more about strategies for responding to stigma, ask your IMR practitioner for IMR Handout—Topic 2d: *Strategies and Resources for Responding to Stigma*, which includes resources and contact information.

Q: Have you experienced stigma? What did you do?

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

By reading this Handout and learning some practical facts about your illness, you are taking an important step in understanding how to manage your symptoms. Other important steps include the following:

- Learning how to cope with stress;
- Building social support;
- Developing a relapse prevention plan;

- Using medication effectively;
- Learning how to cope with symptoms; and
- Getting your needs met in the mental health system.

These steps will be covered in the other sessions of the Illness Management and Recovery Program.

What you do makes a difference in your recovery. You can take steps to effectively manage your symptoms.

Summary of Main Points About Bipolar Disorder

- Bipolar disorder is a mental illness that affects many aspects of a person's life.
- One in every 100 people develops bipolar disorder at some time.
- People can learn to manage the symptoms of bipolar disorder and lead productive lives.
- Bipolar disorder is diagnosed through a clinical interview with a trained mental health professional.
- The major symptoms of bipolar disorder are mania, depression, and psychotic symptoms.
- No one has the same symptoms or is affected to the same degree.
- Bipolar disorder is nobody's fault.
- Scientists believe that bipolar disorder is linked to a chemical imbalance in the brain.
- Bipolar disorder tends to be episodic, with symptoms coming and going at varying levels of intensity.
- Countless positive examples show that people with bipolar disorder have contributed to society.
- Stigma refers to negative opinions and attitudes that people have about mental illnesses.
- You can take steps to manage psychiatric symptoms effectively and what you do makes a difference in your recovery.

**Handout****Topic 2c: 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 gives you information about depression including how a diagnosis is made, the symptoms, how common it is, and the possible courses of the illness. It includes several examples of famous people who have experienced the symptoms of depression and have made positive contributions to society.

What is depression?

Depression is one of the most common mental illnesses—15 to 20 of every 100 people will experience a period of serious depression at some time. It occurs in every country, every culture, every racial group, and every income level.

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

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

- An effective treatment for depression exists.
- People with depression can learn to manage their 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.

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

Q: 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, the professional asks you questions about symptoms you have experienced and how you function in different areas of your life such as in relationships and at work.

Currently no blood test, x-ray, or brain scan can diagnose depression. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests to rule out other causes of symptoms such as a thyroid problem.

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

What are the symptoms of depression?

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

Depression has different levels of severity. This Handout focuses on the diagnosis of *major depressive disorder*. This diagnosis includes having one or more episodes (that last for at least 2 weeks) during which the person is in an extremely depressed (*sad*) mood or loses interest or pleasure in nearly all activities. To receive a diagnosis of major depression, several other additional symptoms must be present at the same time such as changes in appetite, sleep, energy, and concentration.

No one has same symptoms or is affected to the same degree. If you have depression, however, you may recognize having had some of the following experiences:

■ Being in a 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 lose all interest in food. Nothing looks good and I hardly eat anything. I lost 10 pounds the last time.

■ **Sleeping too little or too much**

I had a lot of trouble falling asleep 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 having 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 or 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 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.

■ **Having 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.

■ **Having 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.

Q: Which symptoms have you experienced? Use the following exercise to record your answers.

Exercise: Symptoms of Depression		
Symptom	I had this symptom	Example of what happened to me
Being in a sad mood	☐	
Eating too little or too much	☐	
Sleeping too little or too much	☐	
Feeling tired and having low energy	☐	
Feeling helpless, hopeless, or worthless	☐	
Feeling guilty for things that weren't your fault	☐	
Having suicidal thoughts or actions	☐	
Having trouble concentrating and making decisions	☐	

What causes depression?

It is important to know that depression is not your fault. Although the cause of depression is not known, scientists believe that the symptoms of depression is linked to 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 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 IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies*.

Many questions about depression remain unanswered, but research is underway to learn more.

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

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

What happens after you first develop symptoms?

People can develop depression any time in their lives. People vary in how often they have symptoms, how severe their symptoms are, and how much the disorder interferes with their lives. Some people have symptoms only a few times in their lives. Others have several episodes, some requiring hospitalization.

Depression tends to be episodic, with symptoms varying in intensity over time. When symptoms reappear or worsen, this is called an *acute episode* or a *relapse*. (For more information on this subject, see IMR Handout—Topic 7: *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.

Q: What is your experience with relapse?

Examples of people who have 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 depression are not famous, but are quietly leading productive, creative, and 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.

Countless positive examples show that people with depression have contributed to society.

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

What is stigma?

Some people hold negative opinions and attitudes toward people who have experienced psychiatric symptoms. This is called stigma. Not everyone with mental illnesses has experienced *stigma* although, unfortunately, many have.

It's important to educate yourself about the laws against discrimination against people with physical or psychiatric disabilities. Two major laws that protect against unfair treatment are the following:

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

Stigma is a complicated problem with no easy solution. Research has shown that as the general public learns more about mental illnesses and as people get to know someone who has experienced psychiatric symptoms, their negative beliefs are reduced.

Many organizations are working on national campaigns to educate the public and create more laws that protect against discrimination. If you have experienced stigma or would like to know more about strategies for responding to stigma, ask your IMR practitioner for IMR Handout—Topic 2d: Strategies and Resources for Responding to Stigma, which includes resources and contact information.

Stigma refers to negative opinions and attitudes that some people have about mental illnesses.

Q: Have you ever experienced stigma? What did you do?

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

By reading this Handout and learning some practical facts about your illness, you are taking the first step to understanding how to manage your symptoms. Other important steps include the following:

- Learn how to cope with stress.
- Build social support.
- Develop a relapse prevention plan.

- Use medication effectively.
- Learn how to cope with symptoms.
- Get your needs met in the mental health system.

These steps will be covered in the other sessions of the Illness Management and Recovery Program.

What you do makes a difference in your recovery. You can take step to effectively manage your symptoms.

Summary of Main Points About Depression

- Depression is a mental illness that affects many aspects of a person's life.
- About 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 through a clinical interview with a trained mental health professional.
- The symptoms of depression include the following:
 - Having a 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;
 - Having suicidal thoughts or actions; and
 - Having trouble concentrating and making decisions.
- No one has the same symptoms or is affected to the same degree.
- Depression is not your fault. Scientists believe that depression is linked to a chemical imbalance in the brain.
- Depression tends to be episodic, with symptoms coming and going at varying levels of intensity.
- Countless positive examples show that people with depression have contributed to society.
- Stigma refers to negative opinions and attitudes that some people have about mental illnesses.
- You can take steps to manage your symptoms effectively and what you do makes a difference in your recovery.

**Handout****Topic 2d: Strategies and Resources for Responding to Stigma****What are some strategies for responding to stigma?**

It may help you if you develop some personal strategies for responding to stigma. Each strategy has advantages and disadvantages. What you decide to do depends on the specific situation. Possible strategies include the following:

- Educate yourself about mental disorders.
- Correct misinformation in others without disclosing anything about your own experience.
- Selectively disclose your experience with psychiatric symptoms.
- Become aware of your legal rights.

Educate yourself about mental disorders

Sometimes people who experience psychiatric symptoms do not know the facts. They may blame themselves for their symptoms, think they cannot take care of themselves, or think that they can't be part of the community. This is called *self-stigma*.

You may have had these negative thoughts or feelings. It is important to fight self-stigma because it can discourage you and cause you to lose hope in your recovery.

Educate yourself about psychiatric symptoms and mental illnesses so that you can separate myths from facts. Consider joining a support group where you can meet different people who have experienced psychiatric symptoms. To find support groups, ask your IMR practitioner or contact:

Consumer Organization and Networking Technical Assistance Center (CONTAC)

PO Box 11000

Charleston, WV 25339

Phone: (888) 825-TECH

Phone: (304) 345-7312

Web site: <http://www.contac.org>

National Empowerment Center (NEC)

599 Canal Street

Lawrence, MA 01840

Phone: (800) 769-3728

Phone: (978) 685-1494

Web site: <http://www.power2u.org>

Correct misinformation without disclosing your own experience

Some day a co-worker might say, “People with mental illnesses are all dangerous.” You might decide to reply, “Actually, I read a long article that said that most people with mental illnesses are not violent. The media just sensationalizes certain cases.”

To learn more facts to help fight stigma, contact:

Chicago Consortium for Stigma Research

3424 State Street

Chicago, IL 60616

Phone: (312) 567-6751

Web site: <http://www.stigmaresearch.org>

National Stigma Clearinghouse

245 Eighth Avenue

Suite 213

New York, NY 10011

Phone: (212) 255-4411

Web site: <http://www.stigmanet.org>

SAMHSA’s Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center)

11420 Rockville Pike

Rockville, MD 20852

Phone: (800) 540-0320

Web site: <http://www.adscenter.org>

To fight stigma, you could correct misinformation without disclosing personal experience.

Selectively disclose your experience to fight stigma

Disclosing information about your own experience with psychiatric symptoms is a personal decision. It’s important to weigh the risks and benefits to you, in both the short and long term. Talking this over with someone in your support system might help.

People vary widely in whether they choose to disclose information about themselves and, if so, how much information they choose to disclose. 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 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 illnesses for educational or advocacy purposes.

To fight stigma, you might disclose 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 following:

- The Americans with Disabilities Act (ADA) makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation.
- The Fair Housing Act (FHA) 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, you might take a range of possible actions, depending on the situation.

First, consider speaking directly to the person involved. For example, if you need a reasonable accommodation on the job, talk with your employer. 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. If speaking directly with your employer does not work, talk to an expert to get advice, support, advocacy, mediation, and even legal help.

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

For example, if your employer is unresponsive to your request for accommodation, contact:

U.S. Equal Employment Opportunity Commission (EEOC)

1801 L Street, NW

Washington, DC 20507

Phone: (202) 663-4900

Phone: (800) 669-4000

Web site: <http://www.eeoc.gov>

If a landlord refused to rent an apartment to you because of your psychiatric symptoms, contact:

Office of Fair Housing and Equal Opportunity (FHEO)

Department of Housing and Urban Development

451 7th Street SW

Room 5204

Washington, D.C. 20410

Phone: (202) 708-1112

Web site: <http://www.hud.gov>

Q: What strategies have you used to combat stigma? Use the following exercise to record your answer.

Exercise: Strategies for Combating Stigma	
Strategy	I have used this strategy
Educating yourself about psychiatric symptoms and mental illnesses	☐
Correcting misinformation without disclosing your own experience with psychiatric symptoms	☐
Selectively disclosing your experience with psychiatric symptoms	☐
Becoming aware of your legal rights	☐
Seeking assistance if your legal rights are violated	☐
Other strategies _____ _____ _____ _____	☐



Illness Management and Recovery (IMR) Practitioner Guide

Topic 3: The Stress-Vulnerability Model and Treatment Strategies

Introduction	This topic helps consumers understand the Stress-Vulnerability Model of mental illness. It explains what causes mental illnesses and what factors affect their course. Based on the Stress-Vulnerability Model, several different treatment options are available to help consumers manage their mental illnesses and achieve recovery goals. Knowing about the causes and treatments for mental illnesses helps consumers make informed decisions and engages them actively in the treatment process.
Goals	■ Understand how stress and biological vulnerability contribute to the onset of mental health symptoms. ■ Understand the steps consumers can take to reduce the biological and stress factors that make symptoms worse. ■ Become familiar with different treatment options and decide which treatment options will help them achieve their personal recovery goals.
Handouts	Review and distribute IMR Handout—Topic 3: <i>Stress-Vulnerability Model and Treatment Strategies</i> (for both individual and group sessions).
Number and pacing of sessions	This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount.
Structure of the sessions	■ Socialize informally and identify any major problems. ■ Review the previous session. ■ Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework. ■ Set goals or follow up on goals. ■ Set the agenda for today's session. ■ Teach new material (or review materials from a previous session, if necessary). ■ Summarize progress made in the current session. ■ Agree on homework to be completed before the next session.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies

Topic 3: The Stress-Vulnerability Model and Treatment Strategies

Motivational strategies	Motivational strategies for this topic focus on helping consumers understand steps that they may take to improve the biological and stress factors that make symptoms worse. Keep in mind consumers' personal recovery goals. Identify how this information may help consumers achieve their personal goals. Develop an awareness of self-efficacy.
Educational strategies	Educational strategies for this topic help consumers understand the Stress-Vulnerability Model. The following educational strategies may be helpful: ■ Review the Handout by summarizing the main points or taking turns reading them aloud. ■ Pause at the end of each section to check for understanding and to learn more about the consumers' points of view. ■ Allow plenty of time for interaction. Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation. ■ Allow time to complete the exercises. Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers. ■ Break the content into manageable pieces. It is important not to cover more than consumers can absorb. Present information in small "chunks" at a comfortable pace. ■ Use the questions at the end of this Practitioner Guide to assess how well consumers understand the main points of this topic.
Cognitive-behavioral strategies	Cognitive-behavioral strategies help consumers use this information to think or behave differently. Some consumers may find the Stress-Vulnerability Model difficult to understand. At the end of each section of the Handout, use the discussion questions to help consumers think of ways they might apply the information. For example, after reading <i>What kinds of treatment options are there to choose from?</i>, some consumers may say that they have been interested in finding a job, but did not know about Supported Employment programs. Help them determine the steps for enrolling in a local Supported Employment program, practice how to talk with their manager about a program, or make a phone call to get information. Complete the exercises in the Handout. Follow through on identified strategies. For example, if consumers want to engage in a hobby as a way of dealing with stress, help them choose a hobby, determine if they have the necessary equipment, and plan when to engage in the hobby. Then role-play how consumers may carry out the strategy.

Topic 3: The Stress-Vulnerability Model and Treatment Strategies

Homework strategies

Ask consumers to do a homework assignment related to the topic. Ideas for homework assignments are as follows:

- Compile a list of stressful factors in your life.
- Talk with a family member or other supporter about the stress factors in either of your lives.
- Try at least one new coping skill during the week. Record your results from those attempts.
- Review and discuss the Handout with a family member or other supporter.
- Complete any exercises that you were unable to finish during the session.
- List some ways that you manage your symptoms. Add further ways to manage symptoms that you think are also worth trying.
- Identify steps to reduce or manage the stress in your life. Complete the exercises, *Working on Goals* or *Step-by-Step Problem-Solving and Goal Achievement*, to outline steps that you may take.

Topic 3: The Stress-Vulnerability Model and Treatment Strategies

Tips for common problems

Consumers may say that they do not have a mental illness and believe that they do not need treatment.

- Even when consumers 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 to reduce stress or cope with problems.
- Many consumers who do not think they have mental illnesses are comfortable talking about problems they are having and are interested in hearing ideas about how they might solve those problems. For example, if consumers report feeling isolated, they might want to hear about local support groups, consumer-operated clubhouse programs, or peer-support centers. Consumers who express an interest in working might want to hear about Supported Employment programs.

Some consumers say they don't want to make decisions about their treatment. They prefer practitioners make the decisions for them.

- Many consumers have had experiences in which they were discouraged from expressing their opinions and were not consulted about their preferences. It is important to ask consumers questions and elicit their opinions and comments about treatment. Show that you value what they have to say and emphasize the importance of making decisions collaboratively with others.
- Some consumers have had negative experiences with treatment in the past. Allow them time to talk about their experiences, but do not devote an entire session to dwelling on the past. Let consumers know that more treatment options are available now than before. For example, several more effective medications have recently been developed and new psychosocial programs are available.
- Do not pressure consumers to accept specific treatments, but actively encourage them to become aware of their options and to get involved in making their own choices. Emphasize that you would like to work with them to make treatment decisions that will help them achieve their goals, get on with life, and avoid previous negative experiences.

**Topic 3: The Stress-Vulnerability Model and Treatment Strategies****Review questions:** Use the following questions to review the main points from this topic.**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?

True/false questions and multiple-choice

True False

Scientists believe that biology and stress both play a part in causing symptoms.

☐ ☐

Everyone with mental illnesses benefits from exactly the same treatment.

☐ ☐

One way people can reduce their biological vulnerability to symptoms is to:

- Drink alcohol and take street drugs
- Take medications prescribed by the psychiatrist
- Read about the symptoms

☐ ☐
☐ ☐
☐ ☐

Two effective ways to cope with stress are the following:

- Exercise regularly
- Put pressure on yourself
- Drink a six-pack of beer
- Talk with friends or family members

☐ ☐
☐ ☐
☐ ☐
☐ ☐

Topic 3: The Stress-Vulnerability Model and Treatment Strategies

		True	False
	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	☐	☐

**Topic 3: The Stress-Vulnerability Model and Treatment Strategies****Introduction**

This topic helps consumers understand the Stress-Vulnerability Model of mental illness. It explains what causes mental illnesses and what factors affect their course. Based on the Stress-Vulnerability Model, several different treatment options are available to help consumers manage their mental illnesses and achieve recovery goals. Knowing about the causes of and treatments for mental illnesses helps consumers make informed decisions and engages them actively in the treatment process.

Goals

- Understand how stress and biological vulnerability play a role in causing symptoms.
- Understand the steps consumers can take to reduce the biological and stress factors that make symptoms worse.
- Become familiar with different treatment options and decide which treatment options will help them achieve their personal recovery goals.

Handouts

Review and distribute IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies* (for both individual and group sessions).

We recommend covering this topic in three sessions:

- Session 1: *What causes psychiatric symptoms?*
- Session 2: *Coping with a biological vulnerability*
- Session 3: *Understanding treatment options*

Structure of group sessions

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1½ hours.



Topic 3: The Stress-Vulnerability Model and Treatment Strategies

**Session 1:
What causes
psychiatric symptoms?**

How to begin

Review the following sections of IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies*:

- *Introduction*
- *What causes psychiatric symptoms?* (including *What are the biological factors in mental illness?* and *What are stress-factors in mental illness?*)

Session goal

Understand how stress and biological vulnerability play a role in causing symptoms.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to talk about what a *diagnosis* means and how medical people make one. We will also discuss where mental illnesses come from and how they might affect different people in different ways over their lifespan."
 - "Understanding these basic facts about mental illnesses is an important step for many people to move forward in their recovery."
- Teach material from the Handout.

Motivational strategies

- This topic area can be key to answering the common question: "Why should I learn about Illness Management and Recovery?"
- Help consumers consider that they can do some things to improve symptoms.
- Develop an awareness of self-efficacy.



Practitioner Guide**Topic 3: The Stress-Vulnerability Model and Treatment Strategies****Session 1:
What causes
psychiatric symptoms?****Educational strategies**

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.
- Review the Stress-Vulnerability Model Diagram at the end of the Handout to help consumers understand the model.

Cognitive-behavioral strategies

- Some consumers may find this model difficult to understand. Praise consumers for their movement toward grasping it such as seeing the similarities between ongoing medical illnesses and ongoing mental illnesses.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Compile a list of stressful factors in your own life.
- Talk with a family member or other supporter about the stress factors in either of your lives.

**Practitioner Guide****Topic 3: The Stress-Vulnerability Model and Treatment Strategies****Session 2:
Coping with a biological vulnerability**

How to begin	Review the following sections of IMR Handout—Topic 3: <i>The Stress-Vulnerability Model and Treatment Strategies</i> : ■ <i>What are the goals of treatment?</i>
Session goal	Understand the steps consumers can take to reduce the biological and stress factors that make symptoms worse.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last week we began to talk about the Stress-Vulnerability Model. We talked about how both our biological makeup and stressful life events are connected to the seriousness of symptoms." ■ "Today we're going to begin to address some ways to reduce the effects of our biological vulnerability and to better cope with the stress in our lives." ■ Teach material from the Handout.
Motivational strategies	■ Help consumers understand the steps they can take to reduce biological and stress factors. ■ Develop an awareness of self-efficacy.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives. Discuss the need to manage stress at times because we cannot always reduce it since stress is a natural part of life.

Practitioner Guide

Topic 3: The Stress-Vulnerability Model and Treatment Strategies

Session 2: Coping with a biological vulnerability

Cognitive-behavioral strategies

- Complete the exercises *Reducing Stress Checklist* and *Coping with Stress Checklist*.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Identify and practice one new coping skill. Record your results from those attempts.
- Review and discuss the Handout with a family member or other supporter.
- Complete any exercises that you were unable to finish during the session.



Illness Management and Recovery (IMR)
Practitioner Guide

Topic 3: The Stress-Vulnerability Model and Treatment Strategies

**Session 3:
Understanding treatment options**

How to begin

Review the following sections of IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies*:

- *What kinds of treatment options are there to choose from?*
- *What are some examples of people whose treatment choices work well for them?*
- *Summary of the main points about the Stress-Vulnerability Model and Strategies for Treatment.*

Session goal

Become familiar with different treatment options and decide which treatment options will help them achieve their personal recovery goals.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week we talked about various ways to reduce and cope with biological and stress factors that make symptoms worse."
 - "Today we will talk about the treatment choices to best serve your needs and some examples of treatment choices that others have found work for them."
- Teach material from the Handout.

Motivational strategies

By taking steps to reduce stress, consumers learn that they can improve their lives.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives. Review and discuss the *Treatment Options* chart.

Topic 3: The Stress-Vulnerability Model and Treatment Strategies

**Session 3:
Understanding treatment options**

Cognitive-behavioral strategies

- Praise consumers for considering new treatment options.
- Help consumers consider steps that they can take to reduce stress or manage vulnerability.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group when we start a new topic called *Building Social Support*."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them, if necessary; tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- List some ways that you manage your symptoms. Add further ways to manage symptoms that you think are also worth trying.
- Identify steps to reduce or manage the stress in your life. Use the exercises *Working on Goals* or *Step-by-Step Problem-Solving and Goal Achievement* to outline steps that you may take.
- Review and discuss the Handout with a family member or other supporter.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 3: The 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, in recovery from bipolar disorder

Introduction

This Handout describes a model for understanding the nature of psychiatric disorders, including factors that can influence the course of these disorders. According to the Stress-Vulnerability Model, psychiatric illnesses have a biological basis. This biological basis or vulnerability can be worsened by stress and substance use, but it 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.

What causes psychiatric symptoms?

Scientists do not yet understand exactly why some people have symptoms of mental illnesses 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 illnesses?

The term *biological vulnerability* refers to people who are born with or who, very early in life, acquire a tendency to develop an illness. For example, some people have a biological vulnerability to developing asthma. Others 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 illnesses, 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 linked to an imbalance 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 for developing mental illnesses. 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 illnesses.

Genetic factors play a part in whether someone is vulnerable to developing mental illnesses.

However, genetic factors do not explain everything about why some people develop mental illnesses. For example, many people with mental illnesses have no history of anyone else in their family experiencing 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.

Q: Are you aware of anyone in your family who has (or might have had) a mental illness?

What are stress factors in mental illnesses?

Scientists believe that stress also plays an important part in psychiatric symptoms. Stress can trigger the onset of symptoms or worsen them. Stress may play a particularly strong role in increasing the biological vulnerability to depression. For example, if people have lost a loved one, been the victim of a sexual or physical assault, witnessed a tragic event, or experienced other examples of extraordinary stressors, they may be more likely to become depressed.

How people experience stress is individual. In fact, what is stressful to one person may not be stressful at all to someone else. Here are some examples of situations that people commonly find stressful:

- Having too much to do such as being expected to complete several tasks in a short period of time;
- Having too little to do such as sitting around all day with no meaningful activities;
- Having tense relationships, where people often argue, express angry feelings, or criticize one another;
- Experiencing major life changes such as losing a loved one, moving away from home, starting a new job, getting married, or having a child;
- Experiencing financial or legal problems;
- Being sick or fatigued;
- Abusing drugs or alcohol;
- Being the victim of a crime; and
- Living in poverty or having poor living conditions.

Stress can worsen symptoms or may even trigger the onset of symptoms.

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 that you be willing to take on new challenges, which can be stressful.

It helps to be aware of times when you're under stress and to learn effective coping strategies. For more information, see IMR Handout—Topic 8: *Coping with Stress and Common Problems*.

Q: 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 must address both factors. The main goals of treatment are to:

- Reduce biological vulnerability;
- Reduce stress; and
- Cope with stress more effectively.

Reducing biological vulnerability

Medications help correct chemical imbalance that lead to symptoms. Different medicines treat different types of symptoms. It is your decision whether to take medication.

Medications are not perfect—they don't cure mental illnesses and they have side effects. Medications also help some people more than others. However, using medications is one of the most powerful tools we have to reduce or eliminate psychiatric symptoms and prevent relapses. For more information on medications, see IMR Handout —Topic 5: *Using Medication Effectively*.

Another way to reduce biological vulnerability is to avoid using alcohol and drugs. Alcohol and drug use affect neurotransmitters in the brain, which can aggravate symptoms and lead to 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.

Taking medications and avoiding drugs and alcohol use can reduce biological vulnerability.

Q: Have medications helped you reduce symptoms?

Q: Has avoiding (or decreasing) drug and alcohol use helped you reduce symptoms?

Reducing stress

People experience stress in their own way. 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, while others enjoy it.

In general, the following guidelines help reduce 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, volunteering, or pursuing hobbies.
- Maintain good health habits. Eat well, get enough sleep, and exercise regularly.
- Seek supportive relationships where you feel comfortable telling people what you feel and think.
- 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.

Q: What do you do to reduce stress? Use the following exercise to record your answer.

Exercise: 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 supportive relationships	☐	☐
Avoid situations with arguments and criticism	☐	☐
Give myself credit for talents and strengths	☐	☐
Other: _____	☐	☐
Other: _____	☐	☐

Coping with stress more effectively

Stress is a natural part of life and everyone experiences it. But when stress occurs, it helps to have some strategies for dealing with it so it will be less harmful to you. Consider using some of the following strategies for dealing with stress:

- Talk to someone about your feelings.
- Use relaxation techniques such as breathing deeply, meditating, picturing a pleasant scene, or using 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.
- Turn to 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, and 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.

Q: What strategies do you use for coping with stress? Use the following exercise to record your answer.

Exercise: Coping with 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
Talk to someone about my feelings	☐	☐
Use relaxation techniques	☐	☐
Use positive self-talk	☐	☐
Keep a sense of humor	☐	☐
Turn to 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?

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 must be able to make informed choices about treatment.
- You can gain a lot by receiving effective treatment.

Depending on your 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 common recovery goals and the treatment options that may help you move toward achieving them. This is only a partial list. For more options, see IMR Handout—Topic 10: *Getting Your Needs Met in the Mental Health System*.

Treatment Options	
Recovery goals	Treatment options to consider
Get support and knowledge from other people who have experienced psychiatric symptoms	■ Peer support groups ■ Psychosocial clubhouses ■ Group therapy
Solve some personal problems with help from a professional or group	■ Individual therapy ■ Group therapy
Find or maintain a medication that is effective for me	■ Psychiatrist ■ Medication group
Improve communication skills	■ Psychiatric nurse ■ Social skills training groups ■ Group therapy
Improve family relationships	■ Family psychoeducation ■ Family support groups
Increase daily activities	■ Psychosocial clubhouse ■ Psychiatric rehabilitation ■ Peer support groups
Get a job	■ Supported employment ■ Vocational rehabilitation ■ Volunteer programs

The more you learn about treatment,
the better the choices you can make.

What are some examples from people whose treatment choices work well for them?

Even when people have the same disorder, they may experience symptoms differently. Therefore, treatment choices vary widely depending on the person and what works for them. Following are some examples from people whose treatment choices have worked well for them.

Q: Which treatment options fit with your recovery goals?

Q: Which options are you currently using?

Q: Which would you like to try?

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 having symptoms and was told the diagnosis, I learned everything I could about it. It helped me 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.

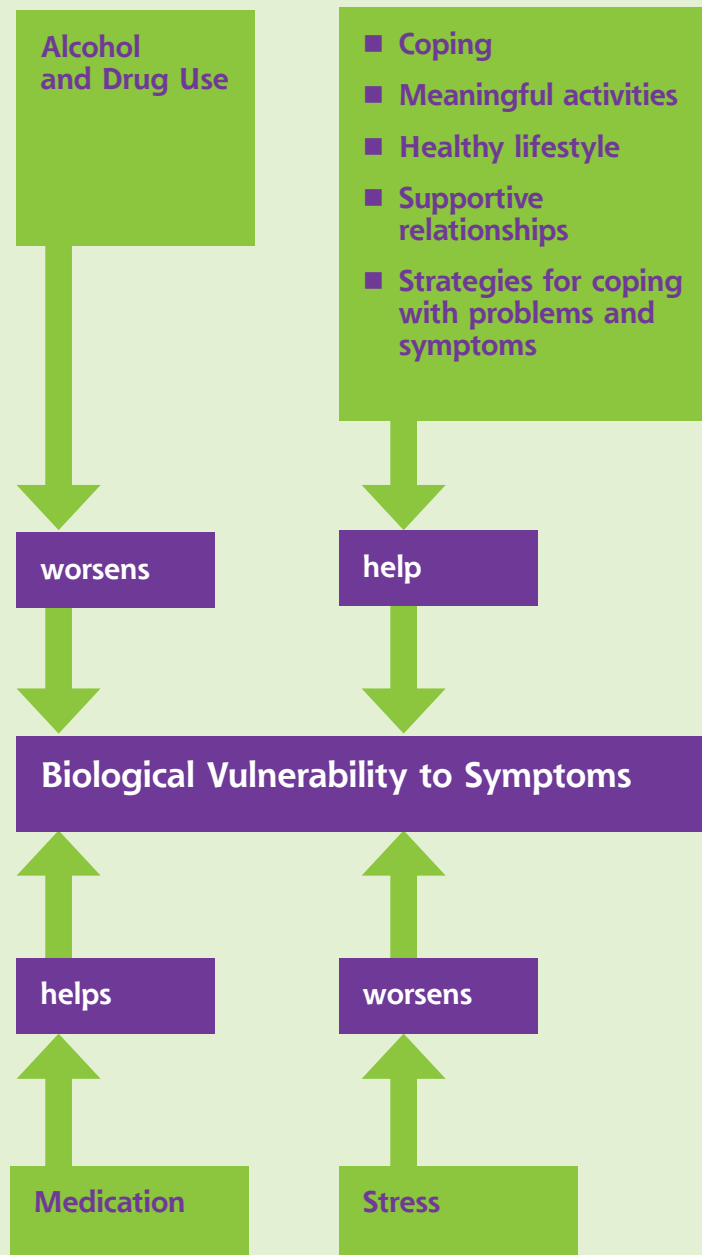
When I get stressed out, it helps me to sit down with my sketch pad and colored pencils and draw. I put the best drawings up on my wall. I also like to go to the art museums and see paintings and drawings. It takes my mind to a calmer place.

It's important to choose treatment options that work for you.

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 mental illnesses.
- Stress can worsen symptoms 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.
- Using medications and avoiding using drug and alcohol can reduce biological vulnerability.
- Reducing and coping effectively 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.

The Stress-Vulnerability Model Diagram



Illness Management and Recovery (IMR)
Practitioner Guide**Topic 4: Building Social Supports**

Introduction	According to the Stress-Vulnerability Model, stress contributes to the symptoms of mental illnesses. Having social support helps consumers cope with stress more effectively, which helps reduce relapse. Having family members or other supporters involved in relapse prevention plans can also help reduce relapse. This topic helps consumers evaluate their social supports, identify places where they might meet people, and develop strategies for increasing closeness in personal relationships.
Goals	■ Understand how social support can help consumers in their recovery. ■ Identify and practice strategies for connecting with people. ■ Identify and practice strategies for developing closer relationships with people.
Handouts	Review and distribute IMR Handout—Topic 4: <i>Building Social Supports</i> (for both individual and group sessions).
Number and pacing of sessions	This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount.
Structure of the sessions	■ Socialize informally and identify any major problems. ■ Review the previous session. ■ Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing the homework. ■ Follow up on goals. ■ Set the agenda for today's session. ■ Teach new material (or review material from the previous session, if necessary). ■ Summarize progress made in the current session. ■ Agree on homework to be completed before the next session.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies

Topic 4: Building Social Supports

Motivational strategies

Motivational strategies for this topic focus on helping consumers identify the benefits of having stronger social supports and helping them become confident so that they can be effective at increasing the number and quality of their relationships.

- **Review the personal goals identified in previous sessions.** Ask consumers how having strong social supports might help them achieve some personal goals. For example, if consumers have the goal of reducing alcohol use, having nondrinking friends could help them enjoy themselves without alcohol and fulfill their goals.
- **Discuss positive relationships that consumers have had.** Ask about the relationships and how they benefited from them.
- Some consumers may have had negative experiences with social relationships. **Express empathy, but focus on skills that will make relationships stronger in the future.** For example, consumers may have disclosed personal information too quickly in the past and the relationships may have ended in a distressing way. Use the information from the Handout to discuss levels of disclosure.
- **Evaluate the advantages and disadvantages of keeping or changing social support systems.** Some consumers have been isolated for years and reaching out to others may provoke anxiety.

Educational strategies

Educational strategies for this topic increase consumers' knowledge about the benefits of social support and strategies for increasing the number and quality of their relationships. The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers' points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small chunks at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points from this topic.

Topic 4: Building Social Supports

Cognitive-behavioral strategies

Cognitive-behavioral strategies help consumers actively practice and use skills to increase the number and quality of their relationships. When consumers are interested in changing their social support system, take a *shaping* approach and help them start with small steps to maximize the chances of success. For example, if consumers are interested in re-establishing a relationship with an estranged relative, it's a good idea to start with a small step such as sending a short, pleasant note to the relative.

Provide opportunities in sessions to role-play strategies for connecting with others or increasing closeness. In each session, help consumers plan how they might use strategies in their everyday lives. Modeling, role-playing, and rehearsing elements of their plan can help consumers follow through outside the session.

Several exercises are in IMR Handout—Topic 4: *Building Social Supports*. Use these exercises to help consumers apply the information from this topic:

- **Complete the exercise *What Does Social Support Mean to You?*** Help consumers identify how social supports help in their daily lives and how social supports can help them achieve a personal recovery goal.
- **Complete the exercise *Places to Meet People*.** Help consumers identify a place where they would like to meet people. Help them plan how they could actually go to that place. For example, if consumers would like to meet people at a fitness class, you could help them find the phone number and address of a YMCA or other health club where they could take classes. Role-play how they could start a conversation with someone in the class.
- **Complete the exercises *Strategies for Starting Conversations* and *Things You Can Say to Increase Closeness*.** Help consumers identify and practice strategies for conversations that will lead to more sharing. For example, if consumers want to practice expressing compliments, model how to give compliments or set up role-plays to practice giving compliments.
- **Complete the exercise *Things You Can Do to Increase Closeness*.** Help consumers identify and practice strategies for showing that they care about others. For example, if consumers want to try arranging an activity with someone to show they care, set up a role-play for them to practice asking someone to join them for a movie.
- **Complete the exercise *Levels of Disclosure in Personal Relationships*.** Help consumers identify someone with whom they would like to become closer. After they identify someone, set up a role-play for them to practice what they might say to someone at a higher level of disclosure.

Topic 4: Building Social Supports

Homework strategies

Ask consumers to do a homework assignment related to the topic. Ideas for homework assignments are as follows:

- Complete any exercises that you were unable to finish during the session. Try one or more of your ideas from these exercises.
- Try starting a conversation with someone using all six tips in your Handout. Plan this assignment by deciding where, with whom, and when to start a conversation.
- Try showing interest in another person during a daily interaction. Make a point to smile and nod during an interaction to show that you are listening or ask questions to show interest when interacting with someone you know.
- Ask a family member or other supporter to practice how you would start a conversation.
- Review and discuss the Handout with a family member or other supporter.

Tips for common problems

Some consumers have had unpleasant experiences with past relationships or with trying to develop new relationships.

Explore what happened in the past and identify some strategies that could lead to better results. For example, a consumer 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 to come up with some strategies that might help you get a more positive response from people in the future."

Some consumers may be shy about approaching others.

Encourage small steps such as smiling at people and saying, "Hello." When they feel more confident, encourage small talk. Set up as many role-plays as possible to help consumers rehearse what they can say to others. Encourage consumers to attend a social skills training group to get more practice and feedback from peers, if needed.

Some consumers may move too quickly when trying to establish close relationships.

Encourage consumers to get to know people gradually. Explore what happens when people share deeply personal information too early in a relationship. Help consumers develop skills for gauging other people's responses to them.

**Topic 4: Building Social Supports**

Review questions: Use the following questions to review the main points from this topic.

Open-ended questions

- Who are the supportive people in your life?
- Where could you 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?

True/false and multiple-choice questions

True False

When starting a conversation, it is a good idea to first think of some topics that might interest the other person.

☐ ☐

Multiple Choice

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 ☐

**Practitioner Guide****Topic 4: Building Social Supports**Multiple
Choice**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

**Topic 4: Building Social Supports****Introduction**

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

Goals

- Understand how social support can help consumers in their recovery.
- Identify and practice strategies for connecting with people.
- Identify and practice strategies for developing closer relationships with people.

Handouts

Review and distribute IMR Handout—Topic 4: *Building Social Supports* (for both individual and group sessions). We recommend covering this topic in seven sessions:

- Session 1: *Why is social support important?*
- Session 2: *Meeting new people*
- Session 3: *Starting a conversation with someone new, Part 1*
- Session 4: *Starting a conversation with someone new, Part 2*
- Session 5: *Things you can say to develop closer relationships*
- Session 6: *Things you can do to develop closer relationships, Part 1*
- Session 7: *Things you can do to develop closer relationships, Part 2*

Structure of group sessions

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.



Topic 4: Building Social Supports

**Session 1:
Why is social support important?**

How to begin

Review the following sections of IMR Handout—Topic 4: *Building Social Supports*:

- *Introduction*
- *What is social support?*
- *Why is social support important?*

Session goal

Understand how social support can help consumers in their recovery.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to talk about social support, how important it is to most people, and how it helps in recovery."
 - "We will also look at what social support means to you."
- Teach material from the Handout.

Motivational strategies

- Help consumers connect having strong social support and being able to fulfill their personal recovery goals.
- Praise steps consumers make in identifying strong social supports.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 4: Building Social Supports

Session 1: Why is social support important?

Cognitive-behavioral strategies

Cognitive-behavioral strategies help consumers actively practice and use strategies for increasing the number and quality of their relationships. When consumers are interested in changing their social support system, take a shaping approach and help them start with small steps to maximize the chances of success. For example, if consumers want to re-establish a relationship with an estranged relative, it's a good idea to start with a small step such as sending a short, pleasant note to the relative.

Role-play strategies for connecting with others or increasing closeness. Help consumers plan how they might use strategies in their lives. Role-playing elements of their plan can help consumers follow through outside the session.

Several exercises are in IMR Handout—Topic 4: *Building Social Supports* to help consumers apply this information in their own lives. For example, the exercise *What Does Social Support Mean to You?* may help consumers explore the importance of social supports.

Summarize the progress made in today's session. Praise all efforts. Say:

- We talked about many things today. What do you think some of the main points were? What helped you?"
- "People in the group did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Write down how social support could help you in your daily life or how it could help you achieve one of your personal recovery goals.
- Review and discuss the Handout with a family member or other supporter.
- Complete any exercise that you were unable to finish during the session.

**Topic 4: Building Social Supports****Session 2:
Meeting new people****How to begin**

Review the following sections of IMR Handout—Topic 4: *Building Social Supports*:

- *Increasing social support*
- *Strategies for connecting with people (including Good places to meet people)*

Session goal

Identify and practice strategies for connecting with people.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we talked about how important social support is in our lives. Today we are going to talk about some things that we can do to meet new people."
 - "In particular, we will focus on places to meet people."
- Teach material from the Handout.

Motivational strategies

For many people, taking the initiative to meet new people is frightening. Encourage consumers to find reasons to risk that activity. For example, "How might it help you meet new people?"

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 4: Building Social Supports

Session 2: Meeting new people

Cognitive-behavioral strategies

- Complete the exercise *Places to Meet People*. Encourage consumers to identify the places where they have met new people before. Brainstorm as many places as possible, including unique or quirky places.
- Help consumers identify the advantages and disadvantages of meeting new people.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group."

Homework strategies

- Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.
- Ideas for homework assignments are as follows:
- Using the exercise *Places to Meet People*, identify a specific place for each general category you checked. For example, if you checked the item "Museums," select a specific museum.
 - For at least one of the specific places you identified, find out more information about it such as address, hours, costs, activities offered, etc.
 - Select one place that you identified and found information about, and visit it.



Topic 4: Building Social Supports

**Session 3:
Starting a conversation
with someone new, Part 1**

How to begin	Review the following sections of IMR Handout—Topic 4: <i>Building Social Supports</i> : ■ <i>Tips for starting conversations</i> (the first three tips)
Session goal	Identify and practice strategies for connecting with people.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last week we talked about good places to meet people." ■ "Today we are going to talk about how you can start a conversation with someone new." ■ Teach material from the Handout.
Motivational strategies	Help consumers identify the benefits of meeting new people. Make connections to consumers' personal recovery goals.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives.
Cognitive-behavioral strategies	■ Using tips from the Handout, role-play with consumers how to start a conversation. ■ Summarize the progress made in today's session. Praise all efforts. Say: ■ We talked about many things today. What do you think some of the main points were? What helped you?" ■ "You did a great job today. I look forward to seeing you all at our next group."

Practitioner Guide

Topic 4: Building Social Supports

Session 3: Starting a conversation with someone new, Part 1

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Practice starting a conversation with someone using the first three tips in the Handout. Decide where, when, and with whom to talk.
 - Find someone who isn't occupied.
 - Think of an interesting topic to start the conversation.
- Ask a family member or other supporter to rehearse how you would start a conversation.

**Practitioner Guide****Topic 4: Building Social Supports****Session 4:
Starting a conversation
with someone new, Part 2**

How to begin	Review the following sections of IMR Handout—Topic 4: <i>Building Social Supports</i> : ■ <i>Tips for starting conversations</i> (the remaining tips)
Session goal	Identify and practice strategies for connecting with people.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Today we will continue to learn ways to start conversations with new people." ■ "We will learn how to show the other person we are interested, how to tune into what the other person is saying, and how to avoid telling very personal things about ourselves." ■ Teach material from the Handout.
Motivational strategies	■ Reinforce steps that consumers make toward being willing to risk connecting with new people, even if they are only thinking about it. ■ Help consumers make the connection between their goals and the ability to talk with other people.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 4: Building Social Supports

Session 4: Starting a conversation with someone new, Part 2

Cognitive-behavioral strategies

- Use the following steps to help consumers apply information from the six tips in IMR Handout—Topic 4: *Building Social Supports* for starting a conversation:
 - Review the tips and benefits of using them.
 - Model using the tip in a role-play.
 - Ask for consumers' feedback.
 - Engage a consumer in a role-play using the same situation.
 - Give positive feedback and one suggestion for how the role-play could be even better.
 - Engage the consumer in another role-play using the same situation.
 - Give additional feedback.
 - Engage other consumers in role-plays.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think was the main point or some of the main points? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Start a conversation with someone while using all six tips from the Handout. Plan this assignment by deciding where, with whom, and when to start a conversation.
- Show interest in another person during a daily interaction. Make a point to smile and nod during an interaction to show that you are listening. Ask questions to show interest when interacting with someone you know.
- Ask a family member or other supporter to help you rehearse the steps in the Handout for starting a conversation.

**Practitioner Guide****Topic 4: Building Social Supports****Session 5:
Things you can say to develop
closer relationships**

How to begin	Review the following sections of IMR Handout—Topic 4: <i>Building Social Supports</i> : ■ <i>Strategies for getting closer to people</i> (including <i>Things you can say to develop closer relationships</i>)
Session goal	Identify and practice strategies for developing closer relationships with people.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last week we talked about ways to show interest during a conversation with a new person and how to avoid talking about highly personal things early on when meeting people. This week we will talk about getting closer to people we already know." ■ "We will learn how to get to know more about people we have known for a while and how to gradually tell them more about ourselves." ■ Teach material from the Handout.
Motivational strategies	■ Help consumers identify reasons that they would want to become closer to people they already know. ■ Encourage them to imagine how their lives might be better if they had closer relationships.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 4: Building Social Supports

Session 5: Things you can say to develop closer relationships

Cognitive-behavioral strategies

- Use the following steps to help consumers apply strategies developing closer relationships:
 - Review the strategies and benefits of using them.
 - Model using the strategy in a role-play.
 - Ask for consumers' feedback.
 - Engage a consumer in a role-play using the same situation.
 - Give positive feedback and one suggestion for how the role-play could be even better.
 - Engage the consumer in another role-play using the same situation.
 - Give additional feedback.
 - Engage other consumers in role-plays.
- Complete the exercise *Things You Can Say to Increase Closeness* to help consumers apply information they learned.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Use at least one tip from the Handout and talk to someone you already know.
- Ask a family member or other supporter to help you rehearse one tip from the Handout.
- Using the exercise *Things You Can Say to Increase Closeness*, list the things you could say to someone based on one tip from the Handout.

**Practitioner Guide****Topic 4: Building Social Supports****Session 6:
Things you can say to develop
closer relationships, Part 1**

How to begin	Review the following sections of IMR Handout—Topic 4: <i>Building Social Supports</i> : ■ <i>Strategies for getting closer to people</i> (beginning with the subsection called <i>Things you can do to develop closer relationships</i>)
Session goal	Identify and practice strategies for developing closer relationships with people.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last week we talked about things to say to develop closer relationships. Today we are going to talk about things that you can do to develop closer relationships." ■ "We'll talk about understanding the other person's point of view, doing things together, and being willing to compromise." ■ Teach material from the Handout.
Motivational strategies	■ Help consumers to think about reasons they would want to be closer with people they already know. ■ Challenge them to think about how closeness in relationships can help them move toward goals that are important to them.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 4: Building Social Supports

Session 6: Things you can say to develop closer relationships, Part 1

Cognitive-behavioral strategies

- Encourage consumers to identify specific situations in their own lives where they could use the techniques described in this section of the Handout.
- Complete the exercise *Things You Can Do to Increase Closeness* to help consumers apply the information they learned.
- Role-play one of the tips under *Things you can do to develop closer relationships*.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think was the main point or some of the main points? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete the first three items in the exercise *Things You Can Do to Increase Closeness* and try one or more of the ideas you learned in today's class.
- Ask a family member or other supporter to help you rehearse one or more of the skills in the Handout.

**Practitioner Guide****Topic 4: Building Social Supports****Session 7:
Things you can do to develop
closer relationships, Part 2****How to begin**

Review the following sections of IMR Handout—Topic 4: *Building Social Supports*:

- *Strategies for getting closer to people* (beginning with the subsection called *Things you can do to develop closer relationships*)
- *Disclosing personal information to develop closer relationships*
- *Examples of social support*
- *Summary of main points about building social support*

Session goal

Identify and practice strategies for developing closer relationships with people.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we will learn two more ways to develop a closer relationship with people we already know. We will learn to show through our actions that we care about the person and to help the person out in times of need."
 - "We are also going to talk about ways you can gradually disclose personal information to develop closer relationships."
- Teach material from the Handout.

Motivational strategies

Challenge consumers to decide if they are satisfied with their relationships. If they are not, encourage them to imagine closer relationships.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 4: Building Social Supports

Session 7: Things you can do to develop closer relationships, Part 2

Cognitive-behavioral strategies

- Encourage consumers to identify specific situations in their lives where they could use the techniques to get closer to people.
- For the section, *Disclosing personal information to develop closer relationships*, use examples of conversation topics from which consumers can choose different levels of disclosure depending on the closeness of the relationship. Examples could include one's past mental health treatment or personal finances (such as amount of money in the bank and debts).
- Complete the exercises *Things You Can Do to Increase Closeness and Levels of Disclosure in Personal Relationships* to help consumers apply the information.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group when we will start a new topic called *Using Medication Effectively*."

Homework strategies

- Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.
- Ideas for homework assignments are as follows:
- List the kinds of things you could do to show someone you care. List examples of what you could do to help someone who needs help.
 - Ask a family member or other supporter to help you rehearse one or more of the skills from the Handout.
 - Identify someone with whom you want to be closer. Practice using at least one of the three skills you learned in today's class.
 - Complete any exercises that you were unable to finish during the session.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 4: Building Social Supports

“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, floral designer, in recovery from bipolar disorder

Introduction

This Handout discusses how to increase social support in your life. Having *social support* means that you feel connected to and cared for by other people. This is especially important to help you reduce stress and reduce relapses.

This Handout describes strategies for increasing the number of supportive people in your life and for getting closer to people you already know.

Social support means having relationships that are positive, rewarding, and helpful.

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 peacefully and effectively.

Social support systems vary widely and can come from relationships with a variety of different people, including the following:

- Family members;
- Friends;
- Peers;
- Spouses;
- Boyfriends and girlfriends;
- Co-workers;
- Members of religious or other spiritual groups;
- Classmates;
- Mental health practitioners; and
- Members of peer support groups.

Q: Which relationships do you find supportive?

Why is social support important?

Social relationships are an important part of people's lives. For many people, 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 IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies*, reducing stress can help reduce relapses.

People have their own 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.

Increasing social support

People are often interested in increasing their social support and improving their relationships with others. You can use two general strategies:

- Increase the number of people with whom you have contact; and
- Improve the quality of your relationships with people with whom you have regular contact.

Many people find it most helpful to combine both strategies.

Increase social support 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 toward increasing social support. To connect with people, you need to do the following:

- Find good places to meet people;
- Start conversations; and
- Be responsive to what the other person says.

Good places to meet people

You can meet people in all kinds of places. It helps to look for opportunities to meet people no matter where you are. While it is possible to meet people in many places, some places may be easier than others to meet people.

Good Places to Meet People

- Community organizations (libraries or civic associations)
- School or class
- Support groups
- Workplace
- Places where people gather for religious or spiritual activities (churches, temples, mosques, synagogues)
- Peer drop-in centers
- Health or exercise club (the YMCA or YWCA)
- Parks
- Museums
- Concerts
- Special interest groups (those related to politics, hobbies, sports, conservation, or recreation)
- Bookstores or coffee shops
- Volunteer programs

Q: Where have you met people before? Where would you like to go to meet new people? Use the following exercise to record your answer.

Exercise: Places to Meet People		
Places	I have gone here to meet people	I would like to go here to meet people
Community organizations	☐	☐
School or 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 or coffee shops	☐	☐
Volunteer programs	☐	☐
Other: _____ _____ _____	☐	☐



Tips for starting conversations

To get to know someone, it helps to be able to start conversations. Starting enjoyable conversations involves a combination of skills, including the following:

- Choosing someone who might be receptive to a conversation;
- Having something interesting to say; and
- Showing interest in the other person.

Here are some specific tips for conversation.

■ Find someone who isn't occupied.

Choose someone who isn't obviously occupied. If people are in the middle of doing something, they may not want to stop what they are doing to talk to you.

■ Choose an interesting topic.

The topic you choose could be related to something that you are doing when you start the conversation. For example, if you are in an art gallery, you could start a conversation about the paintings you are viewing. 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 talk 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, look somewhere close to their eyes such as their forehead or nose.

■ Smile and nod to show you are listening.

It helps to let people know that you are listening and are interested in what they are saying. Showing an interest in other people 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 other people say and responding to their comments lets them know that you are interested in their perspective. If the person you are talking to seems uninterested, change topics or politely end 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 other people feel uncomfortable and can make it harder to connect with them. When you get to know people better, they will feel more comfortable with conversations about more personal topics.

Start a conversation by finding someone who isn't occupied, choosing an interesting topic, and showing an interest in what the other person has to say.

Q: What strategies do you use when starting conversations? Which conversation strategies would you like to try? Use the following exercise to record your answers.

Exercise: Strategies for Starting Conversations		
Places	I already do this	I would like to try this or improve how I do this
Find someone who isn't occupied	☐	☐
Choose an interesting topic. For example: _____ _____	☐	☐
Look at the person	☐	☐
Smile and nod 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 relationships are ones in which each person cares about the other person's perspective and well-being.

To develop closer relationships with someone you already know consider the following:

- What you can say to the other person;
- What you can do with the other person (or for the other person); and
- How much and when to disclose personal information about yourself.

To be close to other people, it is important to be able to share more personal things about yourself and to be open to their sharing more personal things about themselves with you. It is also important to be willing to do things to help the other person.

Showing people that you care about them is part of being in a close relationship.

Q: Would you like to develop closer relationships with people? If so, with whom?

Things you can say to develop closer relationships

To develop closer relationships, it helps to:

- Express positive feelings;
 - Ask people questions about themselves; and
 - Gradually tell people more about yourself.
- **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. For more information about deciding when and what to tell about yourself, see the next few pages.

Q: 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? Use the following exercise to record your answers.

Exercise: 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 himself or herself		
Asking the person questions 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 helps to ask yourself questions such as these:

- What is the person feeling?
- What is the person thinking?
- "If I were in that person's shoes, what would I feel or think?"

When you think you understand someone's perspective, it can help if you confirm it with that person to see if you are correct. For example, if someone has been talking about their concerns about starting a new job, you might say, "From what you've said, it sounds as if 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 so you can think of things to do together.

■ Be willing to compromise

In close relationships, neither person can always have his own way. Being willing to compromise and negotiate shows that you are not selfish and that you care about the other person.

■ Show through your actions that you care

You can express caring feelings through actions as well as words. Let people know that you care by being helpful, by surprising them in unexpected and pleasant ways, and by investing 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 that person is an important sign that you care.

Develop closer relationships by showing an understanding of the other person's point of view, doing things together, compromising, and being there when needed.

Q: 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? Use the following exercise to record your answers.

Exercise: Things You Can Do to Increase Closeness		
Types of things you can say	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 through your actions that you care about the other person		
Be there for the other person and help out		
Other: _____ _____ _____		
Other: _____ _____ _____		

Disclosing personal information to develop closer relationships

Disclosure means telling someone personal information about yourself. As people get closer to one another, they reveal more about themselves. Deciding how much to tell someone can be a tricky decision. If you reveal 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, 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 his family background, the other person will usually follow by telling about the same amount about her own family background. You can start by matching the other person's level of disclosure and then gradually try to increase the level as you get to know each other better.

Developing close relationships involves gradually increasing the levels of disclosure between people.

It can help 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.

Q: Which of your relationships involve low levels of disclosure? Medium levels? High levels? Would you like to gradually increase the level of disclosure for any relationships? Use the following exercise to record your answers.

Exercise: Levels of Disclosure in Personal Relationships		
Level of disclosure	Relationships you have had at this level of disclosure	How satisfied are you with this level of disclosure?
Low		
Medium		
High		



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 one another 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.

It's important to develop a support system that works for you as an individual.

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 one another 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.

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.
- You can meet new people in many different places.
- 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 other people that you care about them is part of being in a close relationship.
- To develop closer relationships: express positive feelings, ask people questions about themselves, and gradually tell them more about yourself.
- Developing close relationships involves gradually increasing the levels of disclosure between people.
- It is important to develop a support system that works for you.



Illness Management and Recovery (IMR) Practitioner Guide

Topic 5: Using Medication Effectively

Introduction	This topic gives consumers an opportunity to learn more about medications and how they contribute to the recovery process. It encourages consumers to discuss both the benefits and side effects of taking medications and helps them make informed decisions based on their personal preferences. For consumers who have decided to take medications, the Handout also provides strategies to do so regularly and effectively.
Goals	■ Provide accurate information about medications for mental illnesses, including advantages and disadvantages. ■ Give consumers an opportunity to talk openly about their beliefs about medication and their experience with taking medications. ■ Help consumers weigh the advantages and disadvantages of taking medications. ■ Help consumers who have decided to take medications develop strategies for taking medication regularly and effectively.
Handouts	Review and distribute IMR Handout—Topic 5: <i>Using Medication Effectively</i> (for both individual and group sessions). This Handout discusses medications in general. If consumers are interested in specific types of medications, review and distribute one or more of the following: ■ IMR Handout—Topic 5a: <i>Antipsychotic Medications</i> ■ IMR Handout—Topic 5b: <i>Mood-Stabilizing Medications</i> ■ IMR Handout—Topic 5c: <i>Antidepressant Medications</i> ■ IMR Handout—Topic 5d: <i>Antianxiety and Sedative Medications</i> Furthermore, IMR Handout—Topic 5: <i>Using Medications Effectively</i> includes some information about side effects. For more information, review and distribute IMR Handout—Topic 5e: <i>Coping with Side Effects</i>.
Number and pacing of sessions	This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount.

Topic 5: Using Medication Effectively

Structure of the sessions	■ Socialize informally and identify any major problems. ■ Review the previous session. ■ Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing the homework. ■ Follow up on goals. ■ Set the agenda for today's session. ■ Teach new material (or review material from the previous session, if necessary). ■ Summarize progress made in the current session. ■ Agree on homework to be completed before the next session.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies
Motivational strategies	Encourage consumers to explore the advantages and disadvantages of taking medication from their own point of view. Consumers who believe that taking medications will improve their lives become motivated to take medications regularly. ■ Common motivations for taking medication include the following: ■ Decreasing symptoms, relapses, and rehospitalizations; ■ Increasing independent living; and ■ Improving relationships. ■ When teaching about medication, bear in mind the personal goals identified in earlier sessions. Explore whether taking medication could help consumers achieve one of their goals. For example, if consumers identify the goal of working but previously had difficulty keeping a job because of rehospitalizations, explore whether taking medications effectively might help prevent rehospitalizations and increase their ability to keep a job. ■ For each section in the Handout, use the discussion questions to explore consumers' experiences. For example, when reading the section, <i>How do you make informed decisions about medication?</i>, ask consumers if they felt they had enough information in the past to make informed decisions about taking medication. Ask whether their doctors listened to them and considered their concerns. ■ Show that you appreciate consumers' experiences and knowledge. Thank them for talking about their thoughts and feelings. Take breaks to summarize their comments and to make sure you have understood them correctly. Do not lecture or preach about medications. It is more effective to take a neutral, open-minded approach, helping consumers come to their own conclusions about what is best for them.

Topic 5: Using Medication Effectively**Educational strategies**

Educational strategies for this topic help consumers learn about medications, including both the advantages and disadvantages.

The primary message about medications is that they effectively decrease symptoms and prevent relapses for most consumers. The side effects of medications vary somewhat from one medication to another, but are generally quite safe. Consumer's response to medications is unique; they have a right to make their own decisions about medications.

The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers' points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small "chunks" at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points from this topic.

Topic 5: Using Medication Effectively

Cognitive-behavioral strategies

Complete the exercises in the Handout to help consumers apply this information to their own lives.

For each section of the Handout, help consumers think of ways they might use the information learned. For example:

- **For the section *How do you make informed decisions about medications?***, ask consumers about their experiences speaking with their doctors about medications. Review the box *Questions to ask your doctor about medication* and role-play how consumers might ask their doctor some of these questions.
- **For the section *What are the side effects of medication?***, ask consumers to identify medications they are currently taking and any side effects they have experienced. If consumers have not talked to their doctors about these side effects, role-play what they might say to their doctors.

For consumers who have been experiencing side effects, distribute and review IMR Handout—Topic 5e: *Coping with Side Effects*. Model and role-play how to use a particular strategy.

Behavior tailoring is one of the most important cognitive-behavioral strategies for helping consumers use medication more regularly and effectively. For consumers who have decided to take medication, review and rehearse behavioral tailoring strategies.

Homework strategies

Ask consumers to do a homework assignment related to the topic. Assign homework that is consistent with consumers' decisions about taking medication.

Ideas for homework assignments are as follows:

- Review and discuss the exercise *The Pros and Cons of Taking Medications* with a family member or other supporter. Discuss your views on taking medications.
- Review IMR Handouts—Topics 5a–d. Note which medications you took in the past and the benefits and side effects of each.
- Ask the doctor or nurse specific questions about medication.
- If needed, identify and practice a strategy for coping with side effects. Discuss the strategy with your doctor, practitioner, family member, or other supporter. When appropriate, ask for their involvement.
- If you have decided to take medications, identify and practice a behavioral tailoring strategy to help you take medications regularly and effectively. When needed, involve your doctor, practitioner, family member, or other supporter.

Topic 5: Using Medication Effectively

Tips for common problems

Consumers may say that they do not have mental illnesses and do not need medications.

- For some consumers, medications are a controversial topic. They may have strong beliefs about medications. Avoid directly challenging or arguing with consumers about medications. Instead of becoming adversarial, try to understand consumers' points of view.
- Although some consumers 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 consumers have had unpleasant experiences with medications.

- Sometimes consumers develop misconceptions about medications based on past experiences. Their beliefs may change when they have new or corrective information. For example, if consumers had a severe dystonic reaction to a high dose of antipsychotic medication in the past, they 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.
- Use the following strategies to correct misconceptions:
 - Provide accurate information;
 - Ask clarifying questions;
 - Use reflective listening;
 - Explore ambivalence about medication; and
 - Explore whether taking medications could help consumers achieve their goals.

**Topic 5: Using Medication Effectively**

Review questions: Use the following questions to review the main points from this topic.

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?
- If you decide to take medications, which strategies could you use to make sure that you take them regularly and effectively?

Multiple-choice and true/false questionsMultiple
Choice**Which of the following is a benefit of taking medications for mental illnesses**

- They reduce pain and swelling. ☐
- They improve psychiatric symptoms and prevent relapses. ☐
- They cure mental disorders. ☐

Which of the following is an example of a side effect of taking psychiatric medications?

- Drowsiness ☐
- Tooth decay ☐
- Hearing loss ☐

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 ☐

	True	False
It is a bad idea to ask the doctor or nurse questions about medications and how they will affect you.	☐	☐
Medication affects people in different ways.	☐	☐

**Topic 5: Using Medication Effectively****Introduction**

This topic gives consumers an opportunity to learn more about medications and how they contribute to the recovery process. It encourages consumers to discuss both the benefits and side effects of taking medications and helps them make informed decisions based on their personal preferences. For consumers who have decided to take medications, the Handout also provides strategies to do so regularly and effectively.

Goals

- Provide accurate information about medications for mental illnesses, including advantages and disadvantages.
- Give consumers an opportunity to talk openly about their beliefs about medication and their experience with taking medications.
- Help consumers weigh the advantages and disadvantages of taking medications.
- Help consumers who have decided to take medications develop strategies for taking medication regularly and effectively.

Handouts

Review and distribute IMR Handout—Topic 5: *Using Medication Effectively* (for both individual and group sessions). We recommend covering this topic in four sessions:

- Session 1: *The role of medication in managing symptoms*
- Session 2: *Identifying and responding to side effects*
- Session 3: *Making informed decisions about medication*
- Session 4: *Getting the best results from medication*

This Handout discusses medications in general. If consumers are interested in specific types of medications, review and distribute one or more of the following:

- IMR Handout—Topic 5a: *Antipsychotic Medications*
- IMR Handout—Topic 5b: *Mood-Stabilizing Medications*
- IMR Handout—Topic 5c: *Antidepressant Medications*
- IMR Handout—Topic 5d: *Antianxiety and Sedative Medications*

Furthermore, IMR Handout—Topic 5: *Using Medication Effectively* includes some information about side effects. For more information, review and distribute: IMR Handout—Topic 5e: *Coping with Side Effects*.

Topic 5: Using Medication Effectively**Structure of group sessions**

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.

**Topic 5: Using Medication Effectively****Session 1:
The role of medication
in managing symptoms****How to begin**

Review the following sections of IMR Handout—Topic 5: *Using Medication Effectively*:

- *Introduction*
- *Why is medication recommended as part of the treatment for mental illnesses?*
- *What are your personal beliefs about medication?*
- *What are the benefits of taking medication?*

Session goal

- Provide accurate information about medications for mental illnesses, including advantages and disadvantages.
- Give consumers an opportunity to talk openly about their beliefs about medication and their experience with taking medications.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to talk about the advantages of taking psychiatric medications."
 - "We will also talk about your experience and beliefs about taking medications, if you would like to share it."
- Teach material from the Handout.

Motivational strategies

- Understand medication as a possible critical aid to managing symptoms.
- Connect the benefits of medication to reaching personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 5: Using Medication Effectively

Session 1: The role of medication in managing symptoms

Cognitive-behavioral strategies

- Complete the discussion questions at the end of each section to help consumers apply the information in their own lives.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Review and discuss the Handout with a family member or other supporter.
- Review additional Handouts on medications (IMR Handout—Topics 5a–5d).

**Practitioner Guide****Topic 5: Using Medication Effectively****Session 2:
Identifying and responding
to side effects****How to begin**

Review the following sections of IMR Handout—Topic 5: *Using Medication Effectively*:

- *What are the side effects of medication?*
- *Why is medication so complicated?*
- *Which medications are used to improve psychiatric symptoms?*

Session goal

Help consumers weigh the advantages and disadvantages of taking medications.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we talked about the ways that medication can benefit us. Today we are going to talk about side effects that can result from medication."
 - "We will also identify ways to respond to the side effects that are experienced."
- Teach material from the Handout.

Motivational strategies

- Connect the beneficial effects of taking medication to pursuing personal recovery goals.
- Focus on managing the side effects of medication as a critical step to getting the most from medications.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 5: Using Medication Effectively

Session 2: Identifying and responding to side effects

Cognitive-behavioral strategies

Complete the exercises in the Handout to help consumers apply this information to their own lives.

- Use the following steps to help consumers apply information in the Handout for discussing side effects with their doctor:
 - Review the strategies and benefits of using them.
 - Model using the strategy in a role-play.
 - Ask for consumers' feedback.
 - Engage a consumer in a role-play using the same situation.
 - Give positive feedback and one suggestion for how the role-play could be even better.
 - Engage the consumer in another role-play using the same situation.
 - Give additional feedback.
 - Engage other consumers in role-plays.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete any exercises that you were unable to finish during the session.
- Review completed exercises with a family member or other supporter. Using the information from the Handout, discuss how you would report significant side effects to your doctor.
- Review and discuss the exercise *Side Effects from Medications I Have Used* with your doctor.

**Practitioner Guide****Topic 5: Using Medication Effectively****Session 3:
Making informed decisions
about medication**

How to begin	Review the following sections of IMR Handout—Topic 5: <i>Using Medication Effectively</i> : ■ <i>How do you make informed decisions about medication?</i>
Session goal	■ Help consumers weigh the advantages and disadvantages of taking medications. ■ Help consumers who have decided to take medications develop strategies for taking medication regularly and effectively.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last group we talked about the side effects of taking medication, including ways to respond to side effects." ■ "This week we are going to learn how people make informed decisions about taking medication." ■ Teach material from the Handout.
Motivational strategies	Help consumers identify the connection between making informed decisions about taking medications and achieving personal recovery goals
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 5: Using Medication Effectively

Session 3: Making informed decisions about medication

Cognitive-behavioral strategies

- Complete the exercises in the Handout to help consumers apply this information to their own lives.
- Give consumers opportunities to role-play how they might use strategies in their everyday lives. Role-playing elements of their plan can help consumers follow through outside the session.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - We talked about many things today. What do you think some of the main points were? What helped you?"
 - You did a great job today. I look forward to seeing you all in our next group.

Homework strategies

- Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.
- Ideas for homework assignments are as follows:
- Identify some questions about your medications to ask your doctor or nurse at your next appointment.
 - Complete any exercises you were unable to finish in the session.
 - Talk to a family member or other supporter about your decision regarding medications. Ask them for their opinion.

**Practitioner Guide****Topic 5: Using Medication Effectively****Session 4:
Getting the best results
from medication****How to begin**

Review the following sections of IMR Handout—Topic 5: *Using Medication Effectively*:

- *How do you make informed decisions about medication?* (beginning with the subsection called *If you decide to take medication, how can you get the best results?*)
- *Examples of individual experiences with medication*
- *Summary of main points about using medication effectively*

Session goal

Help consumers who have decided to take medication develop strategies for taking medication regularly and effectively.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we will learn specific strategies to help those of you who have decided to take medication, do so regularly and effectively."
 - "We will also hear about experiences that other people have had with their medication."
- Teach material from the Handout.

Motivational strategies

Connect using medication effectively to achieving personal recovery goals

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 5: Using Medication Effectively

Session 4: Getting the best results from medication

Cognitive-behavioral strategies

- Complete the exercise and the discussion questions in the Handout to help consumers apply this information in their own lives.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - We talked about many things today. What do you think some of the main points were? What helped you?"
 - You did a great job today. I look forward to seeing you all at our next group, when we start a new topic called *Drug and Alcohol Use*.

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- For consumers who have decided to take medication, identify and practice one or more strategies for using medication regularly and effectively.
- Review and discuss the Handout with a family member or other supporter.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 5: 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, in recovery from bipolar disorder

Introduction

This Handout discusses medications for psychiatric disorders. It gives you information about the effects of medications, including advantages and disadvantages, as well as strategies for getting the most out of medication.

We encourage you to make your own choices about taking medications.

Why is medication recommended as part of the treatment for mental illnesses?

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 less likely to have relapses.

In IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies*, 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 illnesses. Medications reduce biological vulnerability by helping correct the chemical imbalance in the brain, which leads to symptoms.

When people take medications as part of their treatment, they usually do the following:

- Experience symptoms less often or less intensely;
- Concentrate better and think more clearly;
- Fall asleep more easily and sleep more restfully; and
- Accomplish more of their goals.

Medications are some of the most powerful tools available for reducing symptoms and preventing relapses.

What are your personal beliefs about medication?

People have different beliefs about medication, based on their culture, family background, and individual experiences. Which of these quotations 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."
- ☐ "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."

People may have strong beliefs about medications that can interfere with their ability to make an informed decision.

It helps to be aware of your own beliefs about medications because they can interfere with your objectivity. 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 may not find out enough about how the medicine could help you.

Q: What do you think about medications?

What are the benefits of taking medication?

Medication has been found to help in important ways:

- Reducing symptoms during and after an acute episode of the illness; and
- Reducing the chances of having episodes in the future.

When the symptoms of mental illnesses are most severe and troublesome, the condition is usually described as a *relapse* or an *acute episode*. The experience of having relapses varies widely from person to person. Some people have only one or a few acute episodes, while others have more.

Medications can help reduce the severity of the symptoms during and after an acute episode. Sometimes medication 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 relapse

Taking medication regularly helps 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 does not cure mental illnesses and it does not guarantee that you will never have an acute episode again. However, for most people, taking medication regularly significantly reduces their risk of relapses and hospitalizations.

Taking medication can help reduce symptoms during an acute episode. When taken regularly, medication can reduce the risk of relapse.

Q: Have you had an experience where stopping medication worsened your symptoms or caused a relapse?

What are the side effects of medication?

Like drugs for treating other illnesses, medication for mental illnesses can cause undesired side effects. It is important that you are informed about both the potential benefits and side effects of the specific medications that have been prescribed for you.

Also, medication affects people in different ways. Some people may have only a few side effects or they may have none at all. Others who take 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, 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. Newer medications tend to have fewer and less severe side effects than older ones.

More serious side effects are associated with the older antipsychotic medications such as Haldol, Stelazine, and Thorazine.

If you recognize that you are experiencing side effects, 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 which side effects you can tolerate and which potential health risks you are willing to accept. When you have side effects, your doctor may advise you to do as follows:

- Reduce the dose of the medication;
- Add another medication for the side effect; or
- Switch to another medication.

Coping strategies for dealing with side effects may help reduce the discomfort or counteract the side effects. For more information about side effects and strategies for coping with them, ask your IMR practitioner for the IMR Handout—Topic 5e: *Coping with Side Effects*.

Q: What side effects from medications have you experienced? Use the following exercise to record your answers.

Exercise: Side Effects from Medications I Have Used		
Category of medication	Medication I used from this category	Side effects I had when taking this medication
Antidepressants		
Mood stabilizers		
Antipsychotics		
Antianxiety and sedatives		
Other category: _____ _____		

Q: What did you do when you had side effects?

Why is medication so complicated?

People respond to medication differently. 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 illnesses 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 with your doctor regularly 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 the recovery strategies you have learned such as going to self-help programs, exercising, maintaining a healthy diet, and avoiding stressful environments.

It can take time for you and your doctor to find the medication that is most effective for you.

To make an informed decision about medications, weigh the potential benefits (*the pros*) and the potential drawbacks (*the cons*) of taking them. Use the following exercise to summarize the information.

Exercise: The Pros and Cons of Taking Medication	
Pros of taking medication	Cons of taking medication

Which medications are used to improve psychiatric symptoms?

Four major categories of medications are commonly used to treat mental illnesses. The medications and their benefits are summarized on the following chart:

Different kinds of medications help different types of psychiatric symptoms. More than one medication may be required to treat those symptoms.

Exercise: Medications and Their Benefits	
Medication category	Possible benefits
Antidepressants	Can reduce the symptoms of depression, including the following: ■ Low mood ■ Poor appetite ■ Sleep problems ■ Low energy ■ Difficulty concentrating
Mood stabilizers	Can help reduce extremes of moods, including the following: ■ Mania ■ Depression
Antipsychotic medications	Can reduce the symptoms of psychosis, including the following: ■ Hallucinations ■ Delusions ■ Disorganized speech or behavior
Antianxiety and sedative medications	Can reduce the following: ■ Anxiety ■ Feeling overstimulated ■ Difficulty sleeping

Four major categories of medications help improve different types of psychiatric symptoms.

For more information about the types of available medications, ask your IMR practitioner for any of the following additional Handouts:

- Topic 5a: *Antipsychotic Medications*
- Topic 5b: *Mood-Stabilizing Medications*
- Topic 5c: *Antidepressant Medications*
- Topic 5d: *Antianxiety and Sedative Medications*

Keep in mind that new medications are being developed all the time. So talk to your doctor about which medications may have become available since these Handouts were written.

Q: Which medications have you taken? Which symptoms did the medications help you with?
Use the following exercise to record your answers.

Exercise: Benefits from Medications I Have Used		
Category of medication	Medication I used from this category	Side effects I had when taking this medication
Antidepressants		
Mood stabilizers		
Antipsychotics		
Antianxiety and sedatives		
Other category: _____ _____		



How do you make informed decisions about medication?

You need to make informed decisions about all treatment options, including medication. To decide about medication, learn as much as you can and weigh the benefits and drawbacks of taking medication.

Your doctor is vital to your decisionmaking process because he or she is an expert and has helped 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 with mental illnesses and what makes you feel better or worse.

Therefore, the best method for making a decision involves an active partnership between you and your doctor, using your expertise together. It helps to have some questions in mind when you are deciding about taking medication or switching medications.

The best way to make a decision about medication is to work in active partnership with your doctor.

Questions to Ask Your Doctor About Medication

- How will this medication help me? What will it help me with?
- How long does it take the medication to work? How long will it be before I feel some benefit?
- What side effects might I get from the medication? Are there any side effects from long-term use?
- What can be done if I experience 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: _____

Q: What questions would you like to ask your doctor about medications?

If you decide to take medication, how can you get the best results?

Many people find that it can be difficult to remember to take medications regularly. *Behavior tailoring* consists of the following strategies, which are designed to help you fit taking medications into your regular routine. Because everyone has a different routine, 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 benefits.

The fewer the medications you have to take and the fewer the number of times you have to take them each day, the easier it is to keep track of them. For instance, some medications are available in long-acting injectible forms that can be administered every 2 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 every day makes it easier to remember to take them. It also keeps the level of medication steady in your bloodstream, giving you maximum benefit throughout the day.

Example

"I take my pills every night before bed. This helps me sleep better and feel better the next day. If I skip a dose or if I take it the next morning, I don't feel as well."

■ Schedule taking medication into your daily routine.

It is often easier to remember to take medication if you do it with another daily activity such as the following:

- 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 themselves to take their medications regularly. Some examples of cues you could use are as follows:

- Using a pill container that is organized into daily doses;
- Using a calendar;
- Writing notes to yourself;
- Keeping the pill bottle next to an item that you use daily; and
- Asking a family member or other supporter to help you remember.

Example

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 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 checkmark on the date right after I take my medication.

■ Keep the benefits in mind.

Sometimes it helps to remind yourself why you have decided to take medications. Use the exercise Benefits from Medications I Have Used to help remind yourself.

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 avoid that.

If you decide to take medications, develop strategies for fitting them into your daily routine.



Q: If you take medication, what have you found that helps you get the best results? Would it help to try some of the strategies discussed? Use the following exercise to record your answers.

Exercise: Strategies for Getting the Best Results from Medication		
Strategy	I have used this strategy	I would like try this strategy
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: _____ _____ _____	☐	☐



Examples of individual experiences with medications

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 1 year. I hated that. Since I've been taking my medicine regularly for the past 2 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 relapse and I've been feeling fine since then. I check in with my doctor once a week, though, and we're keeping a close eye.

Example 3

My medicine helps 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.

Q: What has your experience with medications been?

Summary of the Main Points About Using Medication Effectively

- Medications are one of the most powerful tools available to reduce symptoms and prevent relapses.
- Taking psychiatric medications can help reduce symptoms during and after an acute episode. When taken regularly, they can reduce the risk of having relapses.
- Four major categories of medications help improve different types of psychiatric symptoms.
- Psychiatric medications can cause side effects.
- If you decide to take medications, it helps to develop strategies for fitting your medications into your daily routine.
- The best way to make a decision about medication is by working in active partnership with your doctor.
- It can take time for you and your doctor to find the medication that is most effective for you.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 5a: Antipsychotic Medications

Antipsychotic medications (sometimes called *major tranquilizers* or *neuroleptics*) are designed to reduce the symptoms of psychosis, including the following:

- False perceptions (*hallucinations*);
- False beliefs (*delusions*); and
- Confused thinking (*thought disorders*).

Some of the newer medications also help reduce negative symptoms, including lack of energy, motivation, pleasure, and emotional expressiveness.

Antipsychotic medications not only help reduce psychotic symptoms during and after acute episodes, but they also help prevent relapses and rehospitalizations. They are not addictive.

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 keep up to date with your doctor about which medications are available.

The following chart shows the brand names and chemical names of antipsychotic medications currently available. Use the blank spaces to fill 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, while 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 for you.

The main advantage of the newer generation of medications is that they cause very few of the muscle movement (*extrapyramidal*) side effects such as muscle stiffness, mild tremors, restlessness, and muscle spasms that the older generation medications caused. 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 newer ones do so even more.

Tardive dyskinesia, associated with long-term use of the older antipsychotic medications, is an undesirable neurological side effect. It causes abnormal muscle movements, primarily in the face, mouth, tongue, and hands. It ranges from mild to severe. Let your doctor know if you notice any abnormal muscle movements so that he or she can evaluate you 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, if blood tests are performed regularly to monitor white blood cell levels, Clozaril can be a very safe medication.

Treating side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, your doctor may recommend the following:

- Reducing the dose of the medication;
- Adding a medication to counter side effects; or
- Switching to another medication.

Your doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See IMR Handout— Topic 5e: *Coping with Side Effects* for a list of some of these coping strategies.

For more information about medication, see these web sites:

- <http://www.mentalhealth.com>
- <http://www.mentalhealth.about.com>



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 5b: Mood-Stabilizing Medications

"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

Mood-stabilizing medications help treat problems with extremes of moods, including mania and depression. They also help reduce acute symptoms and help prevent relapses and rehospitalizations. They are not addictive.

The following chart lists the most common mood stabilizers. Use the blank spaces to fill in the names of any new ones 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, be aware of possible side effects and contact your doctor as soon as you notice them.

Lithium

Although lithium is a natural chemical element such as oxygen or iron, it can be harmful if it is taken in too high a dose. To prevent this, your doctor must monitor the amount of lithium in your 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 the following:

- Fluidex with Pamabrom;
- Aqua-Ban;
- Tri-Aqua; or
- Aqua-rid.

Possible side effects of lithium include the following:

- Nausea;
- Stomach cramps;
- Thirst;
- Fatigue;
- Headache; and
- Mild tremors.

More serious side effects include the following:

- Vomiting;
- Diarrhea;
- Extreme thirst;
- Muscle twitching;
- Slurred speech;
- Confusion;
- Dizziness; or
- Stupor.

Tegretol and Depakote

Have regular blood tests to monitor the level of Tegretol and Depakote 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.

Possible side effects of Tegretol and Depakote include the following:

- Fatigue;
- Muscle aches 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 the following:

- Confusion;
- Fever;
- Jaundice;
- Abnormal bruising or bleeding;
- Swelling of lymph glands;
- Vomiting; and
- Vision problems (such as double vision).

Treating side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, your doctor may recommend that you do one of the following:

- Reduce the dose of the medication;
- Add a side effect medication; or
- Switch to another medication.

Your doctor may also suggest some things that you can do to help reduce discomfort or counteract side effects. See IMR Handout—Topic 5e: *Coping with Side Effects* for a list of some of these coping strategies.

For more information about medication, see these web sites:

- <http://www.mentalhealth.com>
- <http://www.mentalhealth.about.com>



Individual session



Group session

Topic 5c: Antidepressant Medications

Introduction

Antidepressant medications, or *antidepressants*, treat the symptoms of depression, including the following:

- Low mood;
- Low energy;
- Appetite problems;
- Sleep problems; and
- Poor concentration.

They help reduce acute symptoms and prevent relapses and hospitalizations. Antidepressants can also be effective for treating anxiety disorders such as panic disorder, obsessive-compulsive disorder, and phobias. They are not addictive.

The newer generation antidepressant 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. Use the blank spaces to fill in the names of any new antidepressants that become available.

Antipsychotic 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

Side effects of antidepressants

Not everyone has side effects when they take antidepressants, but be aware of them in case you do. Tell your doctor if you experience any of the following side effects:

The Side Effects of Antidepressants

■ Nausea	■ Weight gain
■ Vomiting	■ Constipation
■ Excitement	■ Heart palpitations
■ Agitation	■ Cardiac abnormalities
■ Headache	■ Insomnia
■ Sexual problems	■ Memory problems
■ Dry mouth	■ Over stimulation
■ Dizziness	■ Hypertensive crisis
■ Sedation	

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: The Symptoms of Mania Include:

■ Irritability	■ Grandiosity
■ Argumentativeness	■ Euphoria
■ Agitation	■ Hostility
■ Decreased need for sleep	■ Extreme goal-directed behavior
■ Excessive talking	■ Engagement in activities that are potentially harmful

If you experience these symptoms, notify your doctor immediately. Your doctor may lower your dosage of the medication or stop it altogether.

Precautions when taking Marplan and Nardil

If you take Marplan and Nardil, you should avoid many foods and drugs, including foods that are high in tyramine such as aged cheeses, aged meats (such as salami and pepperoni), and yeast extracts (except when baked into breads).

You should also avoid drinking beer, Chianti wine, sherry wine, and vermouth. Avoid taking certain medications such as Tegretol, Dopar, Sinemet, Demerol, Aldomet, Ritalin, decongestants, and stimulants. Get a complete list of drugs and foods to avoid from your doctor.

Although it is unusual, occasionally people develop carpal tunnel syndrome when they take Marplan or Nardil. This can be corrected by taking appropriate vitamin supplements.

Treating side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, your doctor may recommend that you do one of the following:

- Reduce the dose of the medication;
- Add a side effect medication; or
- Switch to another medication.

Your doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See IMR Handout— Topic 5e: *Coping with Side Effects* for a list of some of these coping strategies.

For more information about medication, see these web sites:

- <http://www.mentalhealth.com>
- <http://www.mentalhealth.about.com>

Topic 5d: Antianxiety and Sedative Medications

Introduction

Antianxiety and sedative medications help reduce anxiety and the feeling of being overly stimulated. Some of these medications also help people sleep. Unlike other medication for mental illnesses, these medications take only 1 to 2 hours to take effect. Also unlike other medication for mental illnesses, some antianxiety and sedative medications can be addictive. Long -term use should generally be avoided. If you use these medications, they should be carefully monitored.

The following chart lists the most common medications used for antianxiety and sedation. Use the blank spaces to fill in the names of any new medications that become available.

Note that some 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. 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	Buspirone
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. However, be aware of side effects in case you do have them. Talk to your doctor right away if you experience any.

The most common side effects are as follows:

- Over-sedation;
- Fatigue; and
- Problems with memory or other cognitive abilities.

Because of the sedating effect, you should limit drinking to no more than one alcoholic drink per week. You should also be cautious when driving.

As mentioned earlier, long-term use of some of these medications can lead to dependency.

Treating side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, your doctor may recommend that you do one of the following:

- Reduce the dose of the medication;
- Add a side effect medication; or
- Switch to another medication.

Your doctor may also suggest some things that you can do to help reduce discomfort or counteract side effects. See IMR Handout— Topic 5e: *Coping with Side Effects* for a list of some of these coping strategies.

For more information about medication, see these web sites:

- [http://www. mentalhealth. com](http://www.mentalhealth.com)
- <http://www.mentalhealth.about.com>



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 5e: Coping with Side Effects

The following chart lists some common side effects of different categories of medications and some suggestions for coping with them or counteracting them. These are just a few examples. Use the blank spaces to fill in additional strategies that you find useful.

Some side effects are more serious than others. Talk with your doctor and others in your support network if you experience medication side effects

Coping with Side Effects of Psychiatric Medications

Side effect	Blurry vision	Constipation	Dizziness	Drowsiness	Dry mouth
Strategy	For mildly blurry vision, talk to your doctor about getting reading glasses. Many people buy these inexpensively without a prescription at a local drug store.	Drink 6 to 8 glasses of water daily. Eat high-fiber foods such as bran cereals, whole grain breads, fruits, and vegetables. Do light exercise daily.	Avoid getting up quickly from a sitting or lying position.	Schedule a brief nap during the day. Get some mild, outdoor exercise such as walking. Ask your doctor about taking medication in the evening.	Chew sugarless gum, suck on sugarless hard candy, or take frequent sips of water.
Side effect	Extreme restlessness	Increased appetite and weight gain	Muscle stiffness	Sensitivity to the sun	Shakiness or tremors
Strategy	Find a vigorous activity that you enjoy such as gardening, jogging, skating, aerobics, sports, swimming, or bicycling.	Emphasize healthy foods in your diet such as fruits, vegetables, and grains. Cut down on sodas, desserts, and fast foods. Exercise regularly. Go on a diet with a friend or join a weight reduction program.	Try doing regular muscle-stretching exercises, yoga, or isometrics exercises.	Stay in the shade, use sunscreen, and wear protective clothing. Avoid going out at the sunniest time of day.	Avoid filling cups and glasses to the brim.

**Illness Management and Recovery (IMR)**
Practitioner Guide**Topic 6: Drug and Alcohol Use****Introduction**

This topic gives consumers information about the effects of alcohol and drugs on mental illnesses and how reducing or stopping the use of substances can help them achieve their recovery goals. It discusses the positive and negative effects of using substances to promote informed decisionmaking about substance use. Consumers who choose to stop using substances may develop a three-step personal sobriety plan to help them achieve their goal.

Goals

- Provide accurate information about the interactions between substance use and mental illnesses.
- Give consumers an opportunity to talk openly about positive and negative experiences using substances.
- Help consumers weigh the advantages and disadvantages of using substances.
- Help consumers who choose to stop using substances develop a personal sobriety plan to achieve their goal.

Handouts

Review and distribute IMR Handout—Topic 6: *Drug and Alcohol Use* (for both individual and group sessions).

Topic 6: Drug and Alcohol Use

Number and pacing of sessions	This topic can be covered in one to six sessions. The number and pacing of sessions will depend on consumers' use of substances and desire to change. ■ For consumers who have never used substances or who have not used them for a long time, one session is recommended. This session may focus on different types of substances, briefly review of the Stress-Vulnerability Model, and highlight the effects of substances on mental illnesses to reinforce consumers' choice not to use substances. ■ For consumers who have used substances but are not currently using them or have stopped in the past 6 months, two sessions are recommended. The first session may focus on the different types of substances and common reasons for using. Allow consumers to share their experiences in this session. The second session should address the Stress-Vulnerability Model and problems related to using substances. In this session, help consumers weigh the advantages and disadvantages of using substances. ■ For consumers who currently use substances, three to six sessions are recommended. The first three sessions can be paced as follows: ■ Session 1: Review different substance types and reasons for using ■ Session 2: Review the Stress-Vulnerability Model and problems associated with using ■ Session 3: Decide whether to continue using substances or not ■ For consumers who choose not to stop using substances, no more sessions on this topic are provided. ■ For people who choose to stop using, two to three more sessions are needed to complete a personal sobriety plan.
Structure of the sessions	■ Socialize informally and identify any major problems. ■ Review the previous session. ■ Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework. ■ Follow up on goals or set new goals. ■ Set the agenda for the current session. ■ Teach new material. ■ Summarize progress made in the current session. ■ Agree on homework to be completed before the next session.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies

Topic 6: Drug and Alcohol Use

Motivational strategies

Motivational strategies for this topic focus on helping consumers weigh the advantages and disadvantages of substance use and make an informed decision about their own substance use. Help consumers connect their own substance use and their ability to achieve personal recovery goals.

Avoid lecturing or preaching about alcohol or drugs. It is more effective to have an open mind and to help consumers reach their own conclusions about what is best for them.

Some consumers feel ashamed of their problems with substance use.

This can hinder them from talking. Empathize with consumers and avoid being judgmental to create an open and accepting environment in which substance use and its effects can be discussed. The following suggestions may be helpful:

- Give ample time for consumers to discuss some reasons they enjoy using substances (or have enjoyed them in the past). Many consumers are unwilling to consider negative effects of using substances before seemingly positive effects have been acknowledged. The more you understand the role that substances play in their lives, the more effectively you can help consumers develop new ways of getting their needs met.
- Help consumers weigh the advantages and disadvantages of using substances and explore how sobriety can help them pursue their personal recovery goals.
- Do not directly confront consumers about the consequences of their substance use. Instead, ask questions to encourage them to explore possible negative effects of using substances.
- Use the Stress-Vulnerability Model to help consumers consider ways to prevent problems that may develop in the future by limiting or avoiding substance use.

Consumers who have tried unsuccessfully in the past to control their use sometimes feel discouraged.

Empathize with consumers' difficulties. Encourage them by explaining that recovery from substance use problems often takes time. Praise all efforts. Let consumers know that every attempt brings them one step closer to achieving their goals.

Encourage consumers who have fully weighed the pros and cons of using substances and remain ambivalent to develop a personal sobriety plan. After the plan is developed, review whether they want to try it.

Accept the decision of consumers who clearly indicate that they do not want to stop using substances after weighing the pros and cons. Do not encourage these consumers to complete a sobriety plan. Respect their decisions and support them in their recovery in other ways.

Topic 6: Drug and Alcohol Use

Abstinence is clearly preferred to reducing substance use.

However, if consumers prefer to reduce their substance use, do not discourage them. Some consumers find it difficult to cut down, but the experience of trying leads them to conclude that stopping altogether is a more practical solution.

For consumers who wish to stop using substances, explore self-help groups such as Dual Recovery Anonymous and Alcoholics Anonymous. Offer to attend some self-help group meetings with them. If they do not wish to attend these groups, work with them to develop other social supports.



Topic 6: Drug and Alcohol Use

Review questions: Use the following questions to review the main points from this topic.

Open-ended questions

- What are some of the benefits of taking psychiatric medications?
- What are some reasons people enjoy using substances?
- What are some problems that are often associated with using substances?
- How does substance use affect psychiatric symptoms?
- What are some examples of common “high-risk” substance use situations?
- What suggestions would you give to someone who asked you how he or she could stop using substances.

Topic 6: Drug and Alcohol Use**True/false and multiple-choice questions**

True False

It is a bad idea to ask the doctor or nurse questions about medications and how they will affect you.

☐ ☐
Multiple
Choice**A common “positive” effect of drinking alcohol is feeling**
☐ Alert

☐
☐ Relaxed

☐
☐ Jittery

☐
Of the following problems, which one is NOT commonly associated with substance use?
☐ Conflict with family or friends

☐
☐ Legal issues

☐
☐ Having too much money

☐
People who have psychiatric illnesses
☐ Can be supersensitive to the effects of drugs and alcohol.

☐
☐ Can make medications more effective using drugs and alcohol.

☐
☐ Rarely drink or use street drugs.

☐

**Topic 6: Drug and Alcohol Use****Introduction**

This topic gives consumers information about the effects of alcohol and drugs on mental illnesses and how reducing or stopping the use of substances can help them achieve their recovery goals. It discusses the positive and negative effects of using substances to promote informed decisionmaking about substance use. Consumers who choose to stop using substances may develop a three-step personal sobriety plan to help them achieve their goal.

Goals

- Provide accurate information about the interactions between substance use and mental illnesses.
- Give consumers an opportunity to talk openly about positive and negative experiences using substances.
- Help consumers weigh the advantages and disadvantages of using substances.
- Help consumers who choose to stop using substances develop a personal sobriety plan to achieve their goal.

Handouts

Review and distribute IMR Handout—Topic 6: *Drug and Alcohol Use* (for both individual and group sessions). We recommend covering this topic in six sessions:

- Session 1: *Understanding drug and alcohol use*
- Session 2: *Substance use and the Stress-Vulnerability Model*
- Session 3: *Weighing the pros and cons of sobriety*
- Session 4: *Developing a sober lifestyle*
- Session 5: *Making a personal sobriety plan*
- Session 6: *Revising your personal sobriety plan and putting it into action*

Structure of group sessions

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.

Topic 6: Drug and Alcohol Use**Tips for common problems**

Note: Some consumers may not choose to reduce or stop using substances. Others may be confirmed non-users of drugs and alcohol. Help consumers remain motivated to attend all the sessions of this topic by supporting:

- Their desire to help other consumers move toward sobriety by modeling their own sobriety;
- Their interest in stopping or reducing the use of another substance such as caffeine or nicotine; and
- Their interest in substituting some other health-related concern such as weight, fitness, or medical problems.

Despite your best attempts, occasionally some consumers may indicate that they are unwilling to continue attending these sessions. Accept their decision. Offer the alternative of “independent study” in which they agree to spend their time away from the group to work on a personal goal or to learn more about an IMR topic in which they are interested. Customize an agreement in ways that motivate consumers. For example, consumers could report on their individualized activity to the entire group when they return. Use your creativity to inspire them.



Topic 6: Drug and Alcohol Use

**Session 1:
Understanding drug
and alcohol use**

How to begin

Review the following sections of IMR Handout—Topic 6: *Drug and Alcohol Use*:

- *Introduction*
- *Effects of commonly used substances*
- *Why do people use alcohol and drugs?*

Session goal

Provide accurate information about the interactions between substance use and mental illnesses.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals. Be alert for consumers who have already chosen some aspect of reducing substance use as a goal. Help them make the connection between their goal and what will be covered in this session.
 - Praise efforts toward goals. Adjust goals as needed.
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to discuss the effects of commonly used substances."
 - "We will also discuss some of the reasons that people use drugs and alcohol."
- Teach material from the Handout.

Motivational strategies

Help consumers understand that one important step toward recovery is making an informed decision about their use of drugs and alcohol.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives. Give consumers ample time to acknowledge the effects of using substances before considering the drawbacks.



Practitioner Guide

Topic 6: Drug and Alcohol Use

Session 1: Understanding drug and alcohol use

Cognitive-behavioral strategies

- Complete the exercise *Reasons for Using Alcohol or Drugs* to help consumers apply the information from this topic in their own lives. Acknowledge consumers' efforts to explore their own reasons for using substances.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete the exercise *Reasons for Using Alcohol or Drugs* if you were unable to finish it during the session.
- List the effects that you feel from using substances.
- Review and discuss the Handout with a family member or other supporter.

**Practitioner Guide****Topic 6: Drug and Alcohol Use****Session 2:
Substance use and the Stress-
Vulnerability Model****How to begin**

Review the following sections of IMR Handout—Topic 6: *Drug and Alcohol Use*:

- *Substance use and the Stress-Vulnerability Model*
- *What are some problems related to alcohol and drug use?*

Session goal

Provide accurate information about the interactions between substance use and mental illnesses.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we learned about the effects of alcohol and drug use and the common reasons that people use substances."
 - "Today we will look at the ways that alcohol and drug use especially affect many people with mental illnesses. We will also look at the unintended consequences that may result from alcohol and drug use."
- Teach material from the Handout.

Motivational strategies

- Help consumers explore how sobriety can help people pursue their personal recovery goals.
- Do not directly confront consumers with the consequences of their substance use. Instead, ask questions that encourage them to explore for themselves the possible negative effects.
- Summarize the progress made in today's session. Praise all efforts. Say
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "People in the group did a great job today. I look forward to seeing you all in our next group."

Practitioner Guide

Topic 6: Drug and Alcohol Use

Session 2: Substance use and the Stress- Vulnerability Model

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Describe situations in which you (or someone you know) had an increase in symptoms related to drinking or using drugs.
- List the members of your family who have had alcohol and drug problems at some point in their lives. Do this with a family member or other supporter, if possible.
- Complete the exercise *Negative Results from Drug or Alcohol Use* if you were unable to finish it during the session.

**Practitioner Guide****Topic 6: Drug and Alcohol Use****Session 3:
Weighing the pros and cons
of sobriety****How to begin**

Review the following sections of IMR Handout—Topic 6: *Drug and Alcohol Use*:

- *Weighing the pros and cons of using substances*
- *Deciding whether to cut down or stop using substances*

Session goal

- Give consumers an opportunity to talk openly about positive and negative experiences using substances.
- Help consumers weigh the advantages and disadvantages of using substances.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we talked about the unique ways that alcohol and drug use affects many people with mental illnesses. We also looked at the unintended consequences that may result from alcohol and drug use."
 - "This week we will explore the pros and cons of using substances."
- Teach material from the Handout.

Motivational strategies

Help consumers weigh the advantages and disadvantages of using substances and connect that decision to making progress toward personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 6: Drug and Alcohol Use

Session 3: Weighing the pros and cons of sobriety

Cognitive-behavioral strategies

- Complete the exercises in the Handout to help consumers apply the information from this topic in their own lives.
- Support consumers' efforts to weigh the pros and cons of using alcohol and drugs.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "People in the group did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- List the pros and cons of sobriety.
- Review and discuss the Handout with a family member or other supporter.
- Finish any exercises that you were unable to complete during the session.

**Topic 6: Drug and Alcohol Use****Session 4:
Developing a sober lifestyle****How to begin**

Review the following sections of IMR Handout—Topic 6: *Drug and Alcohol Use*:

- *Developing a sober lifestyle*
- *Examples of people who are achieving personal recovery goals*
- *Abstinence or cutting down?*

Session goal

Help consumers who choose to stop using substances to develop a personal sobriety plan to achieve their goal.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week you weighed the pros and cons of sobriety."
 - "This week we will identify important steps to achieving sobriety. To help us accomplish those steps, we will start working on identifying the important ingredients to developing a personal sobriety plan."
- Teach material from the Handout.

Motivational strategies

- Convey hope and confidence that consumers will overcome the setbacks that can arise as they work to reduce their use of alcohol and drugs.
- When necessary, revisit the exercise *Pros and Cons of Sobriety* to remind consumers why they decided to cut down or stop using substances.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Topic 6: Drug and Alcohol Use

**Session 4:
Developing a sober lifestyle**

**Cognitive-behavioral
strategies**

Use the following steps to help consumers apply information from the Handout

- Help consumers identify a strategy to remind themselves of their reasons for cutting down or not using substances. Strategies include the following:
 - Self-talk;
 - Remembering the connection between sobriety and personal recovery goals; and
 - Talking to others about the reasons not to use substances.
- Discuss steps for using the specific strategy. For example, self-talk includes:
 - Deciding on a positive statement;
 - Repeating the statement aloud or silently; and
 - Identifying situations where the strategy may be used.
- Model using the strategy in a role-play.
- Ask for consumers' feedback.
- Engage a consumer in a role-play using the same situation.
- Give positive feedback and one suggestion for how the role-play could be even better.
- Engage the consumer in another role-play using the same situation.
- Give additional feedback.
- Engage other consumers in role-plays.
- Record any "developing a sober lifestyle" strategies consumers mention to use in the next session in their personal sobriety plan. Reinforce behavior that consumers make toward involving others in their plan.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you next week."

Practitioner Guide

Topic 6: Drug and Alcohol Use

Session 4: Developing a sober lifestyle

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Discuss the “developing a sober lifestyle” strategies with a family member or other supporter.
- Practice a strategy to remind yourself of the reasons you decided to reduce or stop using substances.

**Topic 6: Drug and Alcohol Use****Session 5:
Making a personal sobriety plan**

How to begin	Review the following sections of IMR Handout—Topic 6: <i>Drug and Alcohol Use</i> : ■ <i>Make a personal sobriety plan</i>
Session goal	Help consumers who choose to stop using substances develop a personal sobriety plan to achieve their goal.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last week we identified strategies to develop a sober lifestyle." ■ "This week we will develop a specific plan to reach sobriety goals by listing those strategies on a personal sobriety plan." ■ Teach material from the Handout.
Motivational strategies	■ Encourage consumers who decide to cut down on substance use as well as those whose goal is sobriety. ■ Continue to convey hope and confidence that consumers will be able to make informed decisions about substance use.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives.

Topic 6: Drug and Alcohol Use

**Session 5:
Making a personal sobriety plan**

Cognitive-behavioral strategies

- Use the following steps to help consumers apply strategies for dealing with high-risk situations:
 1. Help consumers identify a strategy they would like to use to respond to a high-risk situation. Review the strategy and the benefits of using it;
 2. Discuss the steps for using the specific strategy;
 3. Model using the strategy in a role-play;
 4. Ask for consumers' feedback;
 5. Engage a consumer in a role-play using the same situation;
 6. Give positive feedback and one suggestion for how the role-play could be even better;
 7. Engage the consumer in another role-play using the same situation;
 8. Give additional feedback; and
 9. Engage other consumers in role-plays.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at the next session."

Homework strategies

- Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.
- Ideas for homework assignments are as follows:
- Discuss your personal sobriety plan with a family member or other supporter. Bring their comments and suggestions to the next session to help you revise your plan; and
 - Complete any exercises that you were unable to finish during the session.

**Practitioner Guide****Topic 6: Drug and Alcohol Use****Session 6:
Revising your personal sobriety
plan and putting it into action**

How to begin	Review the following sections of IMR Handout—Topic 6: <i>Drug and Alcohol Use</i> : ■ <i>Recovery from substance use problems</i>
Session goal	Help consumers who choose to stop using substances develop a personal sobriety plan to achieve their goal.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last week we made personal sobriety plans." ■ "This week we will revise the plans based on the feedback you received in the past week. We will also begin to put those ideas into action." ■ Teach material from the Handout.
Motivational strategies	■ Connect consumers' use of new sobriety strategies with making progress toward achieving personal recovery goals. ■ Praise consumers' efforts in developing sobriety strategies.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 6: Drug and Alcohol Use

Session 6: Revising your personal sobriety plan and putting it into action

Cognitive-behavioral strategies

- Discuss new ideas and strategies consumers have developed to help reach their sobriety goals over the past week.
- Revise personal sobriety plans.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group when we start a new topic called *Reducing Relapses*."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Put a step of your personal sobriety plan into action;
- Give a copy of your personal sobriety plan to a family member or other supporter. Discuss how they may support you in achieving your goals; and
- Put copies of your personal sobriety plan in places that will help you use the plan.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 6: Drug and Alcohol Use

“I used to drink and take drugs to cope with life. Before I knew it, alcohol and drugs became my life. That’s not what I wanted.”

Keith, part-time bike messenger, in recovery from schizophrenia and alcohol abuse

Introduction

Using alcohol—drinking a beer, a glass of wine, or a mixed drink—is common in modern society. Similarly, using certain types of street drugs such as marijuana, cocaine, amphetamines (*speed*), and hallucinogens such as LSD and ecstasy is also common.

Although using these types of substances can make people feel good, they can also cause problems and make it more difficult for people to manage their mental illnesses.

This Handout focuses on the effects of drug and alcohol use on mental illnesses and other parts of life and gives you strategies for reducing these effects.

Identifying effects and commonly used substances

It helps to understand what people commonly experience when they use alcohol and drugs. The following table lists both the positive and negative effects of alcohol and drugs.



Effects of Commonly Used Substances

Substance type	Examples	Positive effects	Negative effects
Alcohol	■ Beer ■ Wine ■ Gin ■ Whiskey ■ Vodka ■ Tequila	■ Relaxation ■ Lighter mood	■ Slower reaction time ■ Drowsiness ■ Socially embarrassing behavior ■ Use of illicit drugs ■ Physical health problems
Cannabis	■ Marijuana ■ Hash ■ THC	■ Relaxation ■ "High" feeling	■ Slower reaction time and poor coordination ■ Apathy and fatigue ■ Paranoia ■ Anxiety or panic feelings ■ Increased appetite ■ Poor attention, concentration and memory ■ Visual distortions
Stimulants	■ Cocaine ■ Amphetamines	■ Alert feeling ■ Euphoria, good feelings	■ Anxiety ■ Paranoia and psychosis ■ Sleeplessness ■ Agitation
Hallucinogens	■ LSD ■ Ecstasy ■ Peyote ■ Mescaline	■ Heightened sensory awareness ■ Feeling of well-being	■ Bad "trips" ■ Psychotic symptoms
Opiates	■ Heroin ■ Opium ■ Morphine ■ Vicodin ■ Demerol ■ Oxycontin	■ Feeling of well-being ■ Relaxation ■ Reduced pain sensitivity	■ Drowsiness ■ Highly addictive ■ Risk of overdose
Inhalants	■ Glue ■ Aerosols ■ Paint	■ "High" feeling	■ Severe disorientation ■ Toxic/brain damage
Caffeine	■ Coffee ■ Some teas ■ Some sodas	■ Alert feeling	■ Feeling jittery ■ Can interfere with sleep
Nicotine	■ Smoking ■ Chewing tobacco	■ Alert feeling ■ Alert feeling ■ Good feeling	■ Causes many health problems such as gum disease, high blood pressure, emphysema, and many types of cancers
Benzodiazepines (Antianxiety medication)	■ Valium ■ Xanax ■ Klonopin ■ Ativan	■ Reduced anxiety ■ Relaxation	■ Rebound anxiety when medication wears off ■ Loss of inhibition and coordination ■ Dulled senses

Looking at why people use alcohol and drugs

People have used mind-altering substances such as alcohol for thousands of years—since the beginning of civilization. People use alcohol and drugs for a number of different reasons:

■ To socialize

Sometimes people use substances in social situations, just for fun. Alcohol and other substances are also sometimes used to celebrate holidays (New Year's Eve or the Fourth of July) or a special occasion (a birthday, anniversary, or job promotion). Some people drink or use drugs to be accepted by others, to have friends, and to avoid loneliness.

■ To improve their mood

Another reason some people use alcohol or drugs is simply that those substances make them feel good, at least temporarily. Some substances make people feel more alert and energetic. Others make people feel tranquil and satisfied or alter their perceptions of the world around them.

■ To cope with symptoms

Yet another reason people use alcohol and drugs is to cope with negative feelings or troubling symptoms. Some people use substances to deal with feelings of depression or anxiety. Others may use them to escape from hearing voices or other hallucinations. Some people use substances to help fall asleep when they have trouble sleeping. Others may use substances because they help focus their attention.

■ To distract themselves from problems

People may also use substances as a way of distracting themselves from problem situations or unpleasant parts of their lives. For example, some people use alcohol or drugs to distract themselves when they are having conflict with others, when they are under high levels of stress, when they are dissatisfied with parts of their lives (such as not working, not having a nice place to live, or not having good friends), or when they are unhappy with themselves. For these people, substance use provides a temporary escape from life's problems.

■ To have something to do

Some people look forward to using substances because it has become part of their daily routine. Everyone needs to have things to care about and to look forward to doing. For some people, this includes using alcohol or drugs. For these people, using alcohol or drugs is more than just a habit; it is part of their lifestyle and an important part of how they live each day. Others have too much free time and slip into using drugs and alcohol as a way to pass the time.

People use substances for many reasons.

Q: What are some reasons that you use substances (or have used them in the past)? Use the following exercise to list the substances you use. Check your reasons for using them.

Exercise: Reasons for Using Alcohol or Drugs			
Reason for using	Substance 1: _____	Substance 2: _____	Substance 3: _____
Feeling less depressed	☐	☐	☐
Feeling "high"	☐	☐	☐
Feeling more alert	☐	☐	☐
Feeling good	☐	☐	☐
Reducing pain	☐	☐	☐
Reducing anxiety	☐	☐	☐
Coping with hallucinations	☐	☐	☐
Altering my senses	☐	☐	☐
Sleeping better	☐	☐	☐
Distracting myself from problems	☐	☐	☐
Coping with symptoms	☐	☐	☐
Feeling sociable	☐	☐	☐
Having something to do with friends	☐	☐	☐
Having something to do every day	☐	☐	☐
Celebrating	☐	☐	☐
Avoiding boredom	☐	☐	☐
Giving in to peer pressure	☐	☐	☐
Other: _____ _____ _____	☐	☐	☐

Learning about substance use and the Stress-Vulnerability Model

Using alcohol and drugs is common. However, these substances can interfere with people's ability to manage their mental illnesses. The Stress-Vulnerability Model explains how using substances can worsen the symptoms of mental illnesses.

Although we do not yet know what causes the symptoms of mental illnesses, we do know that alcohol use, drug use, and stress make symptoms worse. Symptoms may be reduced through the following:

- Medications;
- Effective coping;
- Social support; and
- Meaningful activities.

Alcohol and drug use can worsen symptoms and cause relapse. Substance use can also interfere with medications, making them less effective at reducing symptoms and preventing relapse.

Some people with mental illnesses are particularly sensitive to the effects of alcohol and drugs. Even small amounts of alcohol or drugs can cause problems.

Understanding some problems related to alcohol and drug use

Understanding both the positive and negative effects of using substances can help you decide whether to change your habits. Some of the common problems related to drug and alcohol use include:

■ Increased symptoms or relapses

Using substances can bring on symptoms or worsen them. Common symptoms worsened from using substances include depression, anxiety, hallucinations, delusions, and thinking difficulties. Sometimes increases in symptoms can lead to relapse and re-hospitalization.

■ Social problems

Substance use can cause you to have conflicts with other people. People may disagree about your substance use or may be worried that you use too much. Substance use can also make you harder to get along with and less predictable. For example, you may be irritable because you crave substances or you may come home late because you were using substances.

Using substances can result in other social problems as well. Sometimes people are unable to meet social expectations—being good parents, keeping the house clean, or preparing family meals—because they use substances.

Using substances can also cause problems related to hanging out with the wrong types of people. For example, using substances with others may increase your chances of being arrested because of their illegal behavior, being evicted from housing, or being taken advantage of either sexually or financially. People may act as if they are your friends, but they may do so only because you have something they want such as your money or your apartment.

■ Difficulties at work or school

Using drugs and alcohol sometimes interferes with work. You may have difficulty focusing at work and doing your job well. Or you may be late or absent from work because you used substances the night before. Using substances can also make it hard to focus on schoolwork and can contribute to dropping out of school.

■ Daily living problems

Sometimes when people use substances they have a harder time taking care of themselves. They may not shower, brush their teeth, or keep up their appearance as they ordinarily would. People sometimes do not eat well when they use substances. They may not take care of their living space such as their room or apartment.

■ Legal problems

Using substances can cause legal problems. Driving under the influence of alcohol or drugs is against the law and can result in severe penalties. You can also be arrested for possessing illegal drugs.

Drug and alcohol use can cause other legal problems as well. Sometimes parents with substance use problems have their children taken away or they face restrictions on their ability to see or take care of their children. Using disability money, such as SSI or SSDI, on drugs or alcohol can lead to restrictions on access to that money and can result in needing a representative payee (or some other legal representative) to manage that money.

■ Health problems

Using substances can lead to a variety of health problems. Long-term alcohol use can produce many problems, including liver problems such as cirrhosis. Using some substances such as cocaine, heroin, and amphetamines is linked to infectious diseases such as hepatitis C and the HIV virus. These are blood-borne diseases that can be spread through exposure to an infected person's blood, usually by sharing needles (*injecting*) or straws (snorting) when using these drugs.

People with substance use problems often neglect taking care of chronic health conditions such as diabetes and heart disease. Because of the physical effects of using substances and neglecting your health, substance use can shorten your lifespan.

■ Safety problems

Sometimes people use substances in situations that are unsafe. For example, driving or operating heavy machinery while under the influence of alcohol or drugs can be dangerous. Also, people sometimes put themselves at risk to obtain substances such as going to bad neighborhoods or associating with people who may take advantage of them or harm them.

■ Psychological dependence

When someone spends a great deal of time using substances and gives up other activities, they may be *psychologically dependent* on the substance. People who develop a substance use dependence often use more of the substance than they intended. They may have repeatedly tried to stop using the substance unsuccessfully in the past.

■ Physical dependence

When people use substances frequently, they may need to take larger amounts to get the same effect because they develop a tolerance to the substance. They may also experience withdrawal symptoms such as feeling shaky or nauseous when they stop using the substance. These are symptoms of *physical dependence*.

Using Substances Can Cause Many Problems

- Increased symptoms or relapse
- Social problems
- Difficulties at work and school
- Daily living problems
- Legal problems
- Health problems
- Safety problems
- Psychological or physical dependence

Q: Are you experiencing problems related to using substances (or have you in the past)? Use the following exercise to explore negative results from drug and alcohol use.

Exercise: Negative Results from Drug or Alcohol Use

List substances that you commonly use. Check the negative results that you have had from using the substances

Negative results	Substance 1: _____	Substance 2: _____	Substance 3: _____
I have relapses	☐	☐	☐
I was hospitalized	☐	☐	☐
My symptoms got worse	☐	☐	☐
I had conflicts with others	☐	☐	☐
People complained about my use	☐	☐	☐
I got more irritated at others	☐	☐	☐
People couldn't count on me	☐	☐	☐
I lost friends	☐	☐	☐
I hung out with a bad crowd	☐	☐	☐
People took advantage of me	☐	☐	☐
I didn't take good care of myself	☐	☐	☐
I spent too much money	☐	☐	☐
I had legal problems	☐	☐	☐
I had health problems	☐	☐	☐
I lost housing	☐	☐	☐
I did unsafe things	☐	☐	☐
I had problems with my job	☐	☐	☐
Alcohol and drugs took over my life	☐	☐	☐
My relationships suffered	☐	☐	☐
Other: _____	☐	☐	☐

Weighing the pros and cons of using substances

Deciding to stop using alcohol and drugs can be a difficult decision to make. Using substances has some positive aspects but negative aspects exist as

well. One way to help decide whether to use alcohol and drugs is to list all the pros (*advantages*) and all the cons (*disadvantages*) of using substances.

To best understand your own pros and cons for using substances, use the following exercise.

Exercise: The Pros and Cons of Using Substances

Pros of using substances	Cons of using substances
List all the advantages of using drugs and alcohol. Consider socializing, feeling good, escaping, coping with symptoms, having something to look forward to, or having a habit.	List all the disadvantages of using drugs and alcohol. Consider worse symptoms or relapse of mental illnesses; conflict with family or friends; trouble with work or school; parenting difficulties; or problems with health, the legal system, housing, or money.
Considering all the pros and cons of using substances, would you like to cut down or stop?	
☐ No. I do not want to cut down or stop. ☐ Maybe. I think I might want to cut down or stop but I'm not sure. ☐ Yes. I would like to cut down or stop.	

Deciding whether to cut down or stop using substances

Understanding the pros and cons of using substances can help you decide whether you want to continue to use or to stop.

Q: What are the advantages and disadvantages of developing a sober lifestyle? Use the following exercise to explore this question.

Exercise: The Pros and Cons of Sobriety

Pros of becoming sober	Cons of becoming sober
List all the advantages of developing a sober lifestyle. Consider how sobriety may help you achieve personal recovery goals such as better control of your mental illness; better relationships; more independence; better health; ability to work and go to school; better parenting; or fewer legal, housing, money, or health problems.	List what you think you might have to give up if you stop using substances. Consider the “costs” of sobriety such as losing “friends,” having nothing fun to do, having troubling symptoms, feeling no escape, and feeling bad.
Considering all the pros and cons of sobriety and of using substances, would you like to cut down or stop?	
☐ No. I do not want to cut down or stop. ☐ Maybe. I think I might want to cut down or stop but I’m not sure. ☐ Yes. I would like to cut down or stop.	

Developing a sober lifestyle

When people decide to develop a sober lifestyle, they must plan and practice. Sometimes setbacks can occur along the way such as having urges to use substances or relapsing into substance use. Developing your personal plan for a sober lifestyle is an important part of managing your mental illnesses and achieving your own recovery goals.

To Develop Your Personal Sobriety Plan

- Identify reasons for not using substances.
- Manage “high-risk” situations.
- Find new ways to have your needs met.

Identify reasons for not using substances

Whenever someone decides to cut down or stop using substances, it is important for them to identify their personal reasons for wanting a sober lifestyle and to regularly remind themselves of these reasons. How can sobriety help you achieve your personal recovery goals? Consider these possible reasons:

- Better ability to manage mental illnesses (fewer relapses);
- Improved social relationships;
- Improved ability to work or go to school;
- Having your own apartment;
- Being a better parent;
- Having fewer legal problems; and
- Having more money to spend on other things.

Manage “high-risk” situations

To be successful in stopping substance use, it helps to plan how to deal with situations in which you have used substances in the past. These situations are called *high-risk situations*. Some examples of high-risk situations are as follows:

- Having friends offer you substances;
- Having friends or acquaintances pressure you to use substances;
- Meeting a former drug connection;
- Celebrating holidays;
- Going to a party;
- Having money in your pocket;
- Feeling bad (feeling depressed, anxious, or frustrated);
- Having nothing to do;
- Spending too much time alone; and
- Remembering good times related to substance use.

Avoiding these situations can reduce the risk of relapse; however, completely avoiding them is not always possible. Having effective strategies for dealing with high-risk situations is critical to developing a successful sobriety plan.

Specific high-risk situations are described on the following chart, along with some possible strategies to manage those situations.

How to Deal with Some High-Risk Situations

Being in social situations involving offers to use substances

- Decline in a firm voice.
- Don't make excuses for saying, "No." (It invites debate.)
- Repeat the refusal, if needed.
- Offer an alternative activity if the person is a friend.
- Tell friends and relatives about the importance of your sobriety and ask them to respect it.
- Leave the situation, if necessary.

Craving to use substances

- Distract yourself by doing something that focuses your attention elsewhere.
- Use self-talk such as, "I can cope."
- Use relaxation techniques.
- Pray.
- Contact a supportive person.

Having money in your pocket

- Plan ways to keep most of your money in a safe place and at a distance from you.
- Problem-solve ways to avoid having direct access to money.

When things aren't going well such as experiencing depression, anxiety, hallucinations or sleep problems:

Depression

- Schedule pleasant activities.
- Challenge negative thinking.
- Exercise.
- Use positive self-statements.

Anxiety

- Use relaxation techniques.
- Challenge thoughts that cause worry.
- Gradually expose yourself to feared but safe situations.

Hallucinations

- Distract yourself with other activities.
- Accept the voices or other hallucinations without giving them undue attention or control over your life.
- Use relaxation to tolerate the distress.

Sleep problems

- Do not use caffeine in the afternoon.
- Avoid naps.
- Go to bed at the same time each night.
- Develop a pleasant nighttime routine (such as reading or watching TV).

Find new ways to have your needs met

To develop a sober lifestyle, you must develop new ways of getting your needs met that do not involve using substances. Common reasons for using substances include the following:

- Socializing with others;
- Feeling accepted by other people;
- Feeling good;
- Escaping boredom;
- Dealing with bad feelings;
- Having help with sleeping; and
- Having something to do and look forward to.

Developing new ways of getting your needs met is hard work. This program is aimed at helping you develop new strategies for meeting your needs, including meeting social needs, coping with symptoms, and doing other interesting things with your time.

Developing new ways of getting your needs met can take time and effort. However, the rewards of a sober lifestyle and the ability to achieve personal recovery goals make the effort worthwhile.

**Develop a personal sobriety plan
to support your own recovery goals.**

Examples of people who are achieving personal recovery goals

When people begin to adopt sober lifestyles, they can be encouraged by hearing about others who have made this decision and have experienced some benefits. Reading the following examples may help you.

I used to think alcohol was my best friend, but now I know better. It was always there when I needed it, and I organized my life around drinking, either alone or with other people. But drinking cost me a lot—it made my symptoms worse and caused hospitalizations. I couldn't hold down a job, and I couldn't take care of my kids. Now that I'm sober I'm back in control of my life. I've stayed out of the hospital, I'm working again, and I can be a better mother and role model for my kids.

— Glorissa, 38 years old with bipolar disorder, sober for 8 years

Getting off drugs was tough going for me. I thought using drugs was the solution to all my problems, either getting high or zoning out. Learning new ways of dealing with my depression, my voices, and my sleep problems helped me control my urges to use drugs. I had to make new friends, too, and these friends seem to really care about me. I feel a lot better about myself now that I have my own apartment and I'm going back to school.

— Jerome, 28 years old with schizoaffective disorder, sober from cocaine (crack), speed, and marijuana for 14 months

Q: Do you know someone who has made positive changes by developing a sober lifestyle?

Abstaining or cutting down?

Making an informed decision about your own substance use can be difficult. Part of making an informed decision involves considering whether to stop using substances altogether (*abstinence*) or to cut down but not stop using entirely.

People with substance use problems often find it difficult to cut down their substance use because using even a small amount makes them want to have more. In addition, biological factors cause some people with mental illnesses to be very sensitive to substances. This means that for some people even small amounts of substances can have drastic effects. For this reason, you may be better off if you stop using substances entirely.

Some people want to work on their substance use problems, but are not ready to stop using completely. For these people, reducing the amount of alcohol or drugs that they use can be a good first step toward sobriety. However, abstinence is the best way of overcoming substance use problems.

Q: Have you (or someone you know) tried to cut down or stop using substances in the past? What happened?

Making a personal sobriety plan

To achieve your sobriety goals, it helps to develop a specific plan. This plan should include these three steps:

- Identify your reasons for wanting to stop using substances.
- Develop strategies for managing high-risk situations.
- Find new ways of getting your needs met that do not involve using substances.

Use the following exercise to help develop a personal sobriety plan.

Exercise: Personal Sobriety Plan

Congratulations! You've taken the first and most important step toward ridding your life of problems related to using alcohol and drugs. Complete this plan by following the steps outlined below. Change or modify your plan based on how well it is working for you. Share your plan with people who are close to you so they can support you in achieving your sobriety goals.

Step 1. List one to three reasons how your life will be better if you stop using substances. Consider how sobriety may help you achieve your personal recovery goals.	How your life will be better by not using substances:	
Step 2. Identify one to three high-risk situations that can lead to unwanted use of alcohol or drugs. Consider situations in which you have used substances before, such as people offering you substances, being pressured to use, feeling bad, having nothing to do, and having cravings. Step 3. Make a plan for how to deal with those high-risk substance use situations. For each high-risk situation, identify one or two ways of dealing with it.	High-risk situations	How to deal with it
Step 4. Find new ways of getting your needs met. Consider the ways substances have met your needs before such as hanging out with friends, feeling relaxed or "high," dealing with symptoms, or having something to do. What needs did the substances meet? For each need you identify, think of at least one new strategy for meeting that need.	Needs	How to meet that need

Recovering from substance use-problems

Recovery from substance use problems can be hard work. You've made an important first step by recognizing that the negative effects of your own substance use outweigh the positive and deciding to stop using substances.

Setbacks may occur along the way. However, your strength and determination will pay off as you become sober. You have every right to be hopeful that recovery is possible. Practicing the strategies in your personal sobriety plan will help you achieve your goals and grow past the effects that substances have had on your life.

Summary of the Main Points About Drug and Alcohol Use

- People use substances for many different reasons including to socialize, improve their mood, cope with symptoms, and distract themselves from problems.
- Common problems related to substance use include increased symptoms or relapses, social problems, difficulties at work or school, daily living problems, legal problems, health problems, safety problems, and psychological or physical dependence.
- Some people with mental illnesses are sensitive to the effects of drugs and alcohol and can experience problems from using substances even in small amounts.
- Substance use interferes with psychiatric medications, often making them less effective.
- It is important to weigh the advantages and disadvantages of using substances and make an informed decision about using substances.
- If you choose to stop using substances, developing a personal sobriety plan can support your recovery goals.

**Illness Management and Recovery (IMR)**
Practitioner Guide**Topic 7: Reducing Relapses**

Introduction	The purpose of this topic is to help consumers examine their previous experience with relapse including identifying triggers and early warning signs. Consumers will also learn how to develop a relapse prevention plan, which outlines steps they can take to help prevent relapses.
Goals	■ Learn how to reduce the chance of experiencing a relapse. ■ Identify specific triggers of relapse based on past experiences. ■ Identify specific early signs of relapse. ■ Identify steps for responding to the early warning signs of relapse. ■ Develop a personal relapse prevention plan that involves the participation of at least one family member or other supporter.
Handouts	Review and distribute IMR Handout—Topic 7: <i>Reducing Relapses</i> (for both individual and group sessions).
Number and pacing of sessions	This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount
Structure of the sessions	■ Socialize informally and identify any major problems. ■ Review the previous session. ■ Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing the homework. ■ Follow up on goals. ■ Set the agenda for today's session. ■ Teach new material (or review material from the previous session, if necessary). ■ Summarize the progress made in the current session. ■ Agree on homework to be completed before the next session.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies

Topic 7: Reducing Relapses

Motivational strategies

People who have experienced severe episodes of psychiatric symptoms that may have led to hospitalization are usually motivated to avoid future relapses of their symptoms. Relapses and rehospitalizations are often upsetting and even traumatic events. Helping consumers reduce the chances of relapse by developing a relapse prevention plan can give them greater control over their lives.

Consumers can be motivated to develop a relapse prevention plan if they understand that it will help them pursue their goals. Make direct connections between the content of this topic and how the information might help consumers 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 help:

- For each section in the Handout, encourage consumers to discuss their experiences. Most sections include probing questions for you to use to facilitate discussion.
- The exercises in IMR Handout—Topic 7: *Reducing Relapses* can help consumers relate the information to their own experience.
- Keep in mind consumers’ personal recovery goals. You will have numerous opportunities to connect relapse prevention with goal achievement and to set new goals.

Educational strategies

Educational strategies for this topic help consumers learn key concepts of relapse prevention, including triggers, early warning signs, and developing a relapse prevention plan. The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers’ points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small “chunks” at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points from this topic.

Topic 7: Reducing Relapses

Cognitive-behavioral strategies

Cognitive-behavioral strategies help consumers learn more effective skills for preventing relapses in the future. Developing and implementing a relapse prevention plan involves systematically practicing the steps of the plan and rehearsing the skills.

At the end of each session, role-play how consumers might practice specific strategies or steps in the relapse prevention plan.

The following examples may help:

- If consumers have difficulty identifying trigger events or early warning signs of relapse, encourage them to get input from family members or other supporters. Conduct a role-play to help consumers practice how to ask someone to help them identify early warning signs and triggers.
- If consumers decide that decreasing stress is part of their relapse prevention plan, role-play deep breathing or muscle relaxation. If calling a friend is part of their plan, role-play what they would say when they made the call. If increasing medication is part of their plan, role-play talking to their doctor.

Homework strategies

Ask consumers to do a homework assignment related to the topic. Ideas for homework assignments are as follows:

- Review and discuss the Handout with a family member or other supporter. Talk with them about past triggers or early warning signs. Review what helped and what did not help during past relapses.
- Draft or revise a relapse prevention plan. Collect necessary phone numbers for the relapse prevention plan.
- Tell a family member or other supporter about your relapse prevention plan and ask them to play a specific role.
- Post a copy of your relapse prevention plan in an accessible (but private) place.
- Begin a component of the relapse prevention plan that is more effective if done regularly such as going to a support group.
- Complete any exercises that you were unable to finish during the session.

Topic 7: Reducing Relapses**Tips for common problems****Consumers may report that they have had no early warning signs before having a relapse.**

If consumers don't remember experiencing early warning signs, it may help them to talk to family members or other supporters about what they remember. If no one can recall early warning signs, help consumers identify the earliest symptoms they experienced before they had a full relapse.

Consumers may find that talking about relapses brings back unpleasant memories.

Focus the discussion on identifying important information for the future. Help consumers avoid blaming themselves. If consumers berate themselves by saying things such as, "I should have known..." or "What a fool I was...", remind them that it can be difficult to predict relapse. Also point out their strengths in managing their illnesses and praise their participation in developing a plan to improve things in the future.

Talking about these memories helps. Consumers benefit from developing a new perspective on prior relapses and often become more motivated to work on reducing future relapses.



Topic 7: Reducing Relapses

Review questions: Use the following questions to review the main points from this topic.

Open-ended questions

- What types of situations or events may trigger a relapse?
- What is an early warning sign?
- What early warning signs have you experienced?
- What can people do to prevent an early warning sign from becoming a relapse?
- How can a family member or other supporter be part of a relapse prevention plan?

Topic 7: Reducing Relapses

**Multiple-choice
and true/false questions**

**Multiple
Choice**

Which of the following is a common situation or event that might trigger a relapse?

- ☐ Being under stress
- ☐ Receiving a phone call
- ☐ Reading

Which two of the following items are examples of common early warning signs?

- ☐ Feeling tense or nervous
- ☐ Having trouble sleeping
- ☐ Feeling calm

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 or other 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

True False

Early warning sign is another term for side effect of medication.

☐ ☐

**Topic 7: Reducing Relapses****Introduction**

The purpose of this topic is to help consumers examine their previous experience with relapse including identifying triggers and early warning signs. Consumers will also learn how to develop a relapse prevention plan, which outlines steps they can take to help prevent relapses.

Goals

- Learn how to reduce the chance of experiencing a relapse.
- Identify specific triggers of relapse based on past experiences.
- Identify specific early signs of relapse.
- Identify steps for responding to the early warning signs of relapse.
- Develop a relapse prevention plan that involves the participation of at least one family member or other supporter.

Handouts

Review and distribute IMR Handout—Topic 7: *Reducing Relapses*. We recommend covering this topic in four sessions:

- Session 1: *Identifying triggers of relapse*
- Session 2: *Early warning signs of relapse*
- Session 3: *Responding to signs and symptoms of relapse*
- Session 4: *Developing a relapse prevention plan*

Structure of group sessions

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.

**Topic 7: Reducing Relapses****Session 1:
Identifying triggers of relapse****How to begin**

Review the following sections of IMR Handout—Topic 7: *Reducing Relapses*:

- *Introduction*
- *Why do people have relapses?*
- *Preventing and reducing relapses*
- *What are common events or situations that can “trigger” relapses?*

Session goal

- Learn how to reduce the chance of experiencing a relapse.
- Identify specific triggers of relapse based on past experiences.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals. Be alert for consumers who have already chosen some aspect of reducing relapses as a goal. Help them make the connection between their goal and what will be covered under this topic;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today’s session. Say:
 - “Today we’re going to discuss relapse prevention. We will talk about how it is possible to do things that reduce or prevent relapses and avoid hospitalization.”
 - “We will also identify specific events or situations in your life that have led to past relapses. Those events or situations that contributed to relapses can be thought of as *triggering* or *setting off* relapses.”
- Teach material from the Handout.

Motivational strategies

- Help consumers understand that it is possible to learn ways to prevent relapses.
- Help consumers connect preventing relapses to achieving personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 7: Reducing Relapses

Session 1: Identifying triggers of relapse

Cognitive-behavioral strategies

- Complete the exercise *Examples of Common Triggers* to help consumers begin to identify their own triggers of relapse.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete the exercise *Examples of Common Triggers* if you were unable to finish it during the session.
- Ask a family member or other supporter to help you identify past triggers of relapse.

**Topic 7: Reducing Relapses****Session 2:
Early warning signs of relapse****How to begin**

Review the following sections of IMR Handout—Topic 7: *Reducing Relapses*:

- *What are “early warning signs”?*
- *Do people always recognize that they are experiencing early warning signs?*

Session goal

Identify specific early signs of relapse.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today’s session. Say:
 - “Last group we talked about personal triggers that led to past relapses. Today we are going to identify specific warning signs and symptoms that have been early signals of past relapses for you.”
 - “We will also identify ways to respond to early warning signs.”
- Teach material from the Handout.

Motivational strategies

Connect the advantages of preventing relapse to achieving personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 7: Reducing Relapses

Session 2: Early warning signs of relapse

Cognitive-behavioral strategies

- Complete the exercises *Examples of Common Early Warning Signs* and *Early Warning Signs Questionnaire* to help consumers apply the information from this topic in their own lives.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete any exercises that you were unable to finish during the session.
- Ask a family member or other supporter to help you identify early warning signs of relapse.



Topic 7: Reducing Relapses

**Session 3:
Responding to signs
and symptoms of relapse**

How to begin

Review the following sections of IMR Handout—Topic 7: *Reducing Relapses*:

- *What can you do when you know that you are experiencing an early warning sign of relapse?*
- *How can you make a relapse prevention plan?*

Session goal

Identify steps for responding to the early warning signs of relapse.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we talked about early signs and symptoms of relapse."
 - "This week we will begin to develop ways to respond to early warning signs. We will begin to develop a relapse prevention plan."
- Teach material from the Handout.

Motivational strategies

Connect responding to early warning signs as a step toward reducing relapses, which will help consumers achieve their personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 7: Reducing Relapses

Session 3: Responding to signs and symptoms of relapse

Cognitive-behavioral strategies

- Complete the exercises *People Who Could Help Me Recognize Early Warning Signs* to help consumers apply this information in their own lives.
- Conduct a role-play to help consumers practice how to ask a family member or other supporter to review the relapse prevention plan or play a specific role in carrying out the plan.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete your relapse prevention plan if you were unable to finish it during the session.
- Review your relapse prevention plan with a family member or other supporter. Ask for suggestions on how to respond to early warning signs, symptoms, and triggers of relapse. Ask if they would be willing to play a specific part in carrying out the plan.

**Topic 7: Reducing Relapses****Session 4:
Developing a relapse
prevention plan****How to begin**

Review the following sections of IMR Handout—Topic 7: *Reducing Relapses*:

- *How can you make a relapse prevention plan?* (Consumers will now expand the plan based on feedback from family members or other supporters, which was part of last session's homework assignment.)?
- *Examples of people who have been able to prevent or reduce the number of relapses they experience; and*
- *Summary of main points about preventing or reducing relapses.*

Session goal

Develop a personal relapse prevention plan that involves the participation of at least one family member or other supporter.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we will continue to develop a relapse prevention plan. In particular, we will use the suggestions from supportive people who you know to further develop our plans."
 - "We will also discuss examples of other people who have been able to prevent or reduce the number of relapses they experience."
- Teach material from the Handout.

Motivational strategies

- Convey hope and confidence that consumers can reduce relapses and progress toward their goals.
- Encourage the participation of a family member or other supporter in consumers' relapse prevention plans.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 7: Reducing Relapses

Session 4: Developing a relapse prevention plan

Cognitive-behavioral strategies

- Role-play conversations in which consumers ask a family member or other supporter to participate in their relapse prevention plan. During the role-play, have consumers review the plan with their supporter and give them a copy.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group when we start a new topic called *Coping with Stress*."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete your relapse prevention plan if you were unable to finish it during the session.
- Ask a family member or other supporter to participate in your relapse prevention plan.
- Place a copy of your relapse prevention plan in the front of your IMR binder and in another location where you can find it easily.
- Give a copy of your relapse prevention plan to everyone who is playing a part in it.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 7: 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, in recovery from bipolar disorder

Introduction

This Handout discusses strategies for reducing relapses of symptoms or for minimizing the severity of any relapses that may occur. To reduce relapses, it helps if you identify stressful situations that have contributed to past relapses. It also helps if you identify your own warning signs of an impending relapse. You can include this information in a relapse prevention plan. This plan can be even more effective if you include a family member or other supporter.

acute episode of the illness. Some relapses can be managed at home, but others require hospitalization to protect the person or other people.

Mental illnesses affect people in different ways. Some people have milder forms of their illnesses and have an episode only once or a few times in their lives. Other people have stronger forms of their illnesses and have several episodes, some requiring hospitalization. Further, some people experience symptoms constantly, but do not have severe episodes that require hospitalization.

Scientists have not been able to identify all the reasons that people have relapses. However, research has shown that relapses are more likely to occur when the following occur:

- People are under more stress;
- People stop taking their medications; and
- People use alcohol or drugs.

Why do people have relapses?

The symptoms of mental illnesses tend to vary in intensity over time. Sometimes the symptoms may be absent, sometimes they may be mild or moderate, and sometimes they may be strong.

When psychiatric symptoms become severe, the condition is usually referred to as a *relapse* or an

Mental illnesses tend to be episodic, with symptoms varying in intensity over time.

Preventing and reducing relapses

You can do many things to prevent or reduce relapses. You have already learned some important strategies to reduce relapses in the earlier IMR sessions, including the following:

- Learning as much as possible about your illnesses;
- Being aware of your own symptoms;
- Being aware of when you are under stress and developing strategies for coping with stress;
- Participating in treatments that help you recover;
- Building social supports; and
- Using medication effectively.

In this session, you will learn more helpful strategies for staying well, including:

- Recognizing events or situations that contributed to relapses in the past;
- Recognizing the early warning signs that you might be starting to have a relapse;
- Developing your own relapse prevention plan to respond to early warning signs; and
- Using the help of other people such as family members or other supporters to prevent early warning signs from becoming full-blown relapses.

You can use different strategies 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. These can be thought of as *triggering* relapses.

Once you have identified a situation that seemed to trigger a relapse in the past, think about how you might handle the situation differently if it were to occur again. For example, if you noticed that drinking beer 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 a stressful situation.

Identifying situations and events that triggered relapses in the past can help you reduce the risk of future relapses.

Q: Have you experienced a relapse? If so, can you identify situations or events that triggered the relapse? Use the following exercise to record your answer.

Exercise: Reasons for Using Alcohol or Drugs

Check the examples that reflect any experience you have had.

Personal description 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. Before long, the symptoms start again."	☐
Other: _____ _____	☐
Other: _____ _____	☐

What are “early warning signs”?

Even when people do their best to avoid it, their symptoms may start to return, 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.

When a relapse is starting, often the person’s inner experience and behavior change. 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.



Q: Have you experienced any relapses of your symptoms? If so, did you notice any early warning signs?

Use the following exercise to record your answer.

Exercise: Examples of Common Early Warning Signs

Check the examples that reflect your experience.

Early warning signs	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."	☐
Having 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."	☐
Having 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."	☐
Withdrawing socially	"I only wanted to be alone. I even waited to eat dinner until my roommates had gone to bed."	☐
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. "	☐
Having 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."	☐
Using or abusing drugs or alcohol	"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."	☐
Increasing 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:		☐

What are some other early warning signs?

Some people have early warning signs that other people don't have. These unique warning signs are equally important to recognize.

Some examples of unique warning signs are as follows:

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 unique early warning signs.

Q: Have you experienced any unique early warning signs? If so, what were they?

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 early warning signs of relapse. For example, people might not realize that they are feeling unusually irritable. Instead, it may seem that other people are being especially annoying.

Friends, family members, co-workers, practitioners, and other supportive people often notice when someone seems different or acts out of character. These people can be helpful allies in recognizing early warning signs. If you ask them, they 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 tell you when they notice these signs. You can also include them in your relapse prevention plan to help you take action and avoid experiencing a relapse.

Identify supportive people to help you recognize early warning signs.

Q=

Exercise: People Who Could Help Me Recognize Early Warning Signs

[illegible]

What can you do when you know you are experiencing an early warning sign of relapse?

The more quickly you act on early warning signs, the more likely you can avoid a full relapse. When you notice early warning signs, it helps to ask yourself the following questions:

- **Is my stress level high?** If so, 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?**
- **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?

The more quickly you act on early warning signs, the more likely you can avoid a full relapse.

The following examples show you 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. Then someone from my support group called and asked why I hadn't been coming for the past 3 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.

Q: Have you had an experience where you were able to act on early warning signs and avoid a full relapse?

How can you make a relapse prevention plan?

It's impossible to predict who will have only one or two acute episodes of the symptoms of mental illnesses and who will have more. Making a relapse prevention plan can help avoid relapses and minimize the severity of episodes.

In developing a relapse prevention plan, it may help 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 suggest possible steps to take if early warning signs appear. Support people can also have a part in the plan itself, if you would like. 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 a 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 have the following:

- Reminders of past triggers;
- Reminders of past early warning signs;
- Things to do to help when you are experiencing an early warning sign;
- People to help you; and
- People to contact in case of an emergency.

Here is an example of a relapse prevention plan.

Exercise: Alberto's Relapse Prevention Plan

Reminder of events or situations that triggered episodes in the past	■ Broke up with my girlfriend ■ Smoked marijuana
Reminder of early warning signs that I experienced in the past	■ Felt tense, irritable ■ Thought people were picking on me and didn't like me ■ Couldn't concentrate on TV
What I think would help me if I am experiencing an early warning sign	■ 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.
Who I would like to help me, and what I would like them to do	■ 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.
Who I would like to contact in case of an emergency	■ 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, brother, counselor, and 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 to respond to an early warning sign. He asked them if they would be willing to play a specific part in carrying out the plan.

After writing his relapse prevention plan, Alberto asked his friend, brother, counselor, and doctor to read it. He then gave copies of it 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 looks over his plan.

It can help to have supportive people involved in developing the relapse prevention plan and carrying it out.

A Relapse Prevention Plan Should Contain These Items

- Reminders of past triggers
- Reminders of past early warning signs
- Things that help you when you are experiencing an early warning sign
- People to help you
- People to contact in case of an emergency

Q: What would you include in your relapse prevention plan? Use the form on the next page to record your answers.

Relapse Prevention Plan	
Events or situations that triggered relapses in the past	
Early warning signs that I experienced in the past	
Things that help me when I experience an early warning sign	
People who help me and what I would like them to do	
People I'd like to contact in case of an emergency	

Share this plan with everyone you've listed on this sheet. Keep this plan in the front of your IMR binder.



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 fall asleep. 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 a support group 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 2 years I've been able to avoid a relapse.

Using a relapse prevention plan can help you avoid relapses of your symptoms.



Summary of Main Points About Preventing or Reducing Relapses

- Mental illnesses tend to be episodic, with symptoms varying in intensity over time.
- You can use different strategies 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.
- Some people have unique early warning signs. Common early warning signs include the following:
 - Feeling tense or nervous;
 - Eating less or eating more;
 - Having trouble sleeping or sleeping too much;
 - Having decreased need for sleep;
 - Feeling depressed or low;
 - Withdrawing socially;
 - Feeling irritable;
 - Stopping medication;
 - Having trouble concentrating;
 - Thinking that people are against you;
 - Hearing voices;
 - Using or abusing drugs or alcohol;
 - Increasing spending or shopping; and
 - Being overconfident about your abilities.
- Some people have unique early warning signs. Common early warning signs include the following:
 - Reminders of past triggers;
 - Reminders of past early warning signs;
 - Things that help you when you are having an early warning sign;
 - People to help you; and
 - People you would like to contact in case of an emergency.
- The more quickly you act on early warning signs, the more likely you can avoid a full relapse.
- Friends, family members, practitioners, and other supportive people can help develop your relapse prevention plan and carry it out.

**Illness Management and Recovery (IMR)**
Practitioner Guide**Topic 8: Coping with Stress**

Introduction	Coping effectively with stress can reduce symptoms and prevent relapses. This topic helps consumers recognize different types of stress and identify signs that they are under stress. It also gives consumers strategies to use to cope with stress, which can decrease symptoms and help consumers achieve their personal recovery goals.
Goals	■ Build knowledge about how to reduce stress and improve coping skills. ■ Identify life events and daily hassles that cause stress. ■ Identify and practice strategies for preventing stress. ■ Identify and practice coping strategies for reducing the effects of stress. ■ Involve family members or other supporters in plans for coping with stress.
Handouts	Review and distribute IMR Handout—Topic 8: <i>Coping with Stress</i> (for both individual and group sessions). For consumers who are interested in learning more relaxation techniques, review and distribute IMR Handout—Topic 8a: <i>Relaxation Techniques</i> .
Number and pacing of sessions	This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount.
Structure of the sessions	■ Socialize informally and identify any major problems. ■ Review the previous session. ■ Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing the homework. ■ Follow up on goals. ■ Set the agenda for today's session. ■ Teach new material (or review material from the previous session, if necessary). ■ Summarize progress made in the current session. ■ Agree on homework to be completed before the next session.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies

Topic 8: Coping with Stress**Motivational strategies**

Most consumers are motivated to reduce or cope with stress both to improve their everyday life experience and to help reduce symptoms and relapses. It may also help to point out that stress is a common problem for most people, as shown in countless magazine articles, books, and television programs that focus on how to cope more effectively with stress.

Because most people experience stress, being able to cope effectively with stress can be a good skill for people to have, regardless of whether they have experienced psychiatric symptoms.

- For each section in the Handout, encourage consumers to discuss their own experiences. Most sections include probing questions for you to use to facilitate discussion.
- The exercises in the Handout can help consumers relate the information to their own experience.
- Keep in mind consumers' personal recovery goals. Help consumers connect the information presented to achieving their own goals.

Educational strategies

Educational strategies for this topic help consumers learn about the sources and signs of stress and strategies for preventing and coping with stress in their own lives.

The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers' points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small chunks at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points from this topic.

Topic 8: Coping with Stress**Cognitive-behavioral strategies**

Complete the exercises in the Handout to help consumers apply this information to their own lives. Role-play how information from the Handout may be used. For example:

- **Complete the exercise *Identifying Life Events*.** Have consumers discuss any upcoming major change and help them anticipate how they might minimize the stress involved.
- **Complete the exercise *Identifying Daily Hassles*.** Ask consumers to think of ways to reduce some daily hassles. For example, if consumers feel rushed when leaving for work in the morning, discuss how to plan the morning to be more comfortable.
- **Complete the exercise *Strategies for Preventing Stress*.** Practice the strategies consumers choose. For example:
 - If consumers want to try the strategy of scheduling meaningful activities, help them choose specific activities and plan when to do them.
 - If consumers want to attend art classes, help them investigate where and when classes are offered. If consumers are apprehensive about talking to the art teacher, role-play how they might respond to questions and keep the conversation going.
- **Complete the exercise *Strategies for Coping with Stress*.** Practice the coping strategies that consumers choose. For example:
 - If consumers want to try the strategy of talking to someone else about feeling stressed out, help them select a person to talk to. Role-play how to approach that person.
 - If consumers want to practice writing in a journal, help them decide what kind of notebook to use and where to keep it.
- **Develop an *Individual Plan for Coping with Stress*.** Use the information from previous exercises to help consumers develop their plans.

Topic 8: Coping with Stress

Homework strategies

Ask consumers to do a homework assignment related to the topic. Ideas for homework assignments are as follows:

- Use the exercise *Identifying Daily Hassles* to track daily hassles for a week.
- Use the exercise *Identifying Signs of Stress* to track signs of stress for a week.
- Complete any exercises that you were unable to finish during the session.
- Review and discuss the Handout and exercises with a family member or other supporter.
- Practice a strategy for preventing stress such as scheduling time for relaxation. Track how it affects your stress level.
- Practice a coping strategy such as listening to music. Track how it affects your stress level.
- Ask a family member or other supporter to play a role in a prevention or coping strategy. For example, ask someone to join you on a daily walk as part of a plan to reduce stress.

Tips for common problems

Consumers may have difficulty identifying signs that they are under stress.

When consumers have difficulty identifying signs of stress, it may help them to talk to family members or other supporters about what signs of stress they noticed in the past.

Consumers may find it difficult to select a coping strategy for dealing 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 help. In such situations, encourage consumers 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.
- Suggest that consumers ask someone to join them in using a coping strategy. For example, as part of a coping strategy, they could ask friends to play cards once a week, go for a bike ride, or watch a video together.



Individual session



Group session

Illness Management and Recovery (IMR)

Practitioner Guide

Topic 8: Coping with Stress

Review questions: Use the following questions to review the main points from this topic.

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?

True/false and multiple-choice questions

True False

A life event can be stressful even when it is a positive event such as getting married.

☐ ☐

Multiple Choice

Which of the following is an example of a daily hassle?

- A tornado
- Unreliable transportation
- Receiving a compliment

☐
☐
☐

Topic 8: Coping with StressMultiple
Choice**Which of the following is a sign of being under stress?**

- ☐ Happiness
- ☐ Headaches
- ☐ Feeling rested

One effective strategy for preventing stress is

- ☐ Scheduling time for regular relaxation
- ☐ Keeping your feelings to yourself
- ☐ Drinking alcohol or smoke marijuana

One effective strategy for coping with stress is

- ☐ Staying in bed all day
- ☐ Ignoring stress entirely
- ☐ Using a relaxation technique

**Topic 8: Coping with Stress****Introduction**

Coping effectively with stress can reduce symptoms and prevent relapses. This topic helps consumers recognize different types of stress and identify signs that they are under stress. It also gives consumers strategies to use to cope with stress, which can decrease symptoms and help consumers achieve their personal recovery goals.

Goals

- Build knowledge about how to reduce stress and improve coping skills.
- Identify life events and daily hassles that cause stress.
- Identify and practice strategies for preventing stress.
- Identify and practice coping strategies for reducing the effects of stress.
- Involve family members or other supporters in plans for coping with stress.

Handouts

Review and distribute IMR Handout—Topic 8: *Coping with Stress* (for both individual and group sessions). We recommend covering this topic in five sessions:

- Session 1: *What causes stress?*
- Session 2: *Recognizing signs of stress*
- Session 3: *Preventing stress*
- Session 4: *Coping with stress using relaxation techniques*
- Session 5: *Additional strategies to cope with stress*

For consumers who are interested in learning additional ways to cope with stress, distribute and review IMR Handout—Topic 8a: *Relaxation Techniques*.

Structure of group sessions

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.

**Topic 8: Coping with Stress****Session 1:
What causes stress?****How to begin**

Review the following sections of IMR Handout—Topic 8: *Coping with Stress*:

- *Introduction*
- *What is stress?*
- *What makes you feel under stress?*

Session goal

Build knowledge about how to reduce stress and improve coping skills.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals. Be alert for consumers who have already chosen some aspect of coping with stress as a goal. Help them make the connection between their goal and what will be covered under this topic;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to discuss what stress is and how different people find different things to be stressful."
 - "We will also identify things that make you feel under stress."
- Teach material from the Handout.

Motivational strategies

- Help consumers understand that coping with stress increases their ability to pursue personal goals.
- Help consumers connect the task of identifying areas of stress as an important step toward coping with stress.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 8: Coping with Stress

Session 1: What causes stress?

Cognitive-behavioral strategies

- Complete exercises *Identifying Life Events* and *Identifying Daily Hassles* to help consumers apply this information to their own lives.
- Model how to identify stressful life events or daily hassles by using real examples.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete any exercises that you were unable to finish during the session.
- Use the exercise *Identifying Daily Hassles* to track daily hassles for a week.
- Review and discuss the Handout and exercises with a family member or other supporter.

**Topic 8: Coping with Stress****Session 2:
Recognizing signs of stress****How to begin**

Review the following sections of IMR Handout—Topic 8: *Coping with Stress*:

- *What are the signs that you're under stress?*

Session goal

Identify life events and daily hassles that cause stress.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we identified stress in our lives. Today we will notice signs that signal we are under stress."
 - "We will also identify strategies for preventing stress."
- Teach material from the Handout.

Motivational strategies

Connect how recognizing signs of stress will help consumers achieve personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 8: Coping with Stress

Session 2: Recognizing signs of stress

Cognitive-behavioral strategies

- Complete the exercise *Identifying Signs of Stress* to help consumers apply this information in their own lives.
- Use examples to further explore ways that consumers may experience stress.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Use the exercise *Identifying Signs of Stress* to identify three signs of stress that you have experienced.
- Track instances of stress for 1 week.
- Review and discuss the Handout with a family member or other supporter.

**Topic 8: Coping with Stress****Session 3:
Preventing stress**

How to begin	Review the following sections of IMR Handout—Topic 8: <i>Coping with Stress</i> : ■ <i>How can you prevent stress?</i>
Session goal	Identify and practice strategies for preventing stress.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last group we talked about recognizing signs that we were under stress." ■ "This week we will look at ways to identify and use strategies to prevent stress." ■ Teach material from the Handout.
Motivational strategies	■ Continue to raise the hopes that consumers can reduce stress by anticipating stressful events and then taking measures to prevent or reduce that stress. ■ Help consumers understand that preventing stress will help them to achieve their personal recovery goals.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives.

Practitioner Guide**Topic 8: Coping with Stress****Session 3:
Preventing stress****Cognitive-behavioral
strategies**

- Complete the exercise *Strategies for Preventing Stress* to help consumers choose prevention strategies.
- Model and role-play how to use the prevention strategies that consumers have selected.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete the exercise *Strategies for Preventing Stress* if you were unable to finish it during the session. Practice one of the identified strategies. Track how that strategy affects your stress level.
- Ask a family member or other supporter to play a role in a prevention strategy such as joining you in a relaxation walk or talking about stressful feelings.

**Practitioner Guide****Topic 8: Coping with Stress****Session 4:
Coping with stress using
relaxation techniques**

How to begin	For consumers who are interested in additional ways to relax, review IMR Handout—Topic 8a: <i>Relaxation Techniques</i> .
Session goal	Identify and practice coping strategies for reducing the effects of stress.
Structure of the session	■ Socialize informally (greet and welcome the group). ■ Review the past session. Ask consumers what they thought the most important points were and whether they have any questions. ■ Review homework assignments. Praise all efforts. Problem-solve any difficulties. ■ Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated. ■ Ask consumers about their specific goals; ■ Praise efforts toward goals. Adjust goals as needed; and ■ As consumers complete goals, help them set new ones. ■ Set the agenda for today's session. Say: ■ "Last week we worked at ways to identify and use strategies to prevent stress." ■ "In this group we will learn relaxation techniques to manage stress that cannot be prevented." ■ Teach material from the Handout.
Motivational strategies	Convey hope and confidence that consumers can cope with stress and achieve their personal recovery goals.
Educational strategies	■ Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding. ■ Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout. ■ Prompt consumers to relate the material to their own lives. ■ Check frequently for understanding.

Practitioner Guide

Topic 8: Coping with Stress

Session 4: Coping with stress using relaxation techniques

Cognitive-behavioral strategies

- Model one or more relaxation techniques described in the Handout. Help consumers practice the technique. (Note: Do not use the "Neck Rolls" step of the exercise *Muscle Relaxation*.)
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Select one relaxation exercise described in the Handout. Practice it regularly for 20 minutes, preferably at least three times a week. Track how that strategy affects your stress level.
- Ask a family member or other supporter to participate in a relaxation exercise with you.



Topic 8: Coping with Stress

**Session 5:
Additional strategies to cope
with stress**

How to begin

Review the following sections of IMR Handout—Topic 8: *Coping with Stress*:

- *How can you cope with stress effectively?*
- *Examples of coping effectively with stress*
- *How to develop a plan for coping with stress*
- *Summary of the main points about coping with stress*

Session goal

- Identify and practice coping strategies for reducing the effects of stress.
- Involve family members or other supporters in plans for coping with stress.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week we learned three different relaxation methods to help us manage stress that cannot be avoided."
 - "Today we will learn other techniques to help us to cope with stress that cannot be prevented."
- Teach material from the Handout.

Motivational strategies

- Convey the message that the more strategies you have to manage stress, the more effective you will be in working toward your goals.
- Praise consumers' efforts in identifying stressful events and strategies to cope with stress.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 8: Coping with Stress

Session 5: Additional strategies to cope with stress

Cognitive-behavioral strategies

- Complete the exercise *Strategies for Coping with Stress*. As consumers choose various strategies, help them decide the “when, where, how, with whom” details of practicing the strategy.
- Develop an *Individual Plan for Coping with Stress*. Use the information from previous exercises to help consumers develop this plan.
- Summarize the progress made in today’s session. Praise all efforts. Say:
 - “We talked about many things today. What do you think some of the main points were? What helped you?”
 - “You did a great job today. I look forward to seeing you all in our next group when we start a new topic called *Coping with Problems and Persistent Symptoms*.”

Homework strategies

- Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.
- Ideas for homework assignments are as follows:
- At least three times a week, practice a coping strategy that you have identified. Track how that strategy affects your stress level.
 - Review and discuss the Handout with a family member or other supporter. Ask them to participate in your coping strategy.
 - Complete any exercises that you were unable to finish during the sessions.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 8: Coping with Stress

“Exercise elevates 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, in recovery from bipolar disorder

Introduction

This Handout describes different ways of coping effectively with stress. To cope effectively, it is first important to know which situations you find stressful and what experiencing stress is like for you. This Handout suggests specific strategies for dealing with stress such as using relaxation techniques, talking with others, exercising, and using creative forms of expression.

sometimes it comes from something negative (such as 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.

According to the Stress-Vulnerability Model, stress is an important factor in mental illnesses because it can worsen symptoms and lead to relapses. If you can decrease stress, you can decrease symptoms.

What is stress?

Stress is a term that 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 stress comes from something positive (such as a new job, new apartment, or new relationship) and

Nobody has a stress-free life and probably nobody would want one. Stress is a natural part of life. In fact, to pursue important personal goals, you must 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, enabling you to continue pursuing your goals and enjoying life.

Coping effectively with stress can help you reduce symptoms and pursue your goals.

Q: What is it like when you experience stress?

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 and find it stressful. Some people enjoy going to a party and meeting new people, while others find that stressful. Knowing what you personally find stressful will help you cope better.

Two main types of stress exist:

- 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 exercise.

Exercise: Identifying Life Events

Life event	I experienced this life event 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	☐
Problems caused by drinking or using street drugs	☐
Other: _____	☐
Total number of life events checked:	
moderate stress = 1 event high stress = 2-3 event very high stress = more than 3 events	

Daily hassles are the small stresses of everyday life that can add up 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 and chaotic place, and being rushed to do things. Use the following exercise to identify daily hassles in your life.

Life events and daily hassles are both sources of stress.

Q: What is the most stressful life event you have experienced in the past year?

Exercise: Identifying Daily Hassles

Daily hassle	I experienced this event in the past week
Not enough money to care for necessities	☐
Not enough money to spend on leisure	☐
Crowded living situation	☐
Crowded public transportation	☐
Long drives or traffic backups	☐
Feeling rushed at home	☐
Feeling rushed at work	☐
Arguments at home	☐
Arguments at work	☐
Doing business with unpleasant people (sales clerks, waiters or 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 this week:	
moderate stress = 1 or 2 daily hassles high stress = 3–6 daily hassles very high stress = more than 6	

Q: What are the most stressful daily hassles you have experienced in the past week?

What are the signs that you are under stress?

Stress affects people 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 signs of stress can help because once you realize that you're under stress, you can start to do something about it. Use the following exercise to identify your own signs of being under stress.

Exercise: Identifying Signs of Stress	
Signs of stress	I experienced this sign
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	☐
Irritability	☐
Anxiety	☐
Feeling restless or "keyed up"	☐
Tearfulness	☐
Forgetfulness	☐
Being prone to accidents	☐
Using alcohol or drugs (or wanting to)	☐
Other: _____	☐
Other: _____	☐

Q: Have you noticed any signs of being under stress in the past week?

How can you prevent stress?

Trying to prevent stress can pay off. By eliminating stressors, you are free to enjoy yourself more and to accomplish more goals. Most people find it helpful to be familiar with a variety of prevention strategies like these:

■ Be aware of situations that caused stress before.

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 taking it at a less busy time or practice 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 in smaller groups at times other than holidays.

■ Schedule meaningful, enjoyable activities.

Participating in activities you enjoy makes a significant difference in reducing stress. Some people find work meaningful and enjoyable. Others look to volunteering, art, hobbies, music, or sports for meaning and enjoyment. It all depends on what is right for you.

■ Schedule time for relaxation.

It's important to take time to relax each day to refresh your mind and body from tension. Some people find exercise relaxing, while others enjoy reading, doing a puzzle, or participating in some other activity.

■ Work to achieve balance in your daily life.

Being active and involved is important to keeping stress low. But too much activity can lead to stress. It's important to leave time for sleep and for restful, relaxing activities such as reading or taking a walk.

■ Develop a support system.

Seek people who encourage and support you rather than those who are critical and pressuring. It helps to build relationships with people with whom you feel comfortable. Common support systems include friends, family members, peers, professionals, and members of your religious or spiritual group. For more information, see IMR Handout—Topic 4: *Building Social Supports*.

■ Take care of your health.

Eating well, getting enough sleep, exercising regularly, and avoiding alcohol and drugs all help prevent stress. These healthy habits are not always easy to maintain, but they really pay off.

■ Talk about your feelings or write them 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. It might also help to keep a journal of your thoughts and feelings.

■ Do not be 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. Give yourself credit for your talents and strengths.

Use the following exercise to identify strategies that you've already used and ones that you would like to try.

You can prevent stress by using specific strategies.

Exercise: Strategies for Preventing Stress		
Strategy	I already use this strategy	I would like to try this strategy or develop it more
Be aware of situations that caused stress before	☐	☐
Schedule meaningful activities	☐	☐
Schedule time for relaxing	☐	☐
Achieve balance in my daily life	☐	☐
Develop my support system	☐	☐
Take care of my health	☐	☐
Talk about my feelings	☐	☐
Write my feelings in a journal	☐	☐
Avoid being hard on myself; identify positive features about myself	☐	☐
Other: _____ _____	☐	☐

Q: Which prevention strategies would help you the most?

How can you cope effectively with stress?

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 the following:

■ Talk 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.

■ Use 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.

■ Maintain your sense of humor.

For me, laughter is the best medicine. When I've been on a subway ride that lasted 2 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.

■ Participate in a religious 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.

■ Exercise.

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.

■ Write 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.

■ Make or listen 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.

■ Create art or go 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.

■ Play games or develop a hobby.

I like playing card games. When I don't have anyone to play with, I like solitaire. It's relaxing to me.

■ Use 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 10 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.

For more information about relaxation techniques, ask your IMR practitioner for IMR Handout—Topic 8a: *Relaxation Techniques*.

Using coping strategies can help you manage stress effectively and enjoy your life.

Q: What strategies do you use to cope with stress? What strategies would you like to try?
Use the following exercise to record your answers.

Exercise: Strategies for Coping with Stress

Strategy	I already use this strategy	I would like to try this strategy
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	☐	☐
Creating 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 people have recognized the kinds of situations that 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 quieter place.

You can develop an individual plan for coping with stress that works for you.

How to develop a plan for coping with stress

Use the following exercise to put this information together as your individual plan for coping with stress.

This Handout includes exercises to help you identify stressful life events, daily hassles, signs of stress, strategies for preventing stress, and strategies for coping with stress.

Exercise: Individual Plan for Coping with Stress	
Stressful situations	
Signs that I am under stress	
Strategies for preventing stress	
Strategies for coping with stress	

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 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 specific strategies.
- Using coping strategies can help you manage stress effectively and enjoy your life.
- You can develop an individual plan for coping with stress that works for you.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 8a: Relaxation Techniques

Introduction

Three types of relaxation techniques are described below:

- Relaxed breathing;
- Muscle relaxation; and
- Imagining a peaceful scene.

Relaxation techniques are most effective when you practice them regularly. 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 works for you.

Relaxed breathing

The goal of this exercise is to slow down your breathing, especially your exhaling.

1. Choose a word that you associate with relaxation such as CALM, 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-A-L-M” or
“R-E-E-E-L-A-A-A-X.”
4. Pause after exhaling before you take 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.

■ Neck rolls

1. Drop your head to one side.
2. Gently roll it around in a wide circle. Repeat three to five times.
3. Reverse directions and gently roll your head in a wide circle the other way. Repeat three to five times.

■ Shoulder shrugs

1. Lift both shoulders in a shrugging motion.
2. Try to touch your ears with your shoulders.
3. Let your shoulders drop down after each shrug. Repeat three to five times.

■ Overhead arm stretches

1. Raise both arms straight above your head.
2. Interlace your fingers, like you're making a basket, with your palms facing down (toward the floor).

If it is uncomfortable to do arm stretches with your arms overhead, try it with your arms reaching out in front of you.

3. Stretch your arms toward the ceiling.
4. Then, keeping your fingers interlaced, rotate your palms to face upward (toward the ceiling).
5. Stretch toward the ceiling. Repeat three to five times.

■ Knee raises

1. Reach down and grab your right knee with one or both hands.
2. Pull your knee up toward your chest (as close to your chest as is comfortable).
3. Hold your knee there for a few seconds, before returning your foot to the floor.
4. Reach down and grab your left knee with one or both hands and bring it up toward your chest.
5. Hold it there for a few seconds.
6. Repeat the sequence three to five times.

■ Foot and ankle rolls

1. Lift your feet and stretch your legs out.
2. Rotate your ankles and feet, three to five times in one direction, then three to five times in the other direction.

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.

1. Choose a scene that you find peaceful, calm, and restful. If you have trouble thinking of a scene, choose one of the following:

- At the beach;
- On a walk in the woods;
- On a park bench;
- 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; or
- 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 do you see? 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 people?

5. What could you feel with your sense of touch? Are there textures? Is it cool or warm?

6. What smells are in your peaceful scene? The smell of the ocean? The smell of food cooking?

7. Disregard any stressful thoughts and keep your attention on the peaceful scene.

Allow at least 5 minutes for this relaxation technique.

**Topic 9: Coping with Problems and Persistent Symptoms****Introduction**

Effectively coping with problems can help consumers reduce stress and their susceptibility to relapses. This topic helps consumers 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
- Coping strategies for dealing with specific symptoms or problems.

Consumers 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 consumers learn how to reduce their stress and discomfort.

Goals

- Identify common problems and persistent symptoms that cause distress.
- Learn to use a step-by-step method of solving problems to manage identified problems and persistent symptoms.
- Develop coping strategies to manage specific problems and persistent symptoms.
- Develop a plan to cope with personal persistent symptoms.

Handouts

Review and distribute IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms* (for both individual and group sessions).

Number and pacing of sessions

This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount.

Structure of the sessions

- Socialize informally and identify any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework.
- Follow up on goals.
- Set the agenda for today's session.
- Teach new material (or review material from the previous session, if necessary).
- Summarize the progress made in the current session.
- Agree on homework to be completed before the next session.

Strategies to be used in each session

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

Topic 9: Coping with Problems and Persistent Symptoms

Motivational strategies

Most consumers are motivated to solve or cope with problems and symptoms that cause them distress. To keep consumers engaged, help them develop effective strategies for dealing with their specific problems and symptoms. For example, if consumers are troubled by persistent auditory hallucinations, identify and practice strategies for dealing with hearing voices.

- Complete the exercise *Identifying Common Problems and Persistent Symptoms*. Once specific problem areas are identified, provide strategies for dealing with these problems.
- Keep in mind consumers' personal recovery goals. Being able to solve problems (or cope with them more effectively) can help consumers overcome some obstacles to achieving their goals. For example, consumers with a goal of taking a class may have difficulty concentrating. Use strategies in the Handout to help improve their concentration and ability to study.

Educational strategies

Educational strategies for this topic help consumers learn two general approaches to dealing with problems:

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

The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers' points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small "chunks" at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points from this topic.

Topic 9: Coping with Problems and Persistent Symptoms**Cognitive-behavioral strategies**

Complete the exercises in the Handout to help consumers apply this information to their own lives. Model and role-play strategies that consumers select. For example:

- If consumers have problems with depression and want to try a strategy of scheduling something pleasant to do each day, help them set up a calendar of a week's worth of pleasant activities.
- If consumers have problems getting along with a roommate who plays loud music late at night, select the strategy of asking the roommate to use head phones after 11 PM. Role-play how to make the request.

Homework strategies

Ask consumers to do a homework assignment related to the topic. Ideas for homework assignments are as follows:

- Identify a specific problem that you experienced before. Review what helped and what did not help in dealing with it.
- Work on solving a problem using the exercise *Step-by-Step Problem-Solving and Goal Achievement*. Ask a family member or other supporter to participate.
- Review the exercises that you completed. Identify one coping strategy that you want to try. Use it over the next week. Keep track of whether it helps.
- Complete any exercises that you were unable to finish during the session.
- Ask a family member or other supporter to participate in using a coping strategy.

Topic 9: Coping with Problems and Persistent Symptoms

Tips for common problems

Consumers may prefer not to talk about problems.

- Help consumers reframe problems as goals, which sounds more positive. For example:
 - *Sleep problems* can be defined as *getting a good night's sleep*;
 - *Depression* can be defined as *being in a more optimistic mood*; or
 - *Lack of interest* can be defined as *developing more interests*.
- Use the exercise *Step-by-Step Problem-Solving and Goal Achievement* to pursue new or existing personal recovery goals.

Consumers may find it difficult to identify a coping strategy to deal with a problem.

- When consumers are depressed or experience the negative symptoms of schizophrenia, they may find it hard to imagine that a coping strategy may help. In such situations, encourage consumers to keep an open mind and to “give it a try” to see what happens. For example, some consumers find it hard to believe that exercise can help improve a person’s mood. Encourage them to try a 10- to 15-minute walk and have them rate their mood before and after the walk.
- Suggest that consumers ask someone to join them in using a coping strategy. For example, as part of a coping strategy for developing interests, consumers could ask a family member or other supporter to join them on a trip to the art museum.



**Topic 9: Coping with Problems and Persistent Symptoms****Review questions:** Use the following questions to review the main points from this topic.**Questions**

■ What are some of the important steps in solving a problem?

■ Name some common coping strategies.

True/false and multiple-choice questions

True False

In solving problems, it is important to consider more than one possible solution.

☐ ☐

Multiple Choice

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?**

■ Setting goals for daily activities

☐

■ Keeping your feelings inside

☐

■ Reminding yourself of your faults

☐

**Topic 9: Coping with Problems and Persistent Symptoms****Introduction**

Coping effectively with problems can help consumers reduce stress and their susceptibility to relapses. This topic helps consumers identify problems they may be experiencing, including persistent symptoms that are distressing.

Two general approaches to dealing with problems are taught

- A step-by-step method for solving problems and achieving goals; and
- Coping strategies for dealing with persistent symptoms.

Consumers 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 consumers learn how to reduce their stress and discomfort.

Goals

- Identify common problems and persistent symptoms that cause distress.
- Learn to use a step-by-step method of solving problems to manage identified problems and persistent symptoms.
- Develop coping strategies to manage specific problems and persistent symptoms.
- Develop a plan to cope with personal persistent symptoms.

Handouts

Review and distribute IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms* (for both individual and group sessions). We recommend covering this topic in six sessions:

- Session 1: *A step-by-step model for problem-solving and goal achievement*
- Session 2: *Identifying common problems and persistent symptoms*
- Session 3: *Using the problem-solving model with a problem or persistent symptom*
- Session 4: *Developing a plan to cope with a common persistent symptom*
- Session 5: *Developing a plan to cope with another common persistent symptom*
- Session 6: *Developing a plan to cope with a personal persistent symptom*

Topic 9: Coping with Problems and Persistent Symptoms

Structure of group sessions

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.

**Practitioner Guide****Topic 9: Coping with Problems and Persistent Symptoms****Session 1:
A step-by-step model
for problem-solving
and goal achievement****How to begin**

Review the following sections of IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms*:

- *Introduction*
- *The importance of coping with problems*
- *A step-by-step method for solving problems and achieving goals*

Session goal

- Identify common problems and persistent symptoms that cause distress.
- Learn to use a step-by-step method of solving problems to manage identified problems and persistent symptoms.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals. Be alert for consumers who have already chosen some aspect of coping with persistent symptoms as a goal. Help them make the connection between their goal and what will be covered under this topic;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to discuss the importance of coping with persistent symptoms to prevent them from interfering with important personal goals."
 - "We will also begin to learn how to use a step-by-step problem-solving method for managing persistent symptoms and achieving goals."
- Teach material from the Handout.

Motivational strategies

Help consumers understand that coping with persistent symptoms increases their ability to pursue personal goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 9: Coping with Problems and Persistent Symptoms

Session 1: A step-by-step model for problem-solving and goal achievement

Cognitive-behavioral strategies

Complete the exercise *Step-by-Step Problem-Solving and Goal Achievement*. Model the step-by-step problem-solving method to plan a group activity.

- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Review the steps in the exercise *Step-by-Step Problem-Solving and Goal Achievement*. Try using some of the steps.
- Review and discuss the Handout or exercise with a family member or other supporter. Identify how that person can help you.

**Practitioner Guide****Topic 9: Coping with Problems and Persistent Symptoms****Session 2:
Identifying common problems
and persistent symptoms****How to begin**

Review the following sections of IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms*:

- *Persistent symptoms*

Session goal

Identify common problems and persistent symptoms that cause distress.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we learned how to use the problem-solving model to achieve goals."
 - "Today we will learn to identify common problems and persistent symptoms."
- Teach material from the Handout.

Motivational strategies

Help consumers understand that persistent symptoms can be managed so that consumers can achieve their personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 9: Coping with Problems and Persistent Symptoms

Session 2: Identifying common problems and persistent symptoms

Cognitive-behavioral strategies

- Complete the exercise *Identifying Common Problems and Persistent Symptoms* to help consumers apply this information in their own lives.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete the exercise if you were unable to finish it during the session.
- Review and discuss the Handout and exercise with a family member or other supporter.

**Practitioner Guide****Topic 9: Coping with Problems and Persistent Symptoms****Session 3:
Using the problem-solving
model with a problem or
persistent symptom****How to begin**

Review the following sections of IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms*:

- A step-by-step method for solving problems and achieving goals

Session goal

Learn to use a step-by-step method of solving problems to manage identified problems and persistent symptoms.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we learned about persistent symptoms and we identified one or more symptoms that we experienced.
 - "This week we will use the step-by-step problem-solving model again. This time we will learn to use it to figure out ways to begin managing the common problems and persistent symptoms we have identified."
- Teach material from the Handout.

Motivational strategies

Continue to help consumers understand that persistent symptoms can be managed so that consumers can achieve their personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.



Practitioner Guide

Topic 9: Coping with Problems and Persistent Symptoms

Session 3: Using the problem-solving model with a problem or persistent symptom

Cognitive-behavioral strategies

- Complete the exercise *Step-by-Step Problem-Solving and Goal Achievement*. Model the problem-solving method with a problem or persistent symptom a consumer has identified.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all at our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Complete the exercise *Step-by-Step Problem-Solving and Goal Achievement* to solve a personal problem that you have identified.
- Review and discuss the Handout and exercise with a family member or other supporter.

**Practitioner Guide****Topic 9: Coping with Problems and Persistent Symptoms****Session 4:
Developing a plan to cope with
a common persistent symptom****How to begin**

Review the following sections of IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms*:

- *Strategies for coping with specific problems and persistent symptoms* (including *Thinking problems and Mood problems*)

Session goal

Develop a plan to cope with a common persistent symptom.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "In this group we will learn ways to cope with two common persistent symptoms: thinking problems and mood problems."
- Teach material from the Handout.

Motivational strategies

Convey hope and confidence that consumers can cope with mood and thinking problems and make progress toward their personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 9: Coping with Problems and Persistent Symptoms

Session 4: Developing a plan to cope with a common persistent symptom

Cognitive-behavioral strategies

- Complete the exercises *Plan for Coping with Thinking Problems* and *Plan for Coping with Mood Problems*. Model coping strategies.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Identify a persistent symptom. Practice coping strategies to help manage them.
- Review and discuss the Handout with a family member or other supporter. Ask them to practice a coping strategy for a persistent symptom with you.

**Practitioner Guide****Topic 9: Coping with Problems and Persistent Symptoms****Session 5:
Developing a plan to cope
with another common
persistent symptom****How to begin**

Review the following sections of IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms*:

- *Strategies for coping with specific problems or persistent symptoms (Cover Negative symptoms, Psychotic symptoms, and Drug or alcohol use problems)*

Session goal

Develop a plan to cope with a common persistent symptom.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week we learned strategies to cope with two common areas of persistent symptoms."
 - "Today we will learn strategies for three other common areas of persistent symptoms."
- Teach material from the Handout.

Motivational strategies

Convey the message that being able to solve problems and cope with persistent symptoms can help consumers achieving their personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 9: Coping with Problems and Persistent Symptoms

Session 5: Developing a plan to cope with another common persistent symptom

Cognitive-behavioral strategies

- Complete the exercises in the Handout to help consumers apply this information in their own lives.
- As consumers choose a coping strategy, help them outline the details for practicing it. Use the following steps to help consumers practice the strategy:
 - Review the strategy and benefits of using it.
 - Model using the strategy in a role-play.
 - Ask for consumers' feedback.
 - Engage a consumer in a role-play using the same situation.
 - Give positive feedback and one suggestion for how the role-play could be even better.
 - Engage the consumer in another role-play using the same situation.
 - Give additional feedback.
 - Engage other consumers in role-plays.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Practice a particular coping strategy. Think about how well it works for you.
- Review and discuss the Handout with a family member or other supporter. Ask them to practice a coping exercise with you.

**Practitioner Guide****Topic 9: Coping with Problems and Persistent Symptoms****Session 6:
Developing a plan to cope with
a personal persistent symptom****How to begin**

Review the following sections of IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms*:

- *Examples of people using coping strategies*
- *Plan for coping with problems and persistent symptoms*
- *Summary of the main points about coping with problems and persistent symptoms*

Session goal

Develop a plan to cope with personal persistent symptoms.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last week we learned strategies to cope with three common areas of problems or persistent symptoms."
 - "Today we will develop a plan to cope with specific problems and persistent symptoms."
- Teach material from the Handout.

Motivational strategies

Help consumers understand that having a plan to cope with problems or persistent symptoms can help them manage those situations effectively.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 9: Coping with Problems and Persistent Symptoms

Session 6: Developing a plan to cope with a personal persistent symptom

Cognitive-behavioral strategies

- Complete the exercise *Plan for Coping with Problems and Persistent Symptoms*.
- Use modeling or role-plays as needed to help consumers practice selected strategies.
- Help shape the behavior of consumers by noticing small steps taken to use strategies selected on their plan.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group when we start a new topic called *Getting Your Needs Met by the Mental Health System*."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Practice a particular strategy from your coping plan. Think about how well it works for you.
- Review and discuss the Handout and your coping plan with a family member or other supporter. Ask them to participate in your coping plan.



Individual session



Group session

Illness Management and Recovery (IMR)

Handout

Topic 9: Coping with Problems and Persistent 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, in recovery from bipolar disorder

Introduction

This Handout describes strategies for coping with common problems and persistent symptoms. People sometimes experience stress because of depression, anxiety, sleep problems, hearing voices, and other symptoms. Coping strategies can be effective at reducing symptoms or distress related to symptoms.

Q: What is an example of a problem that has caused you stress?

The importance of coping with problems

Problems are a natural part of life. Everyone encounters them along the way, no matter how well they manage their lives. Some problems are easily solved and cause very little stress. Others are more challenging and can result in significant stress. When stress builds up, it can worsen symptoms and lead to a relapse.

This Handout gives you a step-by-step method for solving problems and achieving goals. It also gives you some specific strategies for coping with problems that people commonly encounter, including problems related to persistent psychiatric symptoms.

A step-by-step method for solving problems and achieving goals

When trying to solve a problem or achieve a goal, take an active, solution-focused approach. Follow a step-by-step method like the one in the next exercise. Work together 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.

Q: Are you experiencing a problem that is causing stress? Use the exercise to develop a plan for solving the problem.

Exercise: Step-by-Step Problem-Solving and Goal Achievement

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

List three possible ways to solve the problem or achieve the goal. Then for each possibility, fill in one advantage and one disadvantage.

Possible ways to solve the problem	Advantages	Disadvantages
1.		
2.		
3.		

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

Exercise: Step-by-Step Problem-Solving and Goal Achievement (continued)

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

Steps to carry out the solution	Who will help	When	Resources	Possible problems	Possible solutions

Set a date for followup:

/ /

/ /

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.



Persistent symptoms

What do we mean by *persistent symptoms*? Some symptoms of mental illnesses occur much of the time, although their strength may vary over time. Many people have some form of persistent symptoms. Common ones include anxiety, hearing voices, having depression, and having suspicious thoughts about others. Persistent symptoms can be distressing and, at times, may stop you from enjoying life.

When problems related to persistent symptoms of mental illnesses are not addressed, they can cause distress, contribute to stress, and increase the risk of relapse. Problems related to persistent symptoms are generally categorized as the following:

- Thinking problems,
- Mood problems,
- Negative symptoms,
- Psychotic symptoms, and
- Drug and alcohol use.

The rest of this Handout will focus on some problems related to persistent symptoms. This Handout will teach you strategies for coping with persistent symptoms so that you can pursue important personal goals and have a good quality of life despite experiencing symptoms that may not go away.

While persistent symptoms usually do not signal an approaching crisis, occasionally a persistent symptom can change or worsen to the point of

becoming an early warning sign of relapse. Being able to tell the difference between a persistent symptom and an early warning sign of relapse is not always easy. Warning signs are symptoms that tend to come before a relapse such as disturbed sleep, changes in eating patterns, increased isolation, intrusive behavior toward others, or a considerable worsening of usual symptoms. In contrast, persistent symptoms are more constant and usually have not led to past relapses. Work with practitioners and other supportive people in your life to help recognize the difference between these two types of symptoms.

This session will concentrate on ways to manage persistent symptoms and other problems. Strategies for dealing with early warning signs are discussed in IMR Handout—Topic 7: *Reducing Relapses*.

Because each person is an individual, no one has the same set of problems. To develop coping strategies that work for you, it helps to first identify the specific problems you have experienced.

People Often Experience Problems or Persistent Symptoms in the Following Categories:

- Thinking
- Mood
- Negative symptoms
- Psychotic symptoms
- Abusing drugs or alcohol

Q: What are some problems that you have experienced? Use the following exercise to help this process.

Exercise: Identifying Common Problems and Persistent 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:		☐

Q: Which common problem or symptom has caused you the most stress?



Strategies for coping with specific problems and persistent symptoms

A variety of strategies can help you cope with problems and persistent symptoms. It's important to choose the ones that you think will help you most. The following information will help you select strategies to cope with the problems you identified in the previous exercise.

Remember that if any problem begins to worsen or interferes significantly with your life, it may be a sign of an impending relapse. In such situations, contact your doctor to decide what to do.

Thinking problems

Thinking problems include concentration and attention. Review the strategies under each problem and choose ones you would like to try.

Concentration

Sometimes people have problems concentrating on conversations or activities. The following strategies may help.

- Minimize distractions so that you concentrate on only one thing. For example, if you're trying to concentrate on a phone conversation, turn off the radio and TV and make sure that other people aren't talking nearby.
- Ask the person with whom you are speaking to slow down or repeat things, when needed.

- Check to make sure you understand what was said. Summarize what you heard. For example, say, "Let me see if I understand. Are you saying _____?"
- Break activities or tasks down into smaller parts and take frequent breaks. For example, if you have to clean your apartment, try cleaning one room at a time. Take breaks between each room.

Attention

- Choose an interesting activity that requires attention. Start with a brief activity and gradually increasing the amount of time. For example, if you are having difficulty paying attention when reading, start by reading a few paragraphs of a newspaper article or magazine. Gradually build up to a page. The important thing is to progress at a pace that is 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 with people helps them focus better.

Q: Which of the strategies would you like to try?

Q: How could you put one or more of the strategies into practice? Use the following exercise to record your answer:

Exercise: 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

Mood problems include anxiety, depression, anger, and sleeping difficulties. Review the strategies under each problem and choose ones that you would like to try.

Anxiety

When people are anxious, they usually feel worried, nervous, or afraid. Often they feel physical signs of anxiety such as muscle tension, headaches, racing heart, 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 them know how you feel.
- Use relaxation techniques such as deep breathing or progressive muscle relaxation to stay calm.
- Identify situations that tend to make you anxious and plan to do something about them. For example, if you are anxious about an upcoming application deadline, plan to start working on the first part of the application.
- Work with your mental health practitioner on a plan for gradually exposing yourself to situations that make you feel anxious.

For example, if you are anxious about taking the bus, start by waiting at the bus stop and watching people get on and off the bus. Next, 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;
- Having low energy or poor appetite; and
- Having trouble concentrating and deciding.

If you get severely depressed or if you start thinking of hurting yourself or ending your life, contact your practitioner right away or seek emergency services. However, if you are not having severe symptoms of depression, try the following coping strategies to help improve your mood.

- Set goals for daily activities. Start with one or two activities and gradually build up to a full schedule.
- Identify things that you enjoy and build your strengths in those areas.
- Schedule something pleasant to do each day, even if it is a small thing.
- Talk to someone in your support system to let that person know how you're feeling. Sometimes others 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. Take your time.
- Practice relaxation exercises regularly.
- Remind yourself of the steps you have accomplished. Don't focus 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 minor. Because this is a common problem, programs for anger management exist, and many people have found them helpful. Some of the techniques taught in anger management classes are listed below.

- Recognize the early signs that you are starting to feel angry (for example, heart pounding, jaw clenching, perspiring).
- Identify situations that commonly make you feel angry. Learn how to handle these situations more effectively.
- Develop strategies for staying calm when you're angry such as counting to 10 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 to avoid the situation in the future.

Sleeping difficulties

Sleeping too much or too little can be disruptive. It's hard to accomplish things without enough sleep. Try some of the following strategies:

- Go to sleep and get up at the same time every day.
- Avoid caffeine after 6 PM.
- Exercise during the day so you 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 the temperature is comfortable.
- Do not watch violent or distressing programs on TV just before going to bed.
- Avoid having discussions about upsetting topics just before going to bed.
- Do not nap during the day.
- Do not spend more than 30 minutes lying awake in bed. Instead, get up, go to another room, and do something relaxing (such as reading or listening to music) for at least 15 minutes before you return to bed.

Q: Which strategies did you identify that you would like to try?

Q: How could you put the strategies into practice? Use the following exercise to record your answer.

Exercise: 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

Negative symptoms include a lack of pleasure and interest, lack of expressiveness, and social withdrawal. Review the strategies under each symptom and choose ones you would like to try.

Lack of interest and lack of pleasure

It's difficult to stay active when things don't interest you or when you don't enjoy things you used to enjoy. It is also difficult to pursue goals when you feel this way. The following strategies can help you gradually increase your interest in and enjoyment of activities.

- **Be patient with yourself.** Change happens gradually.
- **Identify an activity that you used to enjoy.** Start engaging in that activity for brief periods of time. For example, if you used to enjoy walking, try taking a short walk (5 to 10 minutes) in your 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, try walking to an interesting place (a park or shopping area) farther away.
- **Ask people in your support system to do things with you.** It can be more enjoyable to share the experience with someone. For example, when you walk with a friend or family member it becomes a social experience as well as a physical one.
- **Regularly schedule enjoyable activities.** The more regularly you do an activity, the more likely you will start to enjoy it.

Q: Which activities did you identify that you would like to try? Use the following exercise to record your answers.

Exercise: Identifying Enjoyable Activities	
Enjoyable activity	I would like to try this:
Humor (reading jokes, telling jokes to others, funny movies or television shows)	☐
Listening to music	☐
Playing a musical instrument	☐
Watching sports (in-person or on television)	☐
Playing sports	☐
Reading (fiction, nonfiction, humor, mysteries, poetry, plays)	☐
Writing (journal, poetry, or stories)	☐
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, or word scrambles)	☐
Trivia or knowledge games (Trivial Pursuit, or Jeopardy)	☐
Sewing, knitting	☐
Other: _____	☐
Other: _____	☐

Be willing to try something several times to become 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 it is hard to tell what you are thinking or feeling by your expression or tone of voice, it may mean that you have a problem expressing your emotions. This can create misunderstandings. For example, you may be very interested in something, but others may think you are bored or not paying attention.

Strategies to help you avoid this kind of misunderstanding include the following:

- **Verbally express what you feel or think.**
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 withdraw from people and avoid contact with others, it may create problems in your relationships.

Strategies for coping with social withdrawal include the following:

- Join a support group.
- Explore jobs or volunteer work that involve contact with other people.
- Schedule contact with someone every day, even for a short time.
- If you find it stressful to be with people, practice relaxation techniques (see IMR Handout—Topic 8a: *Relaxation Techniques*) before or after your contact with them.
- If face-to-face contact is too stressful, call people on the telephone.
- Arrange for errands that involve contact with people such as going to the store or the library.
- List people in your support system with whom you feel most comfortable. Call them when you feel 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.

Q: Which strategies did you identify that you would like to try?

Q: How could you put the strategies into practice? Use the following exercise to record your answer.

Exercise: 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

Psychotic symptoms include delusions and hallucinations. Review the strategies under each symptom and choose ones you would like to try.

Delusions

Sometimes people develop beliefs that are firmly held despite contradictory evidence. For example, they might start to believe that the FBI is monitoring their phone calls even though no evidence of this exists. 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. In this instance, call your doctor to decide on your next steps.

For some people, these kinds of beliefs do not go away. If these symptoms worsen it may be an early warning sign of relapse.

But if the symptoms stay about the same, try one or more of the following coping strategies:

- Distract yourself by focusing on an activity such as doing a puzzle.
- Check out your beliefs by talking to someone you trust. For example, share the belief with your mental health practitioner, family member, or other supporter and ask for their point of view.
- Distract yourself with a physical activity. Go for a brisk walk.

If you try the strategies listed above but still feel distressed, it may help to mention it to someone in your support system. Review the relapse prevention plan that you developed in IMR Handout—Topic 7: *Reducing Relapses*.

Contact your doctor 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 doctor or mental health practitioner, seek emergency services.

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 an early warning sign of relapse and they should contact their doctor to decide on next steps. For other people, however, hallucinations do not go away. If they worsen, it may be an early warning sign of relapse. If the symptoms stay the same, try one or more of the following coping strategies:

- **Distract yourself.** Focus on an activity such as reading or taking a walk. Some people who hear voices hum to themselves or listen to music 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 it 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 attention to it. For example, they might tell themselves, “There’s that critical voice again. I’m not going to let it bother me or affect what I’m doing.”
- If your voices or hallucinations worsen when you are under stress, **try relaxation techniques** such as deep breathing or muscle relaxation. They may reduce the intensity of the hallucination. (See the IMR Handout—Topic 8a: *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, **contact your doctor or emergency services.**

Q: Which strategies did you identify that you would like to try?

Q: How could you put the strategies into practice? Use the following exercise to record your answer.

Exercise: 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 use problems

If you are experiencing problems with alcohol, drugs, or over-the-counter medications, you are not alone. These problems, called *substance use disorders*, are common.

It is especially common for people with mental illnesses to have problems with alcohol or drugs. If someone has both a mental illness and a substance use disorder, the two disorders are called *co-occurring disorders*.

Drugs and alcohol can worsen symptoms of mental illnesses and can interfere with the benefits of prescribed medication. To stay well, therefore, it is important to address any problems you might have with drugs or alcohol.

The coping strategies described below can help, but remember that most people need more help to overcome serious alcohol or drug problems. Programs that integrate treatment for mental illnesses with treatment for substance use disorders have the most positive results. Self-help programs such as the following can be extremely helpful:

- Alcoholics Anonymous (AA);
- Narcotics Anonymous (NA); and
- Dual Recovery and Double Trouble (for people with both mental illnesses and substance use disorders).

Whether or not you participate in an Integrated Treatment for Co-Occurring Disorders program or a self-help group, develop strategies that you can use to deal with drug or alcohol problems. Try one of the following strategies:

- **Learn about the scientific facts about using drugs and alcohol. For example:**
 - Although alcohol in small amounts may be relaxing, it can also worsen depression.
 - Some people with mental illnesses are more sensitive to the effects of drugs and alcohol so using even small amounts may worsen their symptoms or reduce the effectiveness of prescribed medication.
- **Identify the advantages and disadvantages of using drugs or alcohol.** What do you like about using drugs or alcohol? What don't you like about using them?
- **Be realistic about how using drugs or alcohol has affected your life.** For some people, the effects may be relatively minor such as having less spending money. For others, the effects are more extensive such as losing friends, having legal problems, or being unable to keep a job.
- **Develop alternatives to using drugs or alcohol.** What other activities can give you the positive effects that you look for when using drugs or alcohol?

- If you decide to stop using substances, **practice responding 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 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** including:

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.

For more information, see IMR Handout—Topic 6: *Drug and Alcohol Use*.

Q: What strategies did you identify that you would like to try?



Q: How could you put the strategies into practice? Use the following exercise to record your answer.

Exercise: Plan for Coping with Problems Related to Drug or Alcohol Use		
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 worsen. 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 persistent symptoms

It helps to have a plan for putting coping strategies into action. This Handout included several exercises

to help you identify coping strategies for specific problems and persistent symptoms. Use the information from these exercises to complete the following exercise and develop your own *Plan for Coping with Problems and Persistent Symptoms*.

Exercise: Plan for Coping with Problems and Persistent Symptoms		
Strategy I would like to try	When I would like to try it	Steps I will take

Summary of the Main Points About Coping with Problems and Persistent Symptoms

- Developing strategies for coping with problems and persistent 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
 - Drug or alcohol use
- Choose strategies to help you cope with problems and persistent symptoms.
- It helps to have a plan for putting coping strategies into action.



Illness Management and Recovery (IMR) Practitioner Guide

Topic 10: Getting Your Needs Met by the Mental Health System

Introduction	This topic gives consumers information to help them make choices about programs and services that will help their recovery. It provides an overview of the mental health system and benefits. Consumers are also given strategies to advocate effectively for themselves in the mental health system, if needed.
Goals	■ Provide information about mental health services and benefits that will help consumers to participate in decisions related to their treatment. ■ Give consumers an opportunity to discuss the services they are receiving or would like to receive. ■ Provide strategies for effective advocacy.
Handouts	Review and distribute IMR Handout—Topic 10: <i>Getting Your Needs Met by the Mental Health System</i> (for both individual and group sessions).
Number and pacing of sessions	This topic can usually be covered in two to four sessions. For each session, most IMR practitioners find that covering one or two topics and completing an exercise is a comfortable amount.
Structure of the sessions	■ Socialize informally and identify any major problems. ■ Review the previous session. ■ Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing the homework. ■ Follow up on goals. ■ Set the agenda for today's session. ■ Teach new material (or review material from the previous session, if necessary). ■ Summarize the progress made in the current session. ■ Agree on homework to be completed before the next session.
Strategies to be used in each session	■ Motivational strategies ■ Educational strategies ■ Cognitive-behavioral strategies



Topic 10: Getting Your Needs Met by the Mental Health System

Motivational strategies

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

Review consumers’ personal recovery goals. Identify information from this topic could help them achieve a goal. For example, if consumers’ goals are to increase social support, you could introduce them to a social skills group at their local mental health center.

Complete the exercises in the Handout to help consumers identify programs or services that may help them to reach their personal recovery goals.

- When discussing mental health services, ask which services consumers have already tried and if those services helped. For example, ask whether consumers have used the crisis hotline and if it helped them manage their crisis. If the hotline was not helpful, explore strategies for having a better outcome in the future.
- When talking about benefits, explore whether consumers are eligible for certain benefits that may help them achieve a personal recovery goal. For example, if consumers are interested in living independently but do not have enough money, receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) might help. This may increase their motivation to learn more about the eligibility requirements of SSI and SSDI.
- When discussing advocacy, ask about consumers’ advocacy experience. Would improved self-advocacy skills help them pursue certain personal goals?

Topic 10: Getting Your Needs Met by the Mental Health System

Educational strategies

Educational strategies for this topic help consumers to understand mental health services and develop strategies for advocating for those services. The following educational strategies may be helpful:

- **Review the Handout** by summarizing the main points or taking turns reading them aloud.
- **Pause at the end of each section** to check for understanding and to learn more about the consumers' points of view.
- **Allow plenty of time for interaction.** Make the communication two-way. You are both learning something from each other. It is important not to ask questions too quickly, which consumers may experience as an interrogation.
- **Allow time to complete the exercises.** Some consumers will not need any help completing them. Others may appreciate assistance such as reading words, spelling, or writing some of their answers. Encourage consumers to discuss their answers.
- **Break the content into manageable pieces.** It is important not to cover more than consumers can absorb. Present information in small "chunks" at a comfortable pace.
- **Use the questions at the end of this Practitioner Guide** to assess how well consumers understand the main points from this topic.

Cognitive-behavioral strategies

Cognitive-behavioral strategies help consumers apply the information from this topic in their own lives. Use modeling and role-playing to help consumers practice strategies introduced in the Handout. For example:

- If consumers would like to develop a plan to advocate for services, work with them to outline steps that they may take. Role-play how they may put specific steps into action.
- Rehearse advocacy strategies. For example, if consumers were frustrated by a long waiting list to see a counselor, encourage them to talk with the consumer advocate at the mental health center. Role-play how to state their concerns.

Topic 10: Getting Your Needs Met by the Mental Health System

Homework strategies

Ask consumers to do a homework assignment related to the topic. Ideas for homework assignments are as follows:

- List mental health services that may help you achieve your goals. Bring the list to your next session to review and discuss.
- Review and discuss the Handout and exercise with a family member or other supporter. Ask them to help you advocate for services that may help you achieve your goals.

Tips for common problems

Some consumers are “disillusioned” with the mental health system.

Explore consumers’ past experiences and identify strategies from the Handout that may help them achieve their personal recovery goals. For example, if consumers complain that their doctor did not pay attention to their request to consider changing medications, encourage them to talk to the doctor again. Role-play ways that consumers could express their concerns

**Topic 10: Getting Your Needs Met by the Mental Health System****Review questions:** Use the following questions to review the main points from this topic.**Questions**

- What services does your mental health center offer?

- What benefits are available to people with mental illness?

- Whom can you talk to if you have a problem with the mental health system?

Multiple-choice and true/false questionsMultiple
Choice**Which of the following professionals are usually available at mental health centers?**

- Counselors ☐
- Insurance agents ☐
- Salespeople ☐

Which of the following is a benefit available to people who are unable to work full-time because of their mental illnesses?

- SSI (Supplemental Security Income) ☐
- AA (Alcoholics Anonymous) ☐
- OT (Occupational Therapy) ☐

True False

Once you find a practitioner who you feel comfortable talking to, it is a good idea to regularly stay in touch with that person. ☐ ☐

Raising your voice is an effective strategy for advocating for yourself. ☐ ☐

**Topic 10: Getting Your Needs Met by the Mental Health System****Introduction**

This topic gives consumers information to help them make choices about programs and services that will help their recovery. It provides an overview of the mental health system and benefits. Consumers are also given strategies to advocate effectively for themselves in the mental health system, if needed.

Goals

- Provide information about mental health services and benefits that will help consumers participate in decisions related to their treatment.
- Give consumers an opportunity to discuss the services they are receiving or would like to receive.
- Provide strategies for effective advocacy.

Handouts

Review and distribute IMR Handout—Topic 10: *Getting Your Needs Met by the Mental Health System* (for both individual and group sessions). We recommend covering this topic in three sessions:

- Session 1: *Community mental health services*
- Session 2: *Financial and health insurance benefits*
- Session 3: *Advocating for yourself in the mental health system*

Structure of group sessions

Step	Time
1. Socialize informally (greet and welcome members).	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review homework assignments.	5-10 minutes
4. Follow up on the goals of two to three members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

The average length of a group session is 45 minutes to 1 ½ hours.

**Topic 10: Getting Your Needs Met
by the Mental Health System****Session 1:
Community mental
health services****How to begin**

Review the following sections of IMR Handout—Topic 10: *Getting Your Needs Met by the Mental Health System*:

- *Introduction*
- *What are Community Mental Health Centers?*
- *What types of services do Community Mental Health Centers offer?*
- *How can you find out more about participating in specific programs?*

Session goal

Provide information about mental health services and benefits that will help consumers participate in decisions related to their treatment.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals. Be alert for consumers who have already chosen some aspect of getting their mental health needs met as a goal. Help them make the connection between their goal and what will be covered under this topic;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Today we're going to discuss services offered at community mental health centers such as this agency."
 - "We will also identify which of those services might help you."
- Teach material from the Handout.

Motivational strategies

Help consumers understand that services at mental health centers can help them reach their personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 10: Getting Your Needs Met by the Mental Health System

Session 1: Community mental health services

Cognitive-behavioral strategies

- Help consumers apply the information from this topic by reviewing examples of how services have helped consumers achieve their personal recovery goals.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- List two services that you do not currently receive but think may help you achieve your goals. Bring your list to the next group to review and discuss.
- If you are already receiving the mental health services that you desire, list those services and identify how you are benefiting from each.

**Topic 10: Getting Your Needs Met
by the Mental Health System****Session 2:
Financial and health
insurance benefits****How to begin**

Review the following sections of IMR Handout—Topic 10: *Getting Your Needs Met by the Mental Health System*:

- *Are you entitled to financial benefits?*
- *Are you entitled to health insurance benefits?*

Session goal

- Provide information about mental health services and benefits that will help consumers participate in decisions related to their treatment.
- Give consumers an opportunity to discuss the services they are receiving or would like to receive.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we talked about services that are available at many mental health centers."
 - "Today we will learn about financial and health insurance benefits."
- Teach material from the Handout.

Motivational strategies

Connect having adequate benefits with being able to achieve personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

Practitioner Guide

Topic 10: Getting Your Needs Met by the Mental Health System

Session 2: Financial and health insurance benefits

Cognitive-behavioral strategies

- Help consumers develop a plan to get needed financial or health insurance benefits. Help them identify assistance to apply for benefits.
- Help consumers rehearse ways to request assistance to apply for benefits or role- play ways to apply for the benefits.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
 - "You did a great job today. I look forward to seeing you all in our next group."

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Apply for specific benefits or take small steps toward that task.
- Review and discuss the Handout with a family member or other supporter. Ask them to help you apply for specific benefits.

**Topic 10: Getting Your Needs Met
by the Mental Health System****Session 3:
Advocating for yourself in
the mental health system****How to begin**

Review the following sections of IMR Handout—Topic 10: *Getting Your Needs Met by the Mental Health System*:

- *How can you advocate for yourself in the mental health system?*
- *Whom can you ask for help if you have a problem with the mental health system?*
- *Are your needs being met by the mental health system?*
- *Summary of the main points about getting your needs met by the mental health system.*

Session goal

Provide strategies for effective advocacy.

Structure of the session

- Socialize informally (greet and welcome the group).
- Review the past session. Ask consumers what they thought the most important points were and whether they have any questions.
- Review homework assignments. Praise all efforts. Problem-solve any difficulties.
- Follow up on the goals of two to three consumers on a rotating basis so that the progress of each consumer in the group is routinely updated.
 - Ask consumers about their specific goals;
 - Praise efforts toward goals. Adjust goals as needed; and
 - As consumers complete goals, help them set new ones.
- Set the agenda for today's session. Say:
 - "Last group we talked about financial and health insurance benefits."
 - "Today we are going to learn ways to advocate for ourselves to get our needs met by the mental health system."
- Teach material from the Handout.

Motivational strategies

Connect how learning to advocate for yourself can help you achieve your personal recovery goals.

Educational strategies

- Summarize the main points in the Handout or ask consumers to take turns reading topic areas aloud. Check frequently for understanding.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout.
- Prompt consumers to relate the material to their own lives.

**Topic 10: Getting Your Needs Met
by the Mental Health System**

**Session 3:
Advocating for yourself in
the mental health system**

**Cognitive-behavioral
strategies**

- Help consumers rehearse advocacy strategies during the group session. Use the following steps:
 - Review the strategies and benefits of using them.
 - Model using one strategy in a role-play.
 - Ask for consumers' feedback.
 - Engage a consumer in a role-play using the same situation.
 - Give positive feedback and one suggestion for how the role-play could be even better.
 - Engage the consumer in another role-play using the same situation.
 - Give additional feedback.
 - Engage other consumers in role-plays.
- Summarize the progress made in today's session. Praise all efforts. Say:
 - "We talked about many things today. What do you think some of the main points were? What helped you?"
- If consumers are now finished with the IMR program, you may want to hold some type of "completion ceremony" to recognize their accomplishment.

Homework strategies

Ask consumers to do a homework assignment related to the topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment or a scaled-down version of it. Have consumers select the best day, time, location, etc., to do the assignment.

Ideas for homework assignments are as follows:

- Take steps toward advocating for yourself on a specific issue.
- Ask a family member or other supporter to help you advocate for an identified concern.



Individual session



Group session

Topic 10: 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. Also, 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, floral designer, in recovery from bipolar disorder

Introduction

This Handout gives you an overview of the mental health system, including the services and programs available at many community mental health centers. It includes information to help you evaluate what programs you might like to participate in to further your recovery. It also includes strategies to help you advocate effectively for yourself when you encounter a problem in the mental health system.

In many states, the mental health system is in the process of changing extensively. For example, managed care organizations now provide some public mental health services. Some 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 financial resources may be necessary to afford these services. However, some organizations such as teaching hospitals have special programs that offer more affordable mental health services.

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 to people who live in a certain geographic area only. In other states, you may be able to choose the CMHC you prefer. Rates for services vary as people are charged based on insurance coverage, eligibility for medical assistance, and income.

Community Mental Health Centers are the main source of public outpatient mental health services.

What types of services do Community Mental Health Centers offer?

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 refer you to an agency that does. Your CMHC 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 illnesses;
- Emergency services;
- Occupational therapy;
- Recreational therapy;
- Supported Employment;
- Integrated Treatment for Co-Occurring Disorders; and
- Assertive Community Treatment (ACT).

Community Mental Health Centers usually provide a wide range of services.

Which services might help you?

You may have already used some services and may be interested in trying others. As you read about other people's experiences, choose the services that you would like to try.

■ Mental health evaluation

It helped me to have a complete mental health evaluation. I had been having problems for awhile and went from one bad experience to another. During the evaluation, he 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. He helps me with all kinds of practical things, like applying for benefits and arranging for free transportation to my appointments. He also helped me get involved in a Supported Employment program. He really knows the mental health system in and out.

■ Medication services

My doctor helped me 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 led by people who had experienced psychiatric symptoms was key 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 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 them 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. I can talk with them better now.

■ Day-treatment or partial-hospitalization programs

I like to have some structure every day. I see people I know and have something to do. We have educational groups and leisure groups. I especially like the music group.

■ 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.

■ Occupational therapy (OT)

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 (RT)

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 Treatment for Co-Occurring Disorders

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.

■ Supported Employment

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 (ACT)

I used to be in and out of the hospital all the time. Now I have an ACT Team that 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.

Q: Which mental health services would you like to try? Use the following exercise to record your answers.

Exercise: 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 Co-Occurring Disorders	☐
Supported Employment	☐
Assertive Community Treatment (ACT)	☐
Other: _____	☐
Other: _____	☐

How can you find out more about participating in specific programs?

You may find information about the key parts of these services from the following sources:

- Community mental health centers;
- Mental health research centers;
- Consumer support agencies; and
- Advocacy groups.

Some information is available on web sites, and some can be found by checking your local phonebook or by calling the offices of your state or county Department of Mental Health.

Are you entitled to financial benefits?

Benefit programs are established to help members of our community when they have financial difficulties. Sometimes people do not apply for these programs because they feel embarrassed. Remember, you are part of a larger community and you deserve to receive the financial help 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 18) 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 2 years of being eligible for SSDI, you might be eligible for Medicare.

■ 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.

■ Public Assistance

Each state offers different financial benefits and has different eligibility requirements. State benefit programs are often called *public assistance*, *temporary assistance for needy families*, or *welfare programs*. If you have a low income and have a mental illness that interferes 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 help buy 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 (also called *medical assistance*).

Depending on your work history and financial need, you may be eligible for SSI, SSDI, or Public Assistance.

Q: 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 is a good idea to talk 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 illnesses and have been eligible to receive SSDI for more than 2 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 apply for these programs at your local Social Security Office. Even if you are unsure that you will receive Medicare or Social Security, you have the right to apply.

■ Medicaid

If you have a low income (or no income) and have a mental illness that interferes with working full-time, you may be eligible for Medicaid (also called *medical assistance*). Even though the programs vary from state to state, they usually cover inpatient and outpatient bills and medication costs. Some states require people to pay small co-payments and reimbursements are restricted. You can apply at the state Office of Public Assistance or Office of Public Welfare.

Appealing decisions

The Social Security Administration and local state offices have ways that you can appeal decisions that have been made about your eligibility for services. When you apply, ask what the appeals process is. If you feel a decision was made incorrectly, you have a right to appeal it.

Depending on your work history and financial need, you may be eligible for health insurance benefits from Medicare or Medicaid.

Q: 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 have reported:

I was on an endless waiting list to see a 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 occur, the following guidelines may help:

- **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 housing 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 housing supervisor.

- **Seek the person on your treatment team who has the most experience with the type of problem you are having.**

I was frustrated about finding a job. I found out from my case manager that an employment specialist is 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 dissatisfied 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.**

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.

Q: Have you advocated for yourself in the mental health system? If so, was it effective?

Whom 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, it helps to have someone advocate for you.

Sometimes people feel that they “get lost in the system.” To avoid that experience, it usually helps to find someone on your treatment team with whom you feel comfortable talking and to whom you could go if you have 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, social worker, or psychiatrist. Others feel most comfortable with their nurse or their psychologist or some other mental health worker.

In many mental health systems, a *consumer advocate* or *complaint investigator* is designated to help people who have problems with the mental health system. It is a good idea to get to know the consumer advocate at your CMHC.

Some states have a state Office of Consumer Affairs or Consumer Advocacy; it is useful to learn how to access this resource, too. Often the staff in these offices have experienced psychiatric symptoms and are working as advocates. They can help answer your questions and guide you through the advocacy process.

Once you identify the person you feel comfortable with, keep him or her informed about how things are going. 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.

Q: Do you know the consumer advocate at your CMHC?

Q: 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 the mental health system is meeting your needs. Complete the following exercise to identify the types of services you receive.

Exercise: Questions About What I Receive from the Mental Health System	
Questions	Answers (Be specific)
Are there additional services that I would like to receive? (see the <i>Mental Health Services Checklist</i> , earlier in this Handout)	
Are there any financial benefits that I would like to apply for?	
Are there any health insurance benefits I would like to apply for?	
Are there any food or nutrition programs that I would like to apply for?	
Are there any housing programs or benefits that I would like to apply for?	
Would I like to strengthen my skills at advocating for myself?	
Would I like to meet the consumer advocate at my mental health center or get to know him or her better?	
Would I like to identify someone on my treatment team to help me advocate for myself?	
Is there anything else I would like to improve about what I receive from the mental health system?	

Summary of the Main Points About Getting Your Needs Met by the Mental Health System

- Individuals vary widely in the mental health services they use.
- Community mental health centers (CMHCs) are the main source of public outpatient mental health services.
- CMHCs usually offer a wide range of services.
- 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.

