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Part 1
The Basics of Illness Management and Recovery

I. An Overview of the Illness Management and Recovery Program

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

1. Materials for Providing the Illness Management and Recovery Program

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

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

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

2. Getting started

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

- Part 1 of The Practitioners' Guide
- Educational Handout #1 ("Recovery Strategies")
- Practitioner Guidelines for Educational Handout #1 ("Recovery Strategies") in Part 2 of the Practitioners' Guide

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

3. Preparing For Sessions

The first session is usually spent on orientation, using the "Orientation Sheet" (see Appendix 1) as a guide. The second (and sometimes third) session is spent on getting to know the person better, using the "Knowledge and Skills Inventory" (see Appendix 2) as a guide. This inventory is focused on the person's positive attributes/strengths rather than their problems or "deficits." It is important to gather information in a friendly, low- key manner, using a conversational tone. The remaining sessions are focused on helping people to learn and practice the information and strategies in the educational handouts and to set and pursue their personal goals. Each session should be documented, using the Progress Note for Illness Management and Recovery (see Appendix 3). The format of the progress note helps practitioners to keep track of the person's personal goals, the kinds of interventions provided (motivational, educational, cognitive-behavioral), the specific evidence-based skill(s) that are taught (coping skills, relapse prevention skills and behavioral tailoring skills) and the homework that is agreed upon.

Before beginning each educational handout, the practitioner is encouraged to review the contents of the handout and the practitioner guidelines of the same title in Part 2 of The Practitioners' Guide. Most educational handouts will require two to four sessions to put the important principles into practice. Preparation for sessions is most effective when practitioners review the educational handout and the corresponding practitioners' guidelines side-by-side, noting the goals of the handout, the specific topic headings, the probe questions, the checklists, etc. As noted above, sessions should be recorded on the form

"Progress Note for Illness Management and Recovery" (Appendix 3). Although for many people it is most helpful to go through the handouts in the order they are listed, it is important to tailor the program to respond to individual needs. For example, when a person is very distressed by the symptoms he or she is experiencing, it would be preferable to address this problem early in the program using Educational Handout #9, "Coping with Problems and Symptoms. " Practitioners need to be responsive to people's concerns and use their clinical judgment regarding the order and pacing of handouts.

II. The Importance of Recovery

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

Regardless of the personal understanding each individual develops about recovery, the overriding message is one of hope and optimism. The recovery vision is at the heart of the Illness Management and Recovery Toolkit. Through learning information about mental illness and its treatment, developing skills for reducing relapses, dealing with stress, and coping with symptoms, people can

become empowered to manage their own illness, to find their own goals for recovery, and to assume responsibility for directing their own treatment. People who experience psychiatric symptoms are not passive recipients of treatment, and the goal is not to make them "comply" with treatment recommendations. Rather, the focus of Illness Management and Recovery is providing people with the information and skills they need in order to make informed decisions about their own treatment.

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

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

III. ***The Importance of Helping People Set and Pursue Personal Goals***

Being able to set and pursue personal goals is an essential part of recovery. At the same time that information and skills are being taught in the Illness Management and Recovery Program, people are also helped to define what recovery means to them and to identify what goals and dreams are important to them. The first educational handout, "Recovery Strategies," contains specific information about setting goals. However, throughout the entire program, practitioners help people set meaningful personal goals and follow up regularly on those goals. As people gain more mastery over their psychiatric symptoms, they gain more control over their lives and become better able to realize their vision of recovery. In each session of the program, practitioners should follow up

on the participants' progress towards their goals. "Goals Set in the Illness Management and Recovery Program" (Appendix 5) helps practitioners to keep track of a person's goals. Another form, "Step-By-Step Problem-Solving and Goal Achievement" (Appendix 6) is useful for helping a person plan the steps for achieving a goal (or solving a problem).

III. ***Logistics***

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

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

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

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

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

1. <u>Selection of Participants for the Illness Management and Recovery Program</u>

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

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

problems, they often feel more confident and can be more effective at resolving some of their life stresses.

2. Format of the program

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

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

3. Structure of the sessions

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

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

4. Session Length

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

5. Location

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

of unnecessary distractions, and conducive to learning and practicing the material.

6. Educational Handouts

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

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

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

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

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

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

7. Involvement of Significant Others

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

them practice newly learned skills outside of teaching sessions, it can increase the chances of the practice being successful.

Significant others can be involved in the Illness Management and Recovery Program in several ways. People can share their educational handouts with significant others. People can request help from them in practicing specific skills. People can invite significant others to participate in some of the sessions. Significant others are especially helpful in sessions which involve developing a relapse prevention plan (using Educational Handout #7). Practitioners should make a special effort to encourage the person to include significant others in this process.

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

8. Practitioner Qualifications

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

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

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

V. Core Values in Illness Management and Recovery

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

1. Hope is the key ingredient.

First and foremost, the process of teaching Illness Management and Recovery involves conveying a message of hope and optimism. The long-term course of mental illness cannot be predicted, and no one can predict anyone’s

future. Studies have shown, however, that individuals who actively participate in their treatment and who develop effective coping skills have the most favorable course and outcome, including a better quality of life. This ability to influence one's own destiny is the basis for hope and optimism about the future.

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

2. <u>The person is the expert in his or her own experience of mental illness.</u>

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

practitioners will be more effective in assisting them in making progress towards their goals.

3. <u>Personal choice is paramount.</u>

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

4. <u>Practitioners are collaborators.</u>

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

5. <u>Practitioners demonstrate respect for people who experience psychiatric symptoms.</u>

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

VI. Teaching Principles

Several core teaching principles are incorporated into helping people learn information and skills for Illness Management and Recovery. These principles

include motivational strategies, educational methods, and cognitive-behavioral techniques. In addition, to help people apply information and skills in their own day-to-day lives, homework assignments are included that involve review and practice outside of the session.

1. Motivational Strategies

Motivational strategies address the fundamental question of why a person should be interested in learning the information and skills that are included in Illness Management and Recovery. If a person does not view learning certain information or skills as relevant to his or her needs or desires, that person will not be motivated to invest the necessary effort in learning. Motivation to learn information and skills about Illness Management and Recovery should never be assumed. Developing motivation to learn information and skills is critical for teaching each of the modules of Illness Management and Recovery.

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

perceive their goals to be distant and difficult to achieve. To help people sustain their motivation, practitioners need to convey their own confidence that they can accomplish goals, and to support people's optimism, self-confidence, and self-efficacy.

2. Educational Strategies

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

In order for the practitioner to know whether he or she is successful in teaching information, frequent checks must be made to evaluate the person's understanding of information. How often such checks need to be made will vary from one person to another, but at least some *checking for understanding* should be done on a routine basis. It is preferable to ask consumers to summarize

information in their own language rather than asking yes or no questions, such as, “Did you understand?” Hearing the person explain his or her understanding of basic concepts enables the practitioner to know what areas have been understood and what areas need clarification. It is also helpful to ask “Is there anything that you disagree with?” when reviewing information in an educational handout.

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

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

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

Second, the practitioner can prompt the person to summarize previously discussed information and fill in additional information. It is important to begin

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

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

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

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

3. Cognitive-Behavioral Strategies

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

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

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

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

Reinforcement is used in the teaching of Illness Management and Recovery in two fundamental ways. First, the practitioner uses positive reinforcement in the form of praise, smiles, interest, and enthusiasm to encourage and help people learn information and skills during teaching sessions,

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

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

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

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

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

about those feelings, then deciding to use the exercise, and then practicing the exercise itself.

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

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

Practice of skills in sessions is especially effective when it is combined with modeling by the practitioner, although it may be done without such modeling as well. One of the best methods to help people practice a new skill is for the practitioner to set up a role play that will allow the person to try using the skill in the kind of situation that may come up in his or her life. For example, when talking about building social support in educational handout #4, the practitioner can help the person set up a role-play where he or she practices starting a conversation with someone at work. After a skill has been practiced, the

practitioner should always note some strengths of the person's performance, and strive to be as specific as possible. The practitioner may also choose to give some suggestions to the person about how the skill may be done even more effectively, and additional practice in the session may be helpful.

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

Cognitive restructuring: People's beliefs about themselves and the world and their personal styles for processing and understanding information shape

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

There are many opportunities to employ cognitive restructuring in teaching Illness Management and Recovery. In the earliest sessions, practitioners may help people challenge the assumption that having a mental illness means not being able to pursue and achieve goals. This can be done by introducing the concept of recovery, and encouraging people to define recovery in terms of their own goals. During sessions focused on understanding the nature of mental illness, practitioners may provide people with a different way of thinking of the origins of their mental disorder. For example, rather than viewing it as a sign of personal weakness or faulty upbringing, the stress-vulnerability model suggests that a biological vulnerability is involved, which interacts with stress and coping skills. This model may provide a useful conceptualization to people by suggesting that vulnerability to relapses may be reduced by biological factors (taking medication effectively and avoiding drugs and alcohol), environmental factors (increased social support and decreased stress), and personal factors

(increased coping skills, meaningful structure). When teaching the rudiments of relapse prevention, people's beliefs that relapses happen randomly or that they cannot be prevented may be effectively corrected by providing information about the recognition of early warning signs of relapse and developing a relapse prevention program. During the process of teaching strategies for coping with symptoms, practitioners may help people develop an adaptive way of looking at troubling symptoms. For example, rather than symptoms being seen as intrusions into people's well-being, they may be viewed as bothersome experiences that require the development and practice of coping strategies that can minimize their disruptive nature.

Cognitive restructuring often occurs in the process of providing basic information to people, understanding their personal conceptualizations, and working with them to develop more adaptive ways of looking at things. While cognitive restructuring may occur informally, it may also be taught more formally as a coping skill for dealing with negative emotions. In such circumstances, cognitive restructuring involves helping the person describe the situation leading to the negative feeling, and then making a link between the negative emotions being experienced and the implicit thoughts and feelings associated with those feelings. Then, the person can be helped to evaluate the accuracy of those thoughts, and, if they are found to be inaccurate, to identify an alternative way of looking at the situation that is more accurate. The process of helping people evaluate the accuracy of their thoughts is sometimes facilitated by teaching them about "common cognitive distortions" people use when interpreting events around them, such as overgeneralization, jumping to conclusions, "black and

white thinking," catastrophic thinking, and selective attention (i.e., paying attention to only one piece of information while ignoring others). The essence of teaching cognitive restructuring as a strategy for dealing with negative emotions is to convey the message that feelings are the byproduct of thoughts, that such thoughts are often inaccurate, and that people can decide to change their thoughts based on an examination of the evidence.

4. Using cognitive-behavioral strategies in behavioral tailoring, relapse prevention, and coping skills enhancement

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

Behavioral Tailoring

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

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

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

Relapse prevention

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

smooth integration of a combination of motivational, educational, and cognitive-behavioral teaching strategies. These plans are often most effective when they involve someone else who is supportive to the person, such as a family member or friend.

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

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

Coping skills enhancement

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

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

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

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

Conclusion of Teaching Principles

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

Appendix 1.
<u>Orientation Sheet for the Illness Management and Recovery Program</u>

The goals of the program are:

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

The mental health practitioner will:

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

The program includes:

- An orientation session to review the goals and expectations of the program
- One or two sessions to assess people's knowledge and skills
- 4 to 10 months of weekly sessions using a series of educational handouts on the topics of:

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

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

The person participating in the program will:

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

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

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

Appendix 2
The Knowledge and Skills Inventory for the Illness Management and Recovery Program

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

Name:
Address:
Phone #:
Date of Birth:

Talents, Abilities , Skills

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

2. Educational and Work Activities:
Are you taking classes? Do you study any subjects on your own? Are you working (part-time, full-time, volunteer)? Are you in a training program?

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

4. Relationships
What people do you spend time with regularly? Co-workers? Classmates? Spouse/significant other? Family? Friends? Is there anyone that you would like to spend more time with? Who would you say are the supportive people in your life, the ones you can talk to about problems?
What supporters would you like to be involved in the Illness Management and Recovery Program?

5. Spiritual Supports

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

6. Health

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

Knowledge

7. Previous experience with peer-based education or recovery programs

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

8. Previous experience with a practitioner-based educational or recovery program?

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

9. Knowledge about mental health

- In your opinion, what does the word "recovery" mean in relationship to psychiatric disorders?

- What is an example of a psychiatric symptom you may experienced?

- What do you think causes psychiatric symptoms?

- What are some of the pro's and con's (benefits and risks) of taking medication for psychiatric symptoms?

- What do you do to help yourself prevent relapses?

- How does stress affect you? How do you deal with stress?

- What helps you cope with symptoms?

- What mental health services have helped you in your recovery?

10. Questions Related to the Illness Management and Recovery Program

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

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

Appendix 3: Example of an IMR Progress Note

Name:________________________________ID #_________ Date______ Time______
Personal Goal Set or Followed-up in Session:_______________________________________
Name of significant other(s) involved in session:___________________________________
Nature of significant other's involvement
☐ attended session ☐ given handout ☐ phone call ☐ assisted with homework ☐ other _______________

TREATMENT FOCUS: Identify the specific illness management knowledge and/or skill topic covered including handouts and worksheets:(check the primary topic and list page #s)

☐ Recovery Strategies pgs.___
☐ Practical Facts about MI pgs.____
☐ Stress-Vulnerability Model pgs.____
☐ Building Social Support pgs. ____
☐ Using Medications Effectively pgs.____
☐ Drug and Alcohol Use pgs.____
☐ Relapse Prevention Training pgs. __
☐ Coping Skills Training to Manage Stress pgs.__
☐ Coping with Problems and Symptoms pgs.___
☐ Getting Needs Met in MH System pgs.___

TREATMENT METHODS PROVIDED (Check all that apply)

Motivational Interventions

☐ Connect information and skill learning with personal goals
☐ Promote hope and positive expectation for success in achieving goals (addressing fears, perceived barriers, lack of confidence, negative realities)
☐ Explore pros and cons of change (costs and benefits)
☐ Reframe experiences in positive light.

Educational Interventions

☐ Interactive Training ☐ Check for understanding ☐ Review Information
☐ Review homework ☐ Complete worksheet ☐ Break down Info
☐ Homework Assigned (describe) ____
____

Cognitive-Behavioral Interventions

☐ Reinforcement ☐ Shaping ☐ Modeling ☐ Role Playing
☐ Cognitive restructuring ☐ Re-framing ☐ Relaxation Training

Specialized Skills Training

☐ Relapse Prevention Training ☐Coping Skills Training ☐Behavioral tailoring for medication

OUTCOME: Consumers response to treatment during session (e.g., motivation, goal clarification, increased knowledge/skill, and/or movement towards recovery goals)
Consumer Perspective (written/stated):____
____
Practitioner Perspective**:**____
____
____
PLAN : Focus of the next session**:**____
____

Consumer signature________________________________ Date___________
Practitioner signature_______________________________ Date___________

Appendix 4

Significant Others Information Sheet

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

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

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

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

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

Appendix 5

Goals Set in the Illness Management and Recovery Program

Participant's Name ____

Practitioner's Name ____

Date goal Was Set	*Goal*	*Follow-up*

Appendix 6

Step-by-Step Problem-Solving and Goal Achievement

1. Define the problem or goal as specifically and simply as possible.
2.List 3 possible ways to solve the problem or achieve the goal: a. b. c.
3.For each possibility, list one advantage and one disadvantage: <u>Advantages/pros</u>: <u>Disadvantages/cons</u>: a. a. b. b. c. c.
4.Choose the best way to solve the problem or achieve the goal. Which way has the best chance of succeeding?
5.Plan the steps for carrying out the solution. Who will be involved? What step will each person do? What is the time frame? What resources are needed? What problems might come up? How could they be overcome? a. b. c. d. e. f.

Appendix 7

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Appendix 8

Outcome Measure: Client Version

Illness Management and Recovery Scale:
Client Self-Rating

Client Name or ID#:________________________ Date:_______

Please take a few minutes to fill out this survey. We are interested in the way things are for you*, so there is no right or wrong answer. If you are not sure about a question, just answer it as best as you can.*

Just circle the number of the answer that fits you best.

1. Progress towards personal goals: In the past 3 months, I have come up with…

1	2	3	4	5
No personal goals.	A personal goal, but have not done anything to finish my goal.	A personal goal and made it a little way toward finishing it.	A personal goal and have gotten pretty far in finishing my goal.	A personal goal and have finished it.

2. Knowledge: How much do you feel like you know about symptoms, treatment, coping strategies (coping methods), and medication?

1	2	3	4	5
Not very much.	A little.	Some	Quite a bit.	A great deal

3. Involvement of family and friends in my mental health treatment: How much are family members, friends, boyfriend/girlfriend, and other people who are important to you (outside your mental health agency) involved in your mental health treatment?

1	2	3	4	5
Not at all	Only when there is a serious problem	Sometimes, like when things are starting to go badly	Much of the time	A lot of the time and they really help me with my mental health

4. Contact with people outside of my family: In a normal week, how many times do you talk to someone outside of your family (like a friend, co-worker, classmate, roommate, etc.)

1	2	3	4	5
0 times/ week	1-2 times/ week	3-4 times/ week	6-7 times/ week	8 or more times/ week

5. Time in Structured Roles: How much time do you spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time do you spend in doing activities for or with another person that are expected of you? (This would not include self-care or personal home maintenance.)

1	2	3	4	5
2 hours or less/ week	3-5 hours/ week	6 to 15 hours/ week	16-30 hours/ week	More than 30 hours/ week

6. Symptom distress: How much do your symptoms bother you?

1	2	3	4	5
My symptoms *really* bother me *a lot*.	My symptoms bother me *quite a bit*.	My symptoms bother me *somewhat*.	My symptoms bother me *very little*.	My symptoms don't bother me *at all*.

7. Impairment of functioning: How much do your symptoms get in the way of you doing things that you would like to or need to do?

1	2	3	4	5
My symptoms *really* get in my way *a lot*.	My symptoms get in my way *quite a bit*.	My symptoms get in my way *somewhat*.	My symptoms get in my way *very little*.	My symptoms don't get in my way *at all*.

8. Relapse Prevention Planning: Which of the following would best describe what you know and what you have done in order not to have a relapse?

1	2	3	4	5
I don't know how to prevent relapses.	I know a little, but I haven't made a relapse prevention plan.	I know 1 or 2 things I can do, but I don't have a written plan	I have several things that I can do, but I don't have a written plan	I have a written plan that I have shared with others.

9. Relapse of Symptoms: When is the last time you had a relapse of symptoms (that is, when your symptoms have gotten much worse)?

1	2	3	4	5
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	I haven't had a relapse in the past year

10. Psychiatric Hospitalizations: When is the last time you have been hospitalized for mental health or substance abuse reasons?

1	2	3	4	5
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	I haven't been hospitalized in the past year

11. Coping: How well do you feel like you are coping with your mental or emotional illness from day to day?

1	2	3	4	5
Not well at all	Not very well	Alright	Well	Very well

12. Involvement with self-help activities: How involved are you in consumer run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

1	2	3	4	5
I don't know about any self-help activities.	I know about some self-help activities, but I'm not interested	I'm interested in self-help activities, but I have not participated in the past year	I participate in self-help activities occasionally.	I participate in self-help activities regularly.

13. Using Medication Effectively: (Don't answer this question if your doctor has not prescribed medication for you). How often do you take your medication as prescribed?

1	2	3	4	5
Never	Occasionally	About half the time.	Most of the time.	Every day.

______ Check here if you are not prescribed any psychiatric medications.

14. Functioning affected by alcohol use. Drinking can interfere with functioning when it contributes to conflict in relationships, or to money, housing and legal concerns, to difficulty showing up at appointments or paying attention during them, or to increased symptoms. Over the past 3 months, how much did drinking get in the way of your functioning?

1	2	3	4	5
Alcohol use really gets in my way a lot	Alcohol use gets in my way quite a bit	Alcohol use gets in my way somewhat	Alcohol use gets in my way very little	Alcohol use is not a factor in my functioning

15. Functioning affected by drug use. Using street drugs, and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships, or to money, housing and legal concerns, to difficulty showing up at appointments or paying attention during them, or to increased symptoms. Over the past 3 months, how much did drug use get in the way of your functioning?

1	2	3	4	5
Drug use really gets in my way a lot	Drug use gets in my way quite a bit	Drug use gets in my way somewhat	Drug use gets in my way very little	Drug use is not a factor in my functioning

Appendix 9

Outcome Measure: Clinician Version
Illness Management and Recovery Scale: Clinician Rating

Clinician/Team Name:_________________________ Date:__________
Client Name or ID#: ___________

Please take a few moments to fill out the following survey regarding your perception of your client's ability to manage her or his illness, as well as her or his progress toward recovery. We are interested in the way ***you*** *feel about how things are going for your client, so please answer with your honest opinion. If you are not sure about an item, just answer as best as you can.*

Please circle the answer that fits your client the best.

1. Progress toward goals: In the past 3 months, s/he has come up with…

1	2	3	4	5
No personal goals	A personal goal, but has not done anything to finish the goal	A personal goal and made it a little way toward finishing it	A personal goal and has gotten pretty far in finishing the goal	A personal goal and has finished it

2. Knowledge: How much do you feel your client knows about symptoms, treatment, coping strategies (coping methods), and medication?

1	2	3	4	5
Not very much	A little	Some	Quite a bit	A great deal

3. Involvement of family and friends in his/her mental health treatment: How much are people like family, friends, boyfriends/girlfriends, and other people who are important to your client (outside the mental health agency) involved in his/her treatment?

1	2	3	4	5
Not at all	Only when there is a serious problem	Sometimes, like when things are starting to go badly	Much of the time	A lot of the time and they really help with his/her mental health

4. Contact with people outside of the family: In a normal week, how many times does s/he talk to someone outside of her/his family (like a friend, co-worker, classmate, roommate, etc.)?

1	2	3	4	5
0 times/ week	1-2 times/ week	3-4 times/ week	6-7 times/ week	8 or more times/ week

5. Time in Structured Roles: How much time does s/he spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time does s/he spend in doing activities for or with another person that are expected of him/her? (This would not include self-care or personal home maintenance.)

1	2	3	4	5
2 hours or less/ week	3-5 hours/ week	6 to 15 hours/ week	16-30 hours/ week	More than 30 hours/ week

6. Symptom distress: How much do symptoms bother him/her?

1	2	3	4	5
Symptoms *really* bother him/her *a lot*	Symptoms bother him/her *quite a bit*	Symptoms bother him/her *somewhat*	Symptoms bother him/her *very little*	Symptoms don't bother him/her *at all*

7. Impairment of functioning: How much do symptoms get in the way of him/her doing things that s/he would like to do or needs to do?

1	2	3	4	5
Symptoms *really* get in her/his way *a lot*	Symptoms get in his/her way *quite a bit*	Symptoms get in his/her way *somewhat*	Symptoms get in his/her way *very little*	Symptoms don't get in his/her way *at all*

8. Relapse Prevention Planning: Which of the following would best describe what s/he knows and has done in order not to have a relapse?

1	2	3	4	5
Doesn't know how to prevent relapses	Knows a little, but hasn't made a relapse prevention plan	Knows 1 or 2 things to do, but doesn't have a written plan	Knows several things to do, but doesn't have a written plan	Has a written plan and has shared it with others

9. Relapse of Symptoms: When is the last time s/he had a relapse of symptoms (that is, when his/her symptoms have gotten much worse)?

1	2	3	4	5
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	Hasn't had a relapse in the past year

10. Psychiatric Hospitalizations: When is the last time s/he has been hospitalized for mental health or substance abuse reasons?

1	2	3	4	5
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	No hospitalization in the past year

11. Coping: How well do you feel your client is coping with her/his mental or emotional illness from day to day?

1	2	3	4	5
Not well at all	Not very well	Alright	Well	Very well

12. Involvement with self-help activities: How involved is s/he in consumer run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

1	2	3	4	5
Doesn't know about any self-help activities	Knows about some self-help activities, but isn't interested	Is interested in self-help activities, but hasn't participated in the past year	Participates in self-help activities occasionally	Participates in self-help activities regularly

13. Using Medication Effectively: (Don't answer this question if her/his doctor has not prescribed medication). How often does s/he take his/her medication as prescribed?

1	2	3	4	5
Never	Occasionally	About half the time	Most of the time	Every day

_____ Check here if the client is not prescribed psychiatric medications.

14. Impairment of functioning through alcohol use: Drinking can interfere with functioning when it contributes to conflict in relationships, or to financial, housing and legal concerns, to difficulty attending appointments or focusing during them, or to increases of symptoms. Over the past 3 months, did alcohol use get in the way of his/her functioning?

1	2	3	4	5
Alcohol use *really* gets in her/his way *a lot*	Alcohol use gets in his/her way *quite a bit*	Alcohol use gets in his/her way *somewhat*	Alcohol use gets in his/her way *very little*	Alcohol use is *not a factor* in his/her functioning

15. Impairment of functioning through drug use: Using street drugs, and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships, or to financial, housing and legal concerns, to difficulty attending appointments or focusing during them, or to increases of symptoms. Over the past 3 months, did drug use get in the way of his/her functioning?

1	2	3	4	5
Drug use *really* gets in her/his way *a lot*	Drug use gets in his/her way *quite a bit*	Drug use gets in his/her way *somewhat*	Drug use gets in his/her way *very little*	Drug use is *not a factor* in his/her functioning

Chapter

I

Part 2
Practitioner Guidelines for Handout #1: Recovery Strategies

Introduction

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

Goals:

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

Number and Pacing of Sessions

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

Structure of Sessions

- Informal socializing and identification of 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 the current 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

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

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

To increase the person's confidence about pursuing recovery goals, encourage him or her to talk about past accomplishments. Keep in mind that these accomplishments need not be major events, such as awards or promotions, but can be smaller achievements, such as doing household tasks, being a good parent, graduating high school, having knowledge

about certain subjects, managing money well, and taking care of one's health.

- Some people may need help in "re-framing" past challenges in order to see that the strategies they used to cope with these difficulties reflect personal strength.

- Acknowledge past problems or disappointments, and express empathy, but help the person focus on the future and what he or she might accomplish.

- Help the person to identify goals that are personally meaningful and worth striving for. These goals can be short-term or long-term, rudimentary or ambitious.

- Help the person break down goals into manageable steps that can be accomplished and which will give the person a sense of progress. Let people know that you will help them make progress towards their goals throughout the program.

<u>Educational strategies</u>

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

- <u>Review the contents of the handout</u>, summarizing the main points or taking turns reading paragraphs. Encourage discussion of the material in order to help the person identify what's important to him or her.

- <u>Pause at the end of each topic</u> (or more frequently depending on the person) to check for understanding and to learn more about the person's point of view. There are questions provided for this purpose at the end of almost every topic in the handout. You can ask other questions such as:

  - "What did you think of that section?" "What would you say is the main point of the section we just read?"
  - "Was there anything in this section you disagree with?"
  - "Was this similar to your own experience?"
  - "Do you have any comments about what we just read?"
  - "What did you think of the examples? Which examples had the most meaning to you?"
  - "Can you think of an example from your own experience about what we just read?"

- <u>Allow plenty of time for interaction</u>. Make the communication a two-way street. You are both learning something from each other about

the topic. It is important not to ask questions too quickly, which the person may experience as an “interrogation.”

- Pause to allow the person to complete the checklists and questionnaires and allow time for discussing them. Some people need no help in completing them. Others may appreciate assistance, such as reading words, spelling, or writing some of their answers.

- Break down the content into manageable “pieces.” It is important not to cover more than the individual can absorb and to present information in small “chunks” at a comfortable pace.

Cognitive-behavioral strategies

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

- Using the checklist “Strategies for Recovery,” help the person identify a strategy that will help him or her in recovery.

- After the strategy is identified, help the person decide how he or she might use that strategy, and if possible, help the person practice the strategy in the session. Modeling (demonstrating) strategies and engaging the person in role-plays (behavioral rehearsal) to practice strategies is very helpful. For example, if a person wanted to improve his or her social support network, you could set up a role play where the person could practice what he or she might say in a phone call inviting a friend to do something together. You could offer to pretend to be the friend who is receiving the call.

- Using the “Satisfaction with Areas of My Life” checklist, help the person identify a goal in an area that he or she is not satisfied with.

- Using the “Step-by-Step Problem-Solving and Goal Achievement“ sheet, you can help the person develop a plan for achieving one or two of their goals.

- Help the person practice one or more of the steps of the plan they developed on their “Step-by-Step Problem-Solving and Goal Achievement” sheet.” For example, if a person identified the goal of pursuing a part-time job, one of the steps of the plan might be to contact the Office of Vocational Rehabilitation or the Supported Employment specialist. You could help him or her do a role-play of an interview about their job interests (e.g., answering common interview questions and describing the kinds of jobs he or she might be interested in).

- Help the person identify and practice a strategy for overcoming obstacles to achieving his or her goal. For example, if the person identified that he or she would like to go to the local peer support center, you could do a role-play on how to start a conversation with someone there.

Homework Strategies

- At the end of each session of this module, help the person identify something he or she can do before the next session to review or follow p on the information or skills that were just covered. Sometimes the homework will involve furthering their knowledge or understanding, such as reviewing a section of the handout or completing a questionnaire. Sometimes the homework will involve practicing or using a strategy they developed.

- When homework involves practicing a strategy, it is very helpful for the person to make a specific plan for how that will be accomplished. The more the practical the plan, the better. For example, if the person identified that he or she would like to practice the strategy of exercising regularly, help make a plan about what type of exercise, how many minutes, what days of the week, what time of day, and how to overcome anticipated obstacles. This plan could be written down on a Step-by-step problem-solving and goal achievement sheet (see the blank copy of this sheet in the "Recovery Strategies" handout).

- Help the person do some troubleshooting regarding what obstacles might interfere with completing the homework. This gives the person some options and helps him or her avoid becoming distressed.

- When possible, encourage homework that involves family members and other supportive people. For example, if the person is working on the goal of exercising more regularly, the homework might be to invite a family member or another supportive person to go for a walk once a week.

- Follow up on each homework assignment by asking how it went. Praise the person for his or her efforts and accomplishments on the homework. Explore the following questions: What was the person able to do? What was the person not able to do? What might the person do differently in the future to follow through with homework?

- If the person does not do the homework, you can help identify obstacles that he or she may have encountered, and help problem-solve ways that these obstacles can be overcome. For example, if the homework assignment was to attend a support group meeting and the person did not have transportation, you could help identify a bus or subway that the person could take to the meeting.

- If the person did not complete the homework because the assignment was unrealistic, you can help him or her to modify the assignment to be more achievable. For example, if the homework is to attend a support group meeting, but the person is very apprehensive about being with people he doesn't know, a better assignment might be to start by calling up the contact person for the support group and asking a few questions.

The following examples of homework may be helpful:

- The person might formulate his or her own definition of recovery and write it down before the next meeting.

- After the person has completed the "Strategies for Recovery" checklist, he or she might pick one strategy to try. For example, if he or she is interested in creative expression, homework might include sketching in a notebook every other day.

- A person might ask a family member or other supportive person to participate in a recovery strategy. For example, if the person would like to play chess again as a leisure activity, he or she could ask a sibling to play chess at least once during the week.

- If the person is still in the process of completing the step-by-step problem-solving and goal achievement sheet during the session, he or she might complete one of the planning steps before the next session. For example, for Step 3, he or she could list the advantages and disadvantages for at least one of the options identified in Step 2.

- If the person has completed the step-by-step problem-solving and goal achievement sheet, he or she might begin to carry out at least one of the steps in the plan. For example, if the goal is to join a support group, the plan might include the step of contacting the local peer support organization to find out about the schedule of their groups.

- The person might review the section in the handout containing examples of people in recovery, and underline the parts that he or she found especially relevant. Or the person might discuss the recovery examples with a family member or other supportive person.

- The person could complete the chart at the end of the module ("What reminders, guidelines or suggestions to yourself will help you most in pursuing your recovery goals?")

Tips for common problems

- People may be reluctant to talk about recovery.

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

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

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

- People may find it difficult to identify goals.

  - Before talking about goals, it may be helpful to know more about what the person's life is like. The person may have provided substantial information when they completed the Knowledge and Skills Inventory, at the beginning of the program. You can also ask questions such as the following:
- Where do you live? Do you like the place you're living?
- With whom do you spend time? Is there anyone you would like to spend more time with?
- What is a typical day like for you? Is there anything you would rather be doing?

  - It can also be helpful to discuss what the person's goals were before he or she became ill, asking questions such as:
- When you were younger, what did you imagine yourself doing when you grew up?
- What types of things did you used to enjoy doing?
- Did you want to go further in school?
- What were your dreams and hopes for your life?

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

- People may identify very ambitious goals.

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

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

Chapter

II

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

There are three handouts to choose from:
2A: Practical Facts About Schizophrenia
2B: Practical Facts About Bipolar Disorder
2C: Practical Facts About Depression

Introduction

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

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

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

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

Goals:

- Provide a message of optimism about the future.
- Assure people that having mental illness is nobody's fault.
- Help people identify examples of symptoms they have experienced.

- Introduce the stress-vulnerability model.

- Familiarize people with examples of individuals who have mental illness and lead productive, meaningful lives.

Number and Pacing of Sessions

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

Structure of Sessions

- Informal socializing and identification of 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 the current 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

Motivational strategies

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

The following suggestions may be helpful:

- For each major topic covered in the handout, help the person to identify at least one way that information about that topic might be helpful to him or her. For example, when reading the section "What are the symptoms of schizophrenia?" you might ask a general question, such as "How could it be helpful to you to learn how to recognize symptoms?"

- Keep in mind the goals that the person identified in the first module ("Recovery Strategies"). Continue to help the person identify goals. Also help the person identify information in the handout that could help him or her achieve a personal goal.

- Show an appreciation for the person's experience and knowledge. Thank the person for his or her comments and clarifications. Show the person that you appreciate what he or she is saying. Recognizing the person's expertise makes the relationship with the practitioner collaborative, reinforcing and motivating.

Educational strategies

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

The following strategies were discussed in detail in Module 1:

- Review the contents of the handout by summarizing or taking turns reading.

- Pause at the end of each topic to check for understanding and to learn more about the person's point-of-view.

- Allow plenty of time for questions and interaction.

- Pause to allow the person to complete the checklists and questionnaires.

- Break down the content into manageable "pieces."

- Find a pace that is comfortable for the person.

Cognitive-behavioral strategies

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

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

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

  1. The practitioner can help the person choose an alternative self-statement such as, "No one is to blame for mental illness."
  2. The practitioner can model saying the statement out loud.
  3. The person can practice saying the statement out loud.
  4. The person can practice saying the statement to him or herself.
  5. The statement could be written down and practiced as part of homework.

- Before this module, people may not have understood that some of their experiences were caused by symptoms. For example, people may have thought that their lack of energy and motivation was caused by personal weakness or "laziness" or that the voices they heard were some kind of "punishment." The practitioner can help people practice reminding themselves that certain experiences are the result of symptoms of their mental illness. Using the model above, the practitioner can start by helping the person choose and practice an alternative self-statement such as, "The voices I'm hearing are a symptom of my illness."

- After completing the topic "What are the symptoms of mental illness?" the practitioner could ask the person if it might be helpful to be able to describe his or her symptoms to someone in their support system, such as another practitioner or a family member. For example, the person might find it helpful to talk to someone on their treatment team about the symptoms he or she has experienced. In the session, the person can practice what her or she might say to the treatment team member. Or it might be helpful to talk to a family member about symptoms so that he or she can better understand what the person's

experience has been. Talking to the practitioner or family member or another member of the person's support system might be a relevant homework assignment.

Homework

- As described above under "cognitive-behavioral strategies," help the person identify situations outside the sessions where newly learned information about mental illness could be applied. Developing homework involves helping the person plan how the information can be applied before the next session.

For homework, you could help the person select a specific individual to talk to about the symptoms he or she has experienced. You could also go over a list of symptoms from the educational handout to help the person plan what they will cover. Some people find it helpful to role-play their conversation in the session before they approach someone outside the session.

You could also help the person plan how he or she can practice positive self-statements based on new information to combat self-blame.

- Encourage homework that involves family members and other support persons. This might include asking people to review the handout (or a section of the handout) with someone from their support system.

- Follow up on the homework by asking how it went. For example, you could ask, "Were you able to talk to someone on your treatment team about specific symptoms as you had planned? How did it go?" Or "Were you able to practice self-statements as you had planned?"

- If people do not complete the homework, you can gently ask what got in the way. You can role play ways of overcoming obstacles to completing the homework.

Tips for common problems

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

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

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

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

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

It is still desirable to go over the handout to check the person’s understanding and to explore for opportunities to make sure that he or she is able to use the information effectively. Sometimes people have received information in a piecemeal fashion; going through this handout may help people synthesize what they have previously learned. It may be possible to review the module in a short period of time if people are already very familiar with the contents.

Review Questions

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

Open-ended questions

1. What are some of the symptoms of ______________?

2. Does everyone who has ___________ have the same experience with symptoms?

3. What causes ___________________?

4. Who is a famous person that had ______________?

5. What information would be helpful to someone who just received a diagnosis of _____________________?

Multiple choice and true/false questions

- Which of the following is NOT a symptom of schizophrenia:
- Being violent
- Hearing voices that other people can’t hear
- Having strong beliefs that no one else shares

OR

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

- being violent
- feeling extremely happy or excited
- feeling very sad

OR

Which of the following is NOT a symptom of depression

- being violent
- feeling very sad
- low energy level

- Everyone who has _________________ has symptoms all the time. True or false.

- Scientists believe that ________________________ is caused by
- chemical imbalance in the brain
- poor education
- weather conditions

- A famous person who had ____________________is ____.

- If someone receives a diagnosis of mental illness, it is very helpful to know:
  1. How to recognize the symptoms
  2. Who to blame
  3. What it is called in other languages

Chapter

III

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

Introduction

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

Goals:

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

Number and pacing of sessions

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

Structure of sessions

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

Strategies to be used in each session

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

Motivational strategies

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

"How can treatment decrease symptoms and distress for the person?"
"How could treatment help the person to accomplish his or her personal goals?"

The following suggestions may be helpful:

➢ Keep in mind that common motivations for treatment include decreasing symptoms, relapses and rehospitalizations, increasing independent living, and improving relationships.

➢ For each major topic covered in the handout, help the person to identify at least one way that information about that subject might be helpful to him or her. For example, when reading about the topic "Coping with stress," you might ask a general question, such as "How could it be helpful to you to learn effective ways of coping with stress?" If the person has difficulty answering, you might try one of the following probe questions, "Have there been times when you've been under stress? What happened?" "Did you ever think that stress might be connected to having more symptoms?"

➢ Show an appreciation for the person's experience and knowledge. Thank the person for his or her comments and clarifications. Recognizing the

person's expertise makes the relationship with the practitioner collaborative, reinforcing, and motivating.

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

Educational strategies

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

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

The following strategies were discussed in detail in Module 1.

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

Cognitive-behavioral strategies

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

- At the end of each session of this module, help the person think of ways that he or she might apply the information covered in the session. For example, after reading "What kinds of treatment options are there to

choose from?" some people may say that they have been interested in finding a job, but did not know about supported employment programs.

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

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

Homework

- Help the person plan to do something outside of the sessions that will put into action what he or she is learning. For example, if the person is interested in writing in a journal to relax, the practitioner could help the person decide where to buy a journal and how many entries to write before the next session.

- Follow up on the homework by asking how it went. For example, the practitioner could ask, "Were you able to locate a notebook for your journal? Were you able to write an entry in the journal? How did it go?"

- If people do not complete the homework, the practitioner can gently ask what got in the way. The practitioner can then develop (and sometimes practice) ways of overcoming obstacles to completing the homework. For example, if someone was unable to write in the journal because of a lack of privacy, the practitioner could explore alternative locations that might be available. If someone had difficulty thinking of topics to write about, the practitioner could help identify possible topics.

- Encourage homework that involves family members and supporters.

Tips for common problems

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

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

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

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

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

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

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

1. Scientists believe that biology and stress both play a part in causing symptoms.   True or false
2. One way people can reduce their biological vulnerability to symptoms is:
   - Drink alcohol and take street drugs
   - Take medications prescribed by the psychiatrist
   - Read about the symptoms
3. Two effective ways to cope with stress are:
   - Exercise regularly
   - Put pressure on yourself
   - Drink a six pack of beer
   - Talking with friends or family members
4. 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
5. Everyone with mental illness benefits from exactly the same treatment. True or False

Chapter

IV

Practitioner Guidelines for Handout # 4: Building Social Support

Introduction

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

Goals:

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

Number and pacing of sessions

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

Format of Sessions

- Informal socializing and identification of 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 the current 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.

<u>Strategies to be used in each session</u>

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

<u>Motivational strategies</u>

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

The following suggestions may be helpful:

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

  For example, if someone has the goal of reducing her alcohol use, having non-drinking friends could help her enjoy herself without alcohol. Or if someone has the goal of being less distracted by symptoms such as auditory hallucinations, having friends to talk could help him pay less attention to the voices.

- Focus some discussion on previous positive relationships that people may have had. Ask what they enjoyed about the relationships and how they benefited from the relationship.

- Some people may have had negative experiences with social relationships. Express empathy, but focus on how using the strategies in the handout can give people skills that will make relationships go better in the future. For example, a person may have disclosed personal information too quickly in the past and the relationship ended in a distressing way. In the handout, people will learn to gradually increase the level of disclosure when they want to make a relationship closer.

- Help people evaluate the advantages and disadvantages of keeping their social support system the way it is, and the advantages and

disadvantages of changing it. Some people have been isolated for several years and it may be anxiety- provoking for them to think about reaching out to others.

Educational strategies

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

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

1. Review the contents of the handout, by summarizing the main points or taking turns reading.

2. Pause at the end of each topic to check for understanding and to learn more about the person's point of view,

3. Allow plenty of time for interaction.

4. Pause to allow the person to complete the checklists and questionnaires.

5. Break down the content into manageable "pieces."

6. Find a pace that is comfortable for the person.

Cognitive-behavioral strategies

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

The following examples may be helpful:

- When people are interested in changing their social support system, take a "shaping" approach and help them start with small steps in order to maximize the chances of success. For example, if someone is interested in re-establishing a relationship with an estranged relative, it might be a good idea to start with a small step, such as sending a short, pleasant note to the relative.

- As people identify a place where they would like to meet people (using the checklist in the handout), you could help them plan how they could actually go to the place. For example, if they would like to meet people at an exercise class, you could help them locate the phone number and address of a YMCA or other health club where they could take classes.

- If people enroll in an exercise class in order to meet others, you could set up role-plays to help them practice how they could start a conversation with someone in the class.

- Using the "Things You Can Say to Increase Closeness" checklist, you can help people identify and practice strategies for conversations that will lead to more sharing. For example, if people wanted to practice the skill of expressing compliments, you could model how to give a compliment and/or you could set up role-plays for people to practice giving compliments.

- Using the "Things You Can Do to Increase Closeness" checklist, you can help people identify and practice strategies for showing they care about others. For example, if people would like to try arranging an activity with someone to show they care, you could set up a role play for them to practice asking someone to join them for a movie.

- Using the "Levels of Disclosure in Relationships" checklist, you can help people identify someone that they might want to become closer to. After they identify someone, you could set up a role-play for them to practice what they might say to someone at a higher level of disclosure.

Homework

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

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

The following examples of homework may be helpful:

- If the person does not have time to complete checklists in the session, he or she can do this as homework.

- If the person identifies places where he or she would like to meet people, the homework could consist of either finding out more information about the place (location, hours, etc.) or actually going there.

- If the person is interested in getting experience starting conversations, he or she could plan to start at least two conversations before the next session.

- If the person would like to get closer to someone, he or she could select a specific person and plan to try out one of the suggestions in the handout about what people can say or do to gradually increase closeness.

- If the person would like to increase the level of disclosure in a specific relationship, he or she could plan what he or she might tell the other person to accomplish this. This homework assignment would also benefit from determining in advance where and when the person might hold such a conversation.

<u>Tips for common problems</u>

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

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

- Some people may be very shy about approaching others.

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

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

Encourage the person to get to know other people gradually. Explore what happens when people share deeply personal information or become physically intimate early in a relationship. Help people develop skills for gauging other people's response to them (e.g., what are some ways to

determine whether someone is interested in talking or would like to become closer?).

Review Questions

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

Open-ended questions

1. Who are the supportive people in your life?

2. What are some places that you could meet new people?

3. What's a good way to start a conversation?

4. What can you say to someone that will increase the closeness of your relationship?

5. What is something you can do for someone to show that you care about him or her?

Multiple choice and true/false questions

1. A sign of a supportive relationship is:
   - arguments
   - criticism
   - helpfulness

2. 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

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

4. 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

5. 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

Chapter

V

Practitioner Guidelines for Handout #5: Using Medication Effectively

Introduction

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

Goals:

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

Number and pacing of sessions

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

Structure of Sessions

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

Strategies to be used in each session

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

Motivational strategies

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

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

The following suggestions may be helpful:

➢ Keep in mind that common motivations for taking medication include decreasing symptoms, relapses and rehospitalizations, increasing independent living, and improving relationships.

➢ When teaching about medication, bear in mind the personal goals identified in the earlier sessions. There may be opportunities to explore whether taking medication could help someone achieve one of his or her goals. For example, if someone identified the goal of working, but has previously had difficulty keeping a job because of rehospitalizations, you could explore whether taking medications effectively might help prevent rehospitalizations, and therefore increase the person's ability to keep a job.

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

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

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

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

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

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

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

  For example, if a person talks about unpleasant events that occurred during a relapse, the practitioner might reflect, "If I understand correctly, you were homeless and hungry for several weeks. It sounds like you don't

want to end up in such a dangerous situation again." Or if a person describes a negative experience with medications, the practitioner might reflect, "That sounds extremely unpleasant. From what you say, it made you feel distrustful of medications."

Educational strategies

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

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

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

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

Cognitive-behavioral strategies

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

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

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

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

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

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

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

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

- After completing the sections on “What are the side effects of medications?” the practitioner could ask people to identify which medications they are currently taking and which side effects they have experienced. If people have not talked to their doctors about these side effects, they can role-play what they might say to their doctor.

- For people who have been experiencing side effects, the practitioner could ask them to choose a relevant coping strategy from Appendix #5, “Coping with Side Effects.” The practitioner can model how to use a particular strategy in the session (e.g., muscle stretching exercise to help cope with muscle stiffness) and role-play with the person how to use the

strategy himself or herself. Homework can involve practicing the strategy at home.

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

Homework

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

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

The following examples of homework may be helpful:

- Review the list of "pros and cons of medication" with a family member or other supportive person.

- Implement a strategy for taking medication on a routine basis that was developed as part of behavioral tailoring. For example, use a rubber band to attach the medication bottle to one's toothbrush, post a note to remind oneself to take medication at the same time each day or refer to a list of the benefits of taking one's medications. Involve family members and other supportive people whenever possible.

- Talk to the doctor about problematic symptoms or side effects.

- Ask the doctor or nurse specific questions about medication.

- Talk to family members or other supportive people about their views about medications.

- Review the relevant information sheets in the Appendix and note which medications were taken in the past and the benefits and side effects of each.

- Implement a strategy for coping with side effects (such as scheduling naps to counteract drowsiness, chewing gum to reduce dry mouth, eating more

high fiber foods to counteract constipation, and regular exercise to combat weight gain) with input from the person's doctor or nurse.

- Involving family members or other supportive people in a strategy for coping with side effects or getting the best results from medication. For example, people who are apprehensive about asking their doctor about changing their medication might appreciate having a family member accompany them to some of their doctor's appointments for support and encouragement.

- Consult with the doctor about simplifying the medication regimen. The goal is to have the fewest amount of different medications taken the fewest times per day.

<u>Tips for common problems</u>

- People may say that they do not have a mental illness and do not need medications.

  See "Tips for common problems" in Module #3.

- For some people, medications are a very controversial topic. They may have strong beliefs that medications are not helpful for them or are harmful to them.

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

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

- Some people have had unpleasant experiences with medications.

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

  The best overall strategies when people have strong negative beliefs about medications are:
    - provide accurate information
    - ask clarifying questions

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

1. Which of the following is a benefit of taking medications for mental disorders?
   a. They reduce pain and swelling
   b. They improve symptoms and prevent relapses
   c. They cure mental disorders

2. Which of the following is an example of a side effect of taking medications?
   - Drowsiness
   - Tooth decay
   - Hearing loss

3. It is a bad idea to ask the doctor or nurse questions about medications and how they will affect you. True or False

4. To get the best results from medications it is a good idea to:
   a. Take the medication at the same time every day.
   b. Change the dose of medication depending on the day.
   c. Take it whenever you feel the need.

5. Medication affects people in different ways. True or false

Chapter VI

Practitioner Guidelines for Handout #6: Drug and Alcohol Use

Introduction

This module gives people information about the effects of alcohol and substances on mental illness, and how reducing or stopping using substances can help them achieve their recovery goals. The module encourages discussion of both the positive effects of using substances as well as the negative effects, in order to promote informed decision-making about whether an individual wants to continue to use or not. People who want to stop using substances are helped to develop a 3-step plan for achieving this goal.

Goals:

- Provide accurate information about the interactions between alcohol, drugs, and mental illness.
- Provide an opportunity for people to talk openly about their experiences using substances, including both positive and negative experiences.
- Help people weigh the advantages and disadvantages of using alcohol and drugs.
- Help people who choose to stop using substances develop a plan for achieving this goal. This plan includes:
    1. Identifying at least one important reason why the person wants to stop
    2. Identifying "high risk" situations
    3. Making a plan about how to deal with "high risk" situations
    4. Developing other ways for the person to get his or her needs met

Number and pacing of sessions

"Drug and Alcohol Use" can be covered effectively in 1-6 sessions, depending on the person's use of substances and desire to change.

For people who have never used substances, or who have not used them for a long time (e.g., several years), 1 session is recommended. This session can focus on a discussion of the different types of substances, and a brief review of the stress-vulnerability model, highlighting the effects of substances on mental illness, in order to reinforce the person's choice not to use substances.

For people who have used substances, but are not using currently or recently stopped (in the past 6 months), 2 sessions are recommended, although some persons may benefit from more sessions. The first session should address different types of substances and common reasons for using, focusing on the person's own experiences. The second session should address the stress-vulnerability model and problems related to using substances, and understanding (and supporting) the person's decision to stop using. If the individual reports problems with continuing not to use substances (such as having urges to use, difficulties dealing with high-risk situations, etc.), additional sessions may be helpful, with the focus on helping the person deal with these difficulties through developing a personal plan for continuing to not use substances.

For people who currently use substances, 3-6 sessions are recommended. The first three sessions can be paced approximately as follows: the first session focuses on different substance types and reasons for using, the second session focuses on the stress-vulnerability model and problems associated with using, and the third session focuses on making a decision about whether to continue using substances or not. For people who do not choose to stop using substances, no more sessions on this topic are provided. For people who choose to stop using, 2-3 more sessions are needed to complete a plan for stopping.

Structure of Sessions

- Informal socializing
- Review previous session
- Discuss home assignments from previous session
- Follow up on goals or set new goals
- Set agenda for current session
- Teach new material
- Summarize progress made in current session
- With the person, develop home assignment

Strategies to be used in sessions

Motivational strategies
Educational strategies
Cognitive-behavioral strategies

Motivational strategies

Similar to the "Using Medication Effectively" module, it is important to avoid lecturing or preaching about alcohol or drugs. It is more effective to have an open mind and to help people reach their own conclusions about what is best for them.

Because society looks at people with substance use problems as causing their own difficulties, many people feel ashamed of their difficulties, and this can interfere with talking about them. Empathizing with the person, and avoiding being judgmental, are the best strategies for creating an open and accepting environment in which substance use and its effects can be discussed.

The following suggestions may be helpful:

- Many people are unwilling to consider the negative effects of using substances before the positive effects have been acknowledged. Therefore, give ample time at the beginning of the module for the person to discuss some of the reasons he or she enjoys using substances (or has enjoyed in the past).

- The most common reasons people use substances include: socializing with others, dealing with symptoms and mood problems, because it feels good, because it gives the person something to do and to look forward to. The more you can get people to talk about what using substances does for them, the more you will understand the role that substances play in the person's life, and how the person will need to develop new ways of getting his or her needs met.

- Helping people weigh the advantages and disadvantages of using substances, and exploring how sobriety can help people pursue their personal recovery goals, is the most important way of motivating people to stop using substances.

- Avoid directly confronting people with substance use problems about the consequences of their substance use; minimizing the effects of substances is common. Instead, ask questions to encourage the person to explore possible negative effects of using substances.

- For people who use substances, but do not appear to have experienced significant problems yet, you can use the stress-vulnerability model to help them explore whether they might be able to prevent problems that might develop in the future by deciding not to use substances.

- People with substance use problems sometimes feel discouraged because they have tried unsuccessfully in the past to control their use. Empathize with the person's difficulties, and encourage him or her by explaining that recovery from substance use problems (or "addiction") often takes time, but every time the person tries, progress is made and he or she is one step closer to achieving his or her goals.

- People who have fully weighed the pros and cons of using and not using, and who remain unsure of their decision, can still benefit from developing a personal sobriety plan. After the plan has been developed, the practitioner and person can review whether the person wants to try the plan, now that he or she knows what will be involved in stopping his or her use of substances.

- For people who clearly indicate that they do not want to stop using substances after weighing the pros and cons, accept their decision and do not push it (and do not complete a sobriety plan). There may be opportunities later to discuss again the effects of using substances, and the person may change his or her mind and endorse sobriety.

- Abstinence is clearly preferred to trying to cut down on substance use. However, if the person wants to try to cut down, this is better than nothing and should not be discouraged. Some people find it hard to cut down, but the experience of trying leads them to conclude that stopping altogether is a more practical solution.

- For people who are motivated to stop using substances, exploring self-help groups such as Dual Recovery and Alcoholics Anonymous can be useful, and may provide additional social support and acceptance for endorsing a sober lifestyle. However, people should not be pressured to attend these groups. Having the practitioner attend some self-help group meetings with the person may facilitate his or her involvement in a group.

Educational strategies

Educational strategies for this module focus on increasing people's knowledge of the effects of drug and alcohol use, including the reasons he or she uses and the effects of use on the person's mental illness and life.

The most important new information people can learn in this module is that the stress-vulnerability model explains that people with a mental illness may be more sensitive to the effects of substances than people with no mental illness (or "supersensitive"). For these individuals, the effects of using substances include both worsening symptoms and relapses, and other effects, such as social problems. This means that people with a mental illness often experience problems using even small amounts of substances, such as a few drinks.

Understanding the effects of using substances on mental illness, including direct effects on worsening symptoms and indirect effects on weakening the effectiveness of medications, can help people see that not using substances is an important key to managing one's mental illness.

The following educational strategies were discussed in detail in the practitioner's guidelines for Module 1:

- Review the contents of the handout, summarizing the main points or taking turns reading aloud.
- Pause at the end of each topic to check for understanding and learn more about the person's point of view.
- Allow plenty of time for interaction.
- Pause to allow the person to complete worksheets.
- Break down the content into manageable "pieces."

Cognitive-behavioral strategies

There are many opportunities for using cognitive-behavioral strategies to help people explore the effects of substances on their lives and practice skills for developing a sober lifestyle. Whenever possible, practice skills for dealing with "high risk" substance use situations and for getting personal needs met in ways other than using substances. This should be done in the session and outside the session (as part of a home assignment).

When exploring the advantages and disadvantages of using substances, there may be opportunities to use cognitive restructuring to encourage people to re-evaluate certain positive beliefs they have about using

substances. When exploring such beliefs, it is important to avoid directly confronting or contradicting the person, but rather to ask questions intended to explore with the person his or her beliefs. For example, commonly perceived advantages of using substances include spending time with friends, feeling "high," and dealing with symptoms such as depression. However, upon further examination, some people may find that their "friends" are actually opportunistic people who don't really care about them, the "high" they describe is not as good or predictable as hoped and they are actually chasing memories of feeling high from the past, or that using substances actually isn't as helpful in dealing with problematic symptoms. Re-examination of such beliefs can increase motivation to work on sobriety. Avoid arguing with the person if the advantages of using substances are strongly held.

A range of "high risk" situations typically confront people when they are trying to stop using substances, and planning on how to deal with these situations is critical to developing a successful sobriety plan. When possible, planning on how to avoid such situations can reduce vulnerability to relapse. However, complete avoidance is often not possible, and additional plans (and skills) will guard against the possibility of a relapse, as described below.

- Social situations involving offers or pressure to use substances can best be dealt with through improved assertiveness skills, which can be role-played in session. The key elements of effective assertiveness skills for dealing with offers to use substances include speaking in a firm, loud voice tone, explaining that the person does not want to use substances, avoiding making excuses for not using (which tends to invite debate), repeating the refusal if needed, and leaving the situation if the person persists. When it is a friend offering substances, the person can suggest an alternative activity. When someone tries to pressure the person to use, the person can "level" by explaining that he or she has decided to stop using substances, and to please stop offering them to him or her.

- Having money in one's pocket (such as when one has received a paycheck or disability check) can be a high-risk situation for some people. The person can establish and role play an alternative behavior to use the next time he or she has money (such as going immediately to the bank), or could arrange for someone (such as family member or representative payee) to manage his or her money to avoid having direct access to it.

- Having cravings to use substances (such as images or feelings of what it would be like to use) can be a high-risk situation. Cravings may be difficult to suppress, but they need not be given into either. Some strategies that can be practiced for dealing with cravings include:

- Distraction (doing something else that focuses one's attention), mindfulness/acceptance (allowing the thoughts and feelings to occur, while recognizing they will pass and need not influence one's behavior)
- Use of coping self-statements (such as people telling themselves that they can manage their cravings, that they are strong, and/or reminding themselves of the importance of sobriety for achieving their recovery goal(s))
- Use of counter-imagery (such as imagining past negative consequences of substance use, such as relapses, victimization, or health or legal problems)
- Stress management techniques (such as relaxation exercises).

- People sometimes use substances to cope with symptoms such as hallucinations, depression, anxiety, and sleep problems. Helping them develop more effective coping strategies for these symptoms can reduce their susceptibility to using substances. As summarized in Module 9, "Coping with Problems and Persistent Symptoms," a wide range of coping strategies can be discussed, planned, and practiced for dealing with these symptoms. For example:

    - Depression can be coped with by scheduling pleasant events, challenging negative thinking styles, using affirmative self-statements, and exercise.
    - Anxiety can be coped with by using relaxation strategies, challenging beliefs about pervasive threats, and gradually exposing oneself to feared but safe situations.
    - Hallucinations can be dealt with by strategies such as distraction (such as listening to music, attending to a task), positive self-talk, acceptance (such as not fighting voices), or relaxation.
    - Sleep problems can be managed through strategies such as improved sleep hygiene (such as not drinking caffeine in the afternoon, going to bed at the same time every night, not napping, developing a pleasant bedtime routine).

Cognitive behavioral techniques can be use to help people practice new ways of getting their needs met without using substances. Skills training can be used to help people practice the skills needed to connect with new individuals (such as people who do not use substances) and to get closer to people, as outlined in Module 4, "Building Social Support." The steps of skills training are:

1. Elicit reasons why the skill is important or helpful.
2. Discuss the steps of the skill.
3. Model using the skill and review the role-play with the consumer, asking for his or her feedback.

4. Engage the consumer in a role-play using the same situation.
5. Provide positive feedback.
6. Provide corrective feedback (one suggestion for how the role play could be even better).
7. Engage the consumer in another role-play using the corrective action in the previous situation.
8. Provide additional feedback.

Develop rewarding leisure and recreational activities helps many people replace the role of using substances in their lives. Different activities can be brainstormed in session, and plans made (and role played when feasible). Often new activities need to be practiced a number of times before they become fully enjoyable. When selecting activities, consider the positive aspects of using substances for the person, and whether some activities can be identified that evoke some of the same feelings (such as feeling relaxed or excited).

Self-help groups such as Alcoholics Anonymous and Dual Recovery Anonymous provide invaluable support to many people recovering from addiction. However, many people benefit from being prepared to participate in such groups by role-playing what it's like to be in a group. This is best accomplished by doing a role-play including several people. The practitioner can play the role of the self-help facilitator. People can be prepared to participate in the role-play of a self-help group by describing the usual format of the self-help group, and reviewing some of the core philosophy (such as emphasis on abstinence, spiritual/religious orientation) before conducting the role-play. The steps for role-playing are listed above.

Making concrete plans to work or return to school, and rehearsing them when possible in session, can help people develop new meaning and sense of purpose in their lives.

Homework

It is important that the practitioner collaborates with people to develop home assignments that are consistent with their decisions about substance use. For example, if a person does not think he or she has a problem with substance use and does not wish to reduce or stop using, it would be fruitless, and likely counterproductive, to encourage an assignment of saying "no" to people who ask him or her to use substances.

The following list of possible assignments may be useful:

- When you are watching television or watching a movie, what kind of experiences do they show people having when they drink or do drugs? This includes examples found in advertisements for alcohol.

- Describe a situation when you (or someone you know) had an increase in symptoms related to drinking or using drugs.
- Make a list of the members of your family who have had alcohol or drug problems at some point in their lives.
- Make a list of friends of yours who have had alcohol or drug problems at some point in their lives.
- Complete the “Pros and Cons of Using Substances” worksheet if you did not complete it during the session.
- Complete the “Pros and Cons of a Sober Lifestyle” worksheet if you did not complete it during the session.
- If you have decided to develop a sober lifestyle, practice one of the ways you have decided to deal with “high risk” situations.
- If you have decided to develop a sober lifestyle, try out one of the new ways you have identified for getting your needs met.
- Try attending a Dual Recovery Anonymous (or Alcoholics Anonymous) group.
- Give a copy of this handout to a family member or friend and discuss it with him or her afterwards.

<u>Tips for common problems</u>

- People may say that they do not have a problem with substance use even when they do. It is best to avoid confrontation and to use some of the strategies listed above in the section entitled “Motivational Strategies” in order to help people feel comfortable learning and discussing information from this module. In an open, non-judgmental atmosphere, people often gradually begin to be interested in examining their use of drugs and alcohol.

- Many people who do not think they have a substance abuse problem are comfortable talking about the effects of substances and the pros and cons of using substances, as long as they are not pressured to make a decision to cut down or stop using. They are often willing to talk about how other people have experienced problems related to substance use. They may also be willing to brainstorm alternative activities and coping strategies for occasional situations when they don’t want to use substances, even if they don’t want to systematically cut down or stop using.

- Some people want to change their substance use, but have had negative experiences in their previous attempts to do so. Provide support and encouragement, and suggest that this is a fresh start. Let them know that substance abuse is a complex problem, and that it often takes people more than one attempt to successfully change their behavior. Encourage a step-by-step approach and giving oneself credit for taking steps toward a sober lifestyle.

Review Questions

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

Open-ended questions

1. What are some of the reasons that people enjoy using substances?

2. What are some problems that are often associated with using substances?

3. How does substance use affect psychiatric symptoms?

4. What are some examples of common "high risk" substance use situations?

5. What suggestions would you give to someone who asked you for advice about how he or she could stop using substances?

Multiple Choice and True/False Questions

1. Substance use can contribute to relapses of psychiatric symptoms. True or False

2. A common positive effect of drinking alcohol is feeling

   a. Alert
   b. Relaxed
   c. Jittery

3. Of the following problems, circle the one that is NOT commonly associated with substance use

   a. Conflict with family or friends
   b. Legal issues
   c. Having too much money

4. People who have a psychiatric illness

   a. Can be supersensitive to the effects of drugs and alcohol.
   b. Can make medications more effective using drugs and alcohol.
   c. Rarely drink or use street drugs

Chapter

VII

Practitioner Guidelines for Handout #7: Reducing Relapses

Introduction

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

Goals:

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

Number and pacing of sessions

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

Format of sessions

- Informal socializing and identification of any major problems.

- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
- Follow-up on goals.
- Set the agenda for the current session.
- Teach new material (or review material from the previous session if necessary).
- Summarize the progress made in the 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

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

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

The following suggestions may be helpful:

- For each major topic covered in the handout, practitioners can help people to identify what their own experiences have been. Most of the sections include probe questions which can be used to facilitate discussion.

- The questionnaires and checklists in the handout ("Examples of Common Triggers," "Examples of Common Early Warning Signs," "Early Warning Signs Questionnaire," "People Who Could Help Me Recognize Early Warning Signs") can help people relate the information to their own experience.

- Practitioners should keep in mind the goals identified by people in earlier sessions. There are numerous opportunities to connect relapse

prevention with goal achievement. There are also opportunities to set new goals.

Educational strategies

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

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

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

Cognitive-behavioral strategies

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

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

The following examples may be helpful:

- For people who have difficulty identifying triggering events or early warning signs of relapse, practitioners can encourage them to get input from family members or other supportive people. Practitioners can help people role-play what kinds of questions they might ask someone to find out information about early warning signs and triggers.

- There are many opportunities for using cognitive-behavioral strategies when helping people develop their relapse prevention plans. For example, if people decide that decreasing stress is part of their relapse prevention plan, practitioners can help them role-play deep breathing or muscle relaxation. If calling a friend is part of their plan, they can role-

play what they would say when they made the call. If increasing medication is part of their plan, they can role-play talking to their doctor.

Homework

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

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

The following examples of homework may be helpful:

1. Talking to family members and supporters about past triggers.

2. Talking to family members and supporters about early warning signs of relapse they observed in the past.

3. Reviewing what helped and what did not help during past relapses or impending relapses.

4. Drafting or revising a Relapse Prevention Plan.

5. Asking family members, friends and other supporters to play a specific role in the Relapse Prevention Plan.

6. Collecting necessary phone numbers for the Relapse Prevention Plan.

7. Posting a copy of the person's Relapse Prevention Plan in an accessible (but private) place.

8. Informing relevant people of the Relapse Prevention Plan. Asking people named in the plan to read the plan and giving them their own copies.

9. Gathering any supplies necessary for the Relapse Prevention Plan, such as buying herbal tea to drink as part of reducing stress.

10. Initiating a component of the Relapse Prevention Plan that is more effective if done on a regular basis, such as going to a support group.

Tips for common problems

- People may report that they have had no early warning signs before relapses.

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

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

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

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

1. Which of the following is a common situation or event that might trigger a relapse?
   a. Being under stress

b. Receiving a phone call
c. Reading

2. Which of the following two items are examples of common early warning signs?
   a. Feeling tense or nervous
   b. Trouble sleeping
   c. Feeling calm

3. "Early warning sign" is another term for "side effect of medication." True or False

4. One thing people can do to prevent an early warning sign from becoming a relapse is:
   a. Consult with someone on their treatment team.
   b. Stop taking medication.
   c. Keep the information to themselves.

5. People often ask family members and supporters to be part of their relapse prevention plan by:
   a. Taking over and doing everything
   b. Being alert to early warning signs.
   c. Ignoring problems they see.

Chapter

VIII

Practitioner Guidelines for Handout #8: Coping with Stress

Introduction

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

Goals:

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

Number and pacing of sessions

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

Structure of sessions

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
- Follow-up on goals.
- Set the agenda for the current 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

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

The following suggestions may be helpful:

- For each major topic covered in the handout, practitioners can help people discuss their own experiences. Most of the sections have checklists ("Life Events Checklist," "Daily Hassles Checklist," "Signs of Stress Checklist," "Strategies for Preventing Stress Checklist," "Strategies for Coping with Stress Checklist," "Individual Plan for Coping with Stress") which can be completed by people based on their own experiences

- Practitioners should keep in mind the goals identified by people in earlier sessions. For many people, reducing stress may facilitate the ability to pursue personal goals. For example, someone may have the goal of

part-time work, but is worried about the stress of deadlines, etc. The practitioner could discuss how having the ability to cope effectively with stress could increase the person's ability to perform well on a job.

Educational strategies

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

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

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

Cognitive-behavioral strategies

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

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

The following examples may be helpful:

1. Practitioners can help people recall an example of a recent relapse and then evaluate what stressors preceded the relapse.

2. Practitioners can ask people to discuss any forthcoming major change and help them anticipate how they might minimize the stress involved. For example, if someone were planning to move, would it be helpful to start making lists of the various tasks involved in moving? Would it be helpful to do the packing in short sessions over the course of a week or two? Would it be helpful to involve friends in taking boxes to the new location?

3. After people complete the "Daily Hassles Checklist," practitioners can ask them to think of ways to decrease some of their daily hassles. For example, if someone feels rushed when leaving for work in the morning,

how could she plan the morning to be more comfortable? Could she prepare more the night before? Go to bed and get up earlier?

4. After people complete the “Strategies for Preventing Stress Checklist” there are many opportunities to help them practice the strategies they choose. For example, if someone would like to try the strategy of scheduling meaningful activities, the practitioner could help him pick out specific activities and plan when he could do them. If someone chooses to attend art classes to pursue an interest, the practitioner could help her investigate where and when classes are offered. If the person was apprehensive about talking to the art teacher or to fellow students, the practitioner could help her role-play how she might respond to questions and keep the conversation going.

5. After people complete the “Strategies for Coping with Stress Checklist,” the practitioner can help them practice the coping strategies they choose. The following are examples:

6. If someone wanted to try the strategy of talking to someone else about feeling stressed out, the practitioner could help him choose whom he would talk to and role-play how he might approach the person.
7. If someone wanted to practice maintaining her sense of humor, the practitioner could help her decide if she wanted to watch a particular television show or video or if she liked to read funny books or comics. If she wanted to spend time with someone who has a good sense of humor, the practitioner could help her role-play how she might approach the person.
8. If someone wanted to practice writing in a journal, the practitioner could help him decide what kind of notebook he would like, where he would keep it, etc. Part of a session could be reserved to write an entry in the journal.
9. If someone wanted to use relaxation techniques to cope with stress, the practitioner could help her practice one or more of the techniques described in the Appendix (relaxed breathing, muscle relaxation, and imagining a peaceful scene.)

<u>Homework</u>

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

Practitioners should follow up on homework assignments in the next session by asking how it went. They should reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the homework, practitioners can explore the obstacles they

encountered and help them come up with a solution for following through on the homework.

The following examples of homework may be helpful:

1. Reviewing some of the checklists with family members or other supportive people. What have they noticed regarding sources and signs of stress for the person?

2. Reviewing what helped and what did not help during stressful situations in the past. Family members and other supportive people can also be asked for their observations about this.

3. Keeping track of daily hassles for a week, using the checklist provided.

4. Asking family members, friends and other supportive people to play a role in a prevention or coping strategy. For example, a person might like someone to join her on a daily walk as part of a plan for reducing stress.

5. Keeping track of signs of stress for a week, using the checklist provided.

6. Practicing a strategy for preventing stress, such as scheduling time for relaxation, and keeping track of how it affects the person's stress level.

7. Practicing a coping strategy, such as listening to music, and keeping track of how it affects the person's stress level.

8. Locating resources needed for a prevention or coping strategy. For example, if someone wanted to eat a healthier diet as part of coping with stress, he could make a shopping list and buy specific groceries as part of homework.

Tips for common problems

- People may have difficulty identifying signs that they are under stress.

  When someone can't identify signs of stress, it may be helpful for the person to talk to family members or other supportive people about what signs they noticed in the past when the person was under stress. For example, family members might have noticed that the person had a decrease in appetite, slept more, or was more irritable over small things that happened.

- People may find it difficult to select a coping strategy that they want to try to deal with stress.

When people are depressed or experience the negative symptoms of schizophrenia, they may find it especially hard to imagine that a coping strategy could be helpful. In such situations, the practitioner should encourage the person to keep an open mind, and to give the coping strategy a try “just to see what happens,” while conveying an understanding of their concerns.

Practitioners can also suggest that the person ask someone to join him or her in using a coping strategy. For example, as part of a coping strategy, a person could ask friends to play cards once a week or go for a bike ride or watch a video together.

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

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

Chapter

IX

Practitioner Guidelines for Handout #9: Coping with Problems and Symptoms

Introduction

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

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

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

Goals:

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

Number and pacing of sessions

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

Structure of sessions

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
- Follow-up on goals.
- Set the agenda for the current 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

Motivational strategies

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

The following suggestions may be helpful:

- "The "Common Problem Checklist" helps people identify the specific areas in which they experience problems. The practitioner can then focus on the sections of the handout that provide strategies for dealing with these problems.

- Practitioners should keep in mind the goals identified by people in previous sessions. Being able to solve problems (or cope with them more effectively) can help people overcome some of the obstacles they

may have experienced in achieving some of their goals. For example, when someone has a goal of taking a class, having difficulty concentrating may interfere with his ability to study, which presents an obstacle to his goal of succeeding in school. Using the strategies of minimizing distractions and breaking down tasks into smaller parts might help him improve his concentration and ability to study for tests.

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

Educational strategies

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

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

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

Cognitive-behavioral strategies

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

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

The following examples may be helpful:

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

- The practitioner should help people make plans for implementing the strategies and help them practice any aspect of the plan with which they

feel uncomfortable. For example, if someone is having a problem getting along with a roommate who plays loud music late at night, he might decide to use the strategy of asking the roommate to use head phones after 11 PM. The practitioner could help him role-play how he might make the request.

Homework

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

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

The following examples of homework may be helpful:

1. Working on solving a problem using the "Step-By-Step Problem-Solving and Goal Achievement" method. The person may benefit from asking family members or other supportive people to participate in helping to solve the problem.

2. Working on planning how to achieve a goal using the "Step-By-Step Problem-Solving and Goal Achievement" method.

3. Reviewing what helped and what did not help in dealing with specific problems in the past.

4. Using a particular coping strategy and evaluating its effectiveness. For example, someone could practice using reading to distract himself from voices.

5. Asking family members, friends and other supporters to participate in a coping strategy. For example, if someone plans to attend Alcoholics Anonymous (AA) as a strategy for stopping alcohol abuse, she could ask for a ride to a local AA meeting as part of a homework assignment.

6. Modifying coping strategies that are not effective and trying them again. For example, if someone was unsuccessful in using reading to distract himself from voices, he might try something else, like listening to music. If listening to music is not effective, he could try humming to himself to distract himself from voices.

7. Locating resources for implementing a coping strategy. For example, if someone wants to attend a support group as part of coping with the problem of isolation, she could call the local mental health center or look on the Internet for information about the location and times of local support groups.

Tips for common problems

- People may prefer not to talk about problems.

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

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

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

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

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

1. In solving problems, it is important to consider more than one possible solution. True or False
2. Which two of the following items are examples of common problems?
   - Feeling anxious
   - Trouble concentrating
   - Having too much money
3. 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
4. Which of the following is an effective strategy for coping with depression?
   - Set goals for daily activities
   - Keep your feelings inside
   - Remind yourself of your faults

Chapter

X

Practitioner Guidelines for Handout #10: Getting Your Needs Met in the Mental Health System

Introduction

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

Goals:

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

Number and pacing of sessions

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

Structure of sessions

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
- Follow-up on goals.
- Set the agenda for the current 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

Motivational strategies

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

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

The following suggestions may be helpful:

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

For example, if someone wants to reduce her substance use, she might be interested in integrated treatment for mental health and substance abuse. If someone is trying to improve his living situation, he might be interested in services related to housing.

- When discussing mental health services, practitioners can ask which services people have already tried, and whether or not they were helpful. For example, under “emergency services,” the practitioner could ask whether someone used the crisis hot line and whether it helped him manage his crisis. If the hot line was not helpful, the practitioner could explore strategies for a better outcome in the future.

- When talking about financial benefits, practitioners can help people explore whether they are eligible for certain benefits that might help them solve a problem or achieve a personal goal. For example, if someone is interested in living independently but has insufficient funds, receiving SSI or SSDI might be helpful. This may increase his or her motivation to learn more about the eligibility requirements of SSI and SSDI.

- When discussing advocacy, practitioners can ask about people’s experience with advocating for themselves. Would improved self-advocacy skills help them pursue certain personal goals?

Educational strategies

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

The following strategies were discussed in detail in Module 1:

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

Cognitive-behavioral strategies

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

The following examples may be helpful:

- The practitioner can help the person develop a plan for getting the services he or she wants from the mental health system. For example, if

someone would like to work with an occupational therapist (O.T.) on budgeting and cooking independently, the practitioner can help him locate the phone number and hours of the O.T. who consults with his community mental health center. The practitioner could help him role-play how to present his concerns to the O.T. in the first phone call or meeting.

- The practitioner can help the person rehearse advocacy strategies in the session. For example, if someone was frustrated because of being on a long waiting list to see an individual counselor, she might decide to talk to the consumer advocate at her mental health center. The practitioner can help her role play how to state her concerns to the consumer advocate.

Homework

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

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

The following examples of homework may be helpful:

1. To follow through with applying for SSI benefits, homework could include locating information (phone number, eligibility requirements, contact person, etc.) or forms (application form, release of information, etc.) needed for the application process and bringing them to the next session.

2. If someone is interested in a support group, the homework could consist of following through on plans to call the support group coordinator and finding the location of the most convenient group. The next week's homework could be to attend one group meeting.

3. If someone is interested in getting a job, her homework could be to contact the coordinator of the supported employment program or other vocational program at her mental health center.

4. If someone is interested in having support for advocating for himself, he could ask a family member, friend, or other supportive person to help. For example, he might want to ask a relative to accompany him to certain appointments.

Tips for common problems

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

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

1. Which of the following professionals are usually available at mental health centers?
   a. counselors
   b. insurance agents
   c. salespeople

2. Which of the following is a financial benefit available to people who are unable to work full-time because of their mental illness?
   a. SSI (Supplemental Security Income)
   b. AA (Alcoholics Anonymous)
   c. OT (Occupational Therapy)

3. Once you locate someone you feel comfortable talking to, it is a good idea to stay in touch with that person on a regular basis. True or False

4. Raising your voice is an effective strategy for advocating for yourself. True or False