

Practitioner User Guide Handout #1: Recovery Strategies

Introduction

This module sets a positive and optimistic tone that is continued throughout the Wellness 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

- Instill hope that the person can accomplish important personal goals.
- Help the person identify and put into practice some strategies that will help him or her make progress towards recovery.
- Help the person identify goals that are important to him or her.
- 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

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

- Some people immediately embrace the concept of recovery. Others are more hesitant and need to be encouraged that pursuing recovery is worth the effort. Help the person identify some of the personal benefits of engaging in recovery. Help the person evaluate the advantages and disadvantages of keeping things the way they are, and the advantages and disadvantages of changing.
- To increase the person’s confidence about pursuing recovery goals, encourage him or her to talk about past accomplishments. Keep in mind that these accomplishments need not be major events, such as awards or promotions, but can be smaller achievements, such as doing household tasks, being a good parent, graduating high school, having knowledge about certain subjects, managing money well, and taking care of one’s health.
- Some people may need help in “re-framing” past challenges in order to see that the strategies they used to cope with these difficulties reflect personal strength.

- Acknowledge past problems or disappointments, and express empathy, but help the person focus on the future and what he or she might accomplish.
- Help the person to identify goals that are personally meaningful and worth striving for. These goals can be short-term or long-term, rudimentary or ambitious.
- Help the person break down goals into manageable steps that can be accomplished and which will give the person a sense of progress. Let people know that you will help them make progress towards their goals throughout the program.

Educational strategies

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

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

Cognitive-behavioral strategies

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

- Using the checklist "Strategies for Recovery," help the person identify a strategy that will help him or her in recovery.
- After the strategy is identified, help the person decide how he or she might use that strategy, and if possible, help the person practice the strategy in the session. Modeling (demonstrating) strategies and engaging the person in role-plays (behavioral rehearsal) to practice strategies is very helpful. For example, if a person wanted to improve his or her social support network, you could set up a role play where the person could practice what he or she might say in a phone call inviting a friend to do something together. You could offer to pretend to be the friend who is receiving the call.
- Using the "Satisfaction with Areas of My Life" checklist, help the person identify a goal in an area that he or she is not satisfied with.

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

Handout #2:

Practical Facts About Mental Illness

There are three handouts to choose from:

- Practical Facts About Schizophrenia
- Practical Facts About Bipolar Disorder
- 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

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 the Manual:

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

Cognitive-behavioral strategies

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

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

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

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

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

After completing the topic “What are the symptoms of mental illness?” the practitioner could ask the person if it might be helpful to be able to describe his or her symptoms to someone in their support system, such as another practitioner or a family member. For example, the person might find it helpful to talk to someone on their treatment team about the symptoms he or she has experienced. In the session, the person can practice what 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 Wellness Management and Recovery Program. The practitioner should respect the person's opinion and seek common ground to facilitate working together.

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

At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, "I think working together on this handout will help you with your goal of staying out of the hospital." Some people already know a great deal about their mental illness. It is still desirable to go over the handout to check the person's understanding and to explore for opportunities to make sure that he or she is able to use the information effectively. Sometimes people have received information in a piecemeal fashion; going through this handout may help people synthesize what they have previously learned. It may be possible to review the module in a short period of time if people are already very familiar with the contents.

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

- **Which of the following is NOT a symptom of schizophrenia?**

Being violent

Hearing voices that other people can't hear

Having strong beliefs that no one else shares

OR

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

Being violent

Feeling extremely happy or excited

Feeling very sad

OR

- **Which of the following is NOT a symptom of depression?**

Being violent

Feeling very sad

Low energy level

- **Everyone who has _____ has symptoms all the time.** True or False.

-

- **Scientists believe that _____ is caused by:**

Chemical imbalance in the brain

Poor education

Weather conditions

- **A famous person who had _____ is _____.**
- **If someone receives a diagnosis of mental illness, it is very helpful to know:**

How to recognize the symptoms

Who to blame

What it is called in other languages

Handout #3: Stress-Vulnerability Model and Treatment Strategies

Introduction

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

Goals

- 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

- 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 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

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

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

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

The following suggestions may be helpful:

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

- Show an appreciation for the person’s experience and knowledge. Thank the person for his or her comments and clarifications. Recognizing the person’s expertise makes the relationship with the practitioner collaborative, reinforcing, and motivating.
- Keep in mind the goals that the person identified in the first module (Recovery Strategies). Continue to help him or her identify goals as an ongoing process. In this module, the practitioner can also help the person identify information about treatment that might help him or her achieve a personal goal.

Educational strategies

Educational strategies for this module focus on helping people understand the stress-vulnerability model. According to the stress-vulnerability model, effective treatments must address both stress factors and biological factors. It is helpful to relate the information in the handout to the person’s own situation. For example, learning more about the stress-vulnerability model might help someone recognize that stress contributed to an increase in symptoms or a rehospitalization in the past.

The following strategies were discussed in detail in Module 1.

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

Cognitive-behavioral strategies

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

- At the end of each session of this module, help the person think of ways that he or she might apply the information covered in the session. For example, after reading “What kinds of treatment options are there to choose from?” some people may say that they have been interested in finding a job, but did not know about supported employment programs.
- In the session the person could determine the steps for enrolling in a local supported employment program. The person could practice how to talk with his or her case manager about a program, or make a phone call to get information. Making the phone call before the next session could be part of homework.
- In completing the “Coping with Stress Checklist,” the person might choose the strategy of engaging in a hobby as a way of dealing with stress. The practitioner could help the person choose a hobby, ensure that he or she has the necessary equipment, and help him or her plan when to engage in the hobby. If the hobby is something that requires another person, such as a card game, the practitioner could help the person pick someone to ask. The practitioner could then role-play with the person how he or she could make the request. Homework could involve making the actual request.

Homework

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

Tips for common problems

- People may say that they do not have a mental illness and believe that they do not need treatment.
- Even when people do not believe they have an illness, they may recognize the negative effects of stress in their lives. They are often receptive to talking about treatment options as a way of reducing stress or coping with life problems.
- Many people who do not think they have a mental illness are comfortable talking about problems they are experiencing, and are interested in hearing ideas about how they might solve those problems. For example, if a person reports feeling isolated, he or she might want to hear about local support groups, consumer-operated clubhouse programs, or peer support centers. People who express an interest in working might be interested in hearing about supported employment programs.
- Some people say they don’t want to make decisions about their treatment. They prefer practitioners to make the decisions for them.
- Many people have had prior experience in which they were discouraged from expressing their opinions and were not consulted about their preferences. It is very important to ask people questions and elicit their opinions and comments about treatment. Practitioners should show they value what people have to say, and emphasize the importance of people making decisions in active collaboration with others.
- Some people have had negative experiences with treatment in the past. Allow people time to talk about their experiences, but do not devote an entire session to dwelling on the past. Let people know that there are more treatment options available than there were before. For example, several more effective medications have recently been developed and new psychosocial programs are available.
- Do not pressure people to accept specific treatments, but actively encourage them to become aware of their options and to get involved in making their own choices. Practitioners should emphasize that they would like to work with people to help them make treatment decisions that will help them achieve their goals, get on with life, and avoid previous negative experiences.

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

- **Scientists believe that biology and stress both play a part in causing symptoms.** True or False
- **One way people can reduce their biological vulnerability to symptoms is :**

Drink alcohol and take street drugs

Take medications prescribed by the psychiatrist

Read about the symptoms

- **Two effective ways to cope with stress are:**

Exercise regularly

Put pressure on yourself

Drink a six pack of beer

Talking with friends or family members

- **Which of the following is NOT an example of a treatment option for mental illness?**

Medications

X-rays

Supported employment programs

Social skills training groups

- **Everyone with mental illness benefits from exactly the same treatment.** True or False

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.

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 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.

Strategies to be used in each session

Motivational strategies

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

The following suggestions may be helpful:

- At the beginning of this module, review the personal goals that people have identified in previous sessions. Ask people how having strong social support might help them achieve some of their personal goals.
For example, if someone has the goal of reducing her alcohol use, having non-drinking friends could help her enjoy herself without alcohol. Or if someone has the goal of being less distracted by symptoms such as auditory hallucinations, having friends to talk could help him pay less attention to the voices.
- Focus some discussion on previous positive relationships that people may have had. Ask what they enjoyed about the relationships and how they benefited from the relationship.
- Some people may have had negative experiences with social relationships. Express empathy, but focus on how using the strategies in the handout can give people skills that will make relationships go better in the future. For example, a person may have disclosed personal information too quickly in the past and the relationship ended in a distressing way. In the

handout, people will learn to gradually increase the level of disclosure when they want to make a relationship closer.

- Help people evaluate the advantages and disadvantages of keeping their social support system the way it is, and the advantages and disadvantages of changing it. Some people have been isolated for several years and it may be anxiety- provoking for them to think about reaching out to others.

Educational strategies

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

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

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

The following examples may be helpful:

- When people are interested in changing their social support system, take a "shaping" approach and help them start with small steps in order to maximize the chances of success. For example, if someone is interested in re-establishing a relationship with an estranged relative, it might be a good idea to start with a small step, such as sending a short, pleasant note to the relative.
- As people identify a place where they would like to meet people (using the checklist in the handout), you could help them plan how they could actually go to the place. For example, if they would like to meet people at an exercise class, you could help them locate the phone number and address of a YMCA or other health club where they could take classes.
- If people enroll in an exercise class in order to meet others, you could set up role-plays to help them practice how they could start a conversation with someone in the class.
- Using the "Things You Can Say to Increase Closeness" checklist, you can help people identify and practice strategies for conversations that will lead to more sharing. For example, if people wanted to practice the skill of expressing compliments, you could model how to give a compliment and/or you could set up role-plays for people to practice giving compliments.
- Using the "Things You Can Do to Increase Closeness" checklist, you can help people identify and practice strategies for showing they care about others. For example, if people would like to try arranging an activity with someone to show they care, you could set up a role play for them to practice asking someone to join them for a movie.
- Using the "Levels of Disclosure in Relationships" checklist, you can help people identify someone that they might want to become closer to. After they identify someone, you could set up a role-play for them to practice what they might say to someone at a higher level of disclosure.

Homework

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

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

The following examples of homework may be helpful:

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

Tips for common problems

- Some people have had unpleasant experiences with past relationships or with trying to develop new relationships.
Explore what happened in the past and identify some strategies from the module that could lead to better results. For example, a person might say, “I keep asking people to do things together, but they never say ‘yes.’ ” You could say, “I’m sorry that’s been happening. But we could work together coming up with some strategies that might help you get a more positive response from people in the future.”
- Some people may be very shy about approaching others.
Encourage very small steps, such as smiling at people and saying “Hello.” When people feel more confident, they might try making small talk. Set up as many role-plays as possible to help people rehearse what they can say to others. There are materials available for practitioners to help people learn social skills in a systematic way (see social skills training references at the end of Part 1 of the Practitioners’ Guide). People may also benefit from attending a social skills training group to get more practice and feedback from peers.
- Some people may move too quickly when trying to establish close relationships.
Encourage the person to get to know other people gradually. Explore what happens when people share deeply personal information or become physically intimate early in a relationship. Help people develop skills for gauging other people’s response to them (e.g., what are some ways to determine whether someone is interested in talking or would like to become closer?).

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

▪ **A sign of a supportive relationship is:**

Arguments

Criticism

Helpfulness

▪ **Which of the following is NOT a good place to meet new people?**

At your workplace

At a toll booth

At a drop-in center

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

▪ **To increase closeness in a relationship, you can:**

Offer someone help when they need it

Keep your thoughts and feelings to yourself

Refuse to compromise

▪ **When you are interested in developing a close relationship, it is a good idea to tell personal information:**

Gradually, as you get to know each other better

As much as possible the first time you talk to them

Never

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

In this module, it is important to avoid lecturing or preaching about medications. It is 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.
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- 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 the Manual:

- 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.

Tips for common problems

- People may say that they do not have a mental illness and do not need medications. See “Tips for common problems” in Module #3.
- For some people, medications are a very controversial topic. They may have strong beliefs that medications are not helpful for them or are harmful to them.
- It is important to avoid directly challenging or arguing with people about medications. Instead of becoming adversarial, try to understand the person’s point of view and encourage him or her to keep an open mind for the future.
- Also, although some people are adamant about not needing medication, they often acknowledge that other people benefit from it, and are willing to talk about medication in that light.
- Some people have had unpleasant experiences with medications.
- Sometimes people develop misconceptions about medications based on past experiences, and their beliefs may change when new or corrective information is provided. For example, if a person had a severe dystonic reaction to a high dose of antipsychotic medication in the past, he or she might conclude that all such medications would produce a similar response. However, this is not the case, especially if low doses are used at first.

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

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

- Which of the following is a benefit of taking medications for mental disorders?

They reduce pain and swelling

They improve symptoms and prevent relapses

They cure mental disorders

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

Drowsiness

Tooth decay

Hearing loss

- It is a bad idea to ask the doctor or nurse questions about medications and how they will affect you. True or False
- To get the best results from medications it is a good idea to:

Take the medication at the same time every day

Change the dose of medication depending on the day

Take it whenever you feel the need

- Medication affects people in different ways. True or false

Handout #6: Reducing Relapses

Introduction

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

Goals

- 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.

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 session.
- Agree on homework to be completed before the next session.

Strategies to be used in each session

Motivational strategies

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

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

The following suggestions may be helpful:

- For each major topic covered in the handout, practitioners can help people to identify what their own experiences have been. Most of the sections include probe questions which can be used to facilitate discussion.
- The questionnaires and checklists in the handout (“Examples of Common Triggers,” “Examples of Common Early Warning Signs,” “Early Warning Signs Questionnaire,” “People Who Could Help Me Recognize Early Warning Signs”) can help people relate the information to their own experience.

- Practitioners should keep in mind the goals identified by people in earlier sessions. There are numerous opportunities to connect relapse prevention with goal achievement. There are also opportunities to set new goals.

Educational strategies

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

The following educational strategies were discussed in detail in the Manual:

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

Cognitive-behavioral strategies

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

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

The following examples may be helpful:

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

Homework

Homework for this module focuses on helping people put into action what they are learning about relapse prevention. Practitioners can follow up on homework by asking how it went. They can reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the homework, practitioners can gently ask what got in the way and help them develop (and sometimes practice) ways of overcoming obstacles.

The following examples of homework may be helpful:

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

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

Tips for common problems

- People may report that they have had no early warning signs before relapses. When people don’t remember experiencing early warning signs, it may be helpful for them to talk to family members and other supportive people about what they remember. If no one can recall early warning signs, practitioners can help people identify the earliest symptoms they experienced before a full relapse.
- People may find that talking about relapses brings back unpleasant memories. Practitioners can focus the discussion on identifying important information for the future, and help people avoid self-blame. When people berate themselves by saying things such as “I should have known...” or “What a fool I was...” it is helpful to remind them that it can be very difficult to predict relapse. It is also helpful to point out their strengths in managing their illness and praise their participation in developing a plan for improving things in the future.
- Bringing up these memories and talking about them a little might be helpful, because the person might benefit from developing a new perspective on prior relapses (e.g., shifting from self-blame), and may become more motivated to work on reducing future relapses.

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

- Which of the following is a common situation or event that might trigger a relapse?

Being under stress

Receiving a phone call

Reading

- Which of the following two items are examples of common early warning signs?

Feeling tense or nervous

Trouble sleeping

Feeling calm

- “Early warning sign” is another term for “side effect of medication.” True or False

- One thing people can do to prevent an early warning sign from becoming a relapse is:

Consult with someone on their treatment team

Stop taking medication

Keep the information to themselves

- People often ask family members and supporters to be part of their relapse prevention plan by:

Taking over and doing everything

Being alert to early warning signs

Ignoring problems they see

Handout #7: Coping with Stress

Introduction

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

Goals

- 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

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

The following suggestions may be helpful:

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

- Practitioners should keep in mind the goals identified by people in earlier sessions. For many people, reducing stress may facilitate the ability to pursue personal goals. For example, someone may have the goal of part-time work, but is worried about the stress of deadlines, etc. The practitioner could discuss how having the ability to cope effectively with stress could increase the person's ability to perform well on a job.

Educational strategies

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

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

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

Cognitive-behavioral strategies

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

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

The following examples may be helpful:

- Practitioners can help people recall an example of a recent relapse and then evaluate what stressors preceded the relapse.
- Practitioners can ask people to discuss any forthcoming major change and help them anticipate how they might minimize the stress involved. For example, if someone were planning to move, would it be helpful to start making lists of the various tasks involved in moving? Would it be helpful to do the packing in short sessions over the course of a week or two? Would it be helpful to involve friends in taking boxes to the new location?
- After people complete the "Daily Hassles Checklist," practitioners can ask them to think of ways to decrease some of their daily hassles. For example, if someone feels rushed when leaving for work in the morning, how could she plan the morning to be more comfortable? Could she prepare more the night before? Go to bed and get up earlier?
- After people complete the "Strategies for Preventing Stress Checklist" there are many opportunities to help them practice the strategies they choose. For example, if someone would like to try the strategy of scheduling meaningful activities, the practitioner could help him pick out specific activities and plan when he could do them. If someone chooses to attend art classes to pursue an interest, the practitioner could help her investigate where and when classes are offered. If the person was apprehensive about talking to the art teacher or to fellow students, the practitioner could help her role-play how she might respond to questions and keep the conversation going.
- After people complete the "Strategies for Coping with Stress Checklist," the practitioner can help them practice the coping strategies they choose. The following are examples:

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

Homework

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

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

The following examples of homework may be helpful:

- Reviewing some of the checklists with family members or other supportive people. What have they noticed regarding sources and signs of stress for the person?
- Reviewing what helped and what did not help during stressful situations in the past. Family members and other supportive people can also be asked for their observations about this.
- Keeping track of daily hassles for a week, using the checklist provided.
- Asking family members, friends and other supportive people to play a role in a prevention or coping strategy. For example, a person might like someone to join her on a daily walk as part of a plan for reducing stress.
- Keeping track of signs of stress for a week, using the checklist provided.
- Practicing a strategy for preventing stress, such as scheduling time for relaxation, and keeping track of how it affects the person's stress level.
- Practicing a coping strategy, such as listening to music, and keeping track of how it affects the person's stress level.
- Locating resources needed for a prevention or coping strategy. For example, if someone wanted to eat a healthier diet as part of coping with stress, he could make a shopping list and buy specific groceries as part of homework.

Tips for common problems

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

- A life event can be stressful even when it is a positive event, like getting married. True or False

- Which of the following is an example of a daily hassle?
A tornado
Unreliable transportation
Receiving a compliment

- Which of the following is a sign of being under stress?

Happiness
Headaches
Feeling rested

- One effective strategy for preventing stress is:
Schedule time for relaxation on a regular basis
Keep your feelings to yourself
Drink alcohol or smoke marijuana
- One effective strategy for coping with stress is:
Staying in bed all day
Ignoring stress entirely
Using a relaxation technique

Handout #8: Coping with Problems and Symptoms

Introduction

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

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

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

Goals

- 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

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

The following suggestions may be helpful:

- “The “Common Problem Checklist” helps people identify the specific areas in which they experience problems. The practitioner can then focus on the sections of the handout that provide strategies for dealing with these problems.
- Practitioners should keep in mind the goals identified by people in previous sessions. Being able to solve problems (or cope with them more effectively) can help people overcome some of the obstacles they may have experienced in achieving some of their goals. For example, when someone has a goal of taking a class, having difficulty concentrating may interfere with his ability to study, which presents an obstacle to his goal of succeeding in school. Using the strategies of minimizing distractions and breaking down tasks into smaller parts might help him improve his concentration and ability to study for tests.
- Practitioners can help people to make plans to achieve goals, using the Step-By-Step Problem-Solving and Goal Achievement worksheet.

Educational strategies

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

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

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

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people learn more effective strategies for solving and coping with problems. During the sessions, practitioners can help people learn how to use the strategies of their choice by modeling and role-playing the skills.

The following examples may be helpful:

- If someone who has problems with depression wanted to learn the strategy of scheduling something pleasant to do each day, the practitioner could help her set up a calendar of a week’s worth of pleasant activities. If one of the pleasant activities was going bowling with a friend, the practitioner could help her decide whom to invite and role-play a conversation making the invitation.
- The practitioner should help people make plans for implementing the strategies and help them practice any aspect of the plan with which they feel uncomfortable. For example, if someone is having a problem getting along with a roommate who plays loud music late at night, he might decide to use the strategy of asking the roommate to use head phones after 11 PM. The practitioner could help him role-play how he might make the request.

Homework

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

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

The following examples of homework may be helpful:

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

Tips for common problems

- People may prefer not to talk about problems.

The practitioner can help the person re-frame problems as goals, which sounds more positive. For example, “sleep problems” could be defined as “getting a good night’s sleep”; “depression” could be defined as “being in a more optimistic mood”; “lack of interest” could be defined as “developing more interests.” The goals that were established previous sessions can also be worked on in this module. The Step-By-Step Problem-Solving and Goal Achievement method is helpful in this process.

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

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

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

Review Questions

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

Open-ended questions

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

Multiple choice and true/false questions

- In solving problems, it is important to consider more than one possible solution. True or False

- Which two of the following items are examples of common problems?

Feeling anxious

Trouble concentrating

Having too much money

- Which of the following is an effective strategy for sleeping better?

Going to bed at different times every night

Doing something relaxing in the evening

Napping during the day

- Which of the following is an effective strategy for coping with depression?

Set goals for daily activities

Keep your feelings inside

Remind yourself of your faults

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