IMD Training Manual

Using the Illness Management and Recovery Program in IMDs

2012

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Updated Version 2012

Acknowledgements - 2012

Throughout the project, we had the opportunity to work with dedicated and knowledgeable individuals who care very much about what happens for clients in IMDs. We would like to thank those whom we worked with over the years in developing this program. They include: representatives from the Los Angeles County IMD administrative unit; the leadership and staff of Community Care Center in Los Angeles; representatives of Orange County Behavioral Health Services; the leadership and staff at County Villa Riverside Health Care Center; the California Institute for Mental Health and Vicki Smith; the State Department of Mental Health and most recently the California State University at Sacramento..

Each person who works with clients with serious mental illness should spend some time in an IMD learning about the challenges the clients and the staff face, because it teaches us important lessons for recovery-oriented work.

Beverly Abbott and Pat Jordan
Project Consultants

Cover Art by Marta Donayre

"My work is focused on the inner being of the self. There are many ways in which I explore this area of myself. Abstract paintings reflect feelings and emotions, and non-abstracts reflect my philosophies. Together, they are a question about the world in which we live in, cultural norms, their significance, and how they affect our inner psyches. These images convey the concepts that are not easily articulated by words. The only language that can convey them is that of color and images. My paintings are acrylic on canvass.

"Trees of Joy" is a series of eight 30"x40" paintings. They tell the story of the Wall of Fear 1 preventing our intentions from reaching our potentials. Eventually, in Wall of Fear 1, the intentions are able to destroy the Wall, and reach the potential. From this, six images of the Trees of Joy emerge. They symbolize the fruits of our life, if we allow ourselves to face our fears and do that which we are meant to do."

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I. Background and Context

This manual was originally developed out of a long-term commitment from the State Department of Mental Health (DMH) in collaboration with the California Institute for Mental Health (CiMH) to comply with the Olmstead decision[1] and to ensure that individuals with serious mental illness have the opportunity to live in the community and to spend the minimum time necessary in institutional and locked settings. This updated version has been produced in collaboration with DMH and California State University Sacramento (CSUS). It contains changes to the original manual based upon new work and research about the Illness Management and Recovery (IMR) Program and also includes the following new materials:

- The addition of a Drug and Alcohol Module, modified for use in Institutions of Mental Disease (IMDs)
- Spanish versions of the handouts for each of the four modules in the manual
- A checklist for Implementation of the IMR Program in IMDs
- An IMR goal tracking sheet
- A crosswalk between the Title XXII STP Service Requirements and the IMR program
- An article reviewing research on the effectiveness of the IMR program

In 2003, DMH conducted a two-year study of the use of Institutions of Mental Disease (IMDs) by California counties, titled "Long-Term Strategies for Community Placement and Alternatives to Institutions for Mental Diseases." Selected findings from the study were:

- Individuals who are placed in IMDs have significant current disabling issues.
- Counties that adopt comprehensive coordinated efforts are able to reduce their utilization of IMD resources by reducing admissions and/or reducing lengths of stay.
- A clinical/treatment vision that sees IMD placement within a system that is dedicated to client-directed services and recovery facilitates change.
- Effective supporting structures and processes are necessary to make changes.
- Variations in county implementation of civil commitment procedures can greatly influence IMD usage.
- Cooperation among all stakeholders promotes effective management of IMD use.
- A recovery vision and an individualized orientation are not infused in IMD services.

As a result of these findings, DMH applied for and was granted a federal Substance Abuse and Mental Health Services (SAMHSA) grant to further this agenda and contracted with CiMH to implement the grant. The original goal of the grant was to develop a recovery-oriented, culturally competent assessment, treatment and discharge planning curriculum and learning process for staff of IMDs and county mental health liaisons to these facilities which would facilitate successful transitions of people from these institutions into the community and to train and mentor IMDs/counties using this curriculum and learning process. The general concept for the IMD training consisted of two aspects: a structured curriculum that could be individualized to a specific IMD and county, and a follow-up mentoring process that would be designed to meet the particular needs of the IMD and the partnering county. The consultants

[1] "…states are required to place persons with mental disabilities in community settings rather than in institutions when the State's treatment professionals have determined that community placement is appropriate…" Olmstead v. L.C and E.W, United States Supreme Court Decision

reviewed recovery-oriented curriculum and selected the Illness Management and Recovery (IMR) Program, as described in the SAMHSA Resource Manual on IMR, to use in the IMD along with training about systems issues affecting IMD use based on the two-year study. The IMR Program was selected as it reflected current "state-of-the-art " teaching of evidence-based illness management and recovery skills and also offers step-by-step implementation information and materials.

The original grant proposed working with three IMDs and three counties. However, after meeting with the first county selected for this project, it became clear that a one-day training would not have any significant impact, and that ongoing training and work was needed. The proposed project was revised to work with one IMD and one county. A second IMD in another county was trained in 2009, under a continuing grant. From the beginning, the focus has been on service systems within a county, not just the IMD. This focus is justified by the findings of the statewide study.

II. Purpose of Manual

The purpose of this manual is to provide a recovery-oriented curriculum and learning process for staff and residents of IMDs and county mental health liaisons to these facilities that will facilitate successful transitions of individuals from these institutions into the community. It is based upon the experiences and learning from a statewide IMD study and the specific work with IMDs and county staff in Los Angeles County and Orange County.

This manual provides a description of the training process and a written curriculum that can be used to train IMD staff and county liaisons throughout the State. While the manual details specific processes and content, counties and institutions are encouraged to tailor individual training to the culture of the IMD, the specific needs of the clients, and the existing resources within the county. In addition, the manual may have applicability in other settings such as board and care homes and other institutions.

III. Selection of Curriculum—Illness Management and Recovery Program (IMR)

The curriculum selected is based upon the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) Illness Management and Recovery Evidence-Based Practices KIT[2] for teaching illness management and recovery skills.

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

a. About the Resource Manual

The *Illness Management and Recovery Evidence-Based Practices KIT* was developed by a team composed of multiple stakeholders: researchers, clinicians, program managers and administrators, consumers and family members. Central to the IMR program are the principles that consumers and their families have a right to information about their own individual situations and access

[2] Substance Abuse and Mental Health Services Administration. *Illness Management and Recovery: Getting Started with Evidence-Based Practices.* HHS Pub. No. SMA-09-4462, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U S. Department of Health and Human Services, 2009.

to effective services. In addition, the program rests upon the idea that people want more than just to get out of an institution or stay out of the hospital; they want to pursue their own personal recovery process and move ahead with their lives.

Included with this manual is a CD, which includes the ten booklets in the complete SAMHSA IMR Toolkit:

- ***How to Use EBP KITS-IMR*** – which describes the kit and how to use it
- ***Getting Started-IMR*** – which gives an overview of the activities that are generally involved in implementing EBPs and addresses the issue of cultural competence.
- ***Building Your Program-IMR*** – which is intended to help mental health authorities, agency administrators, and IMR leaders think through and develop the structure of IMR programs.
- ***Training Frontline Staff-IMR*** – which helps IMR leaders teach practitioners about the principles, processes, and skills necessary to deliver effective IMR services
- ***Practitioner Guides and Handouts-IMR*** – which includes all ten modules in the SAMHSA IMR curriculum and includes the basics of the program, educational handouts to be used in the program, and practitioner guidelines for the educational handouts. (The Practitioner Guidelines and Educational Handouts for the four modules as adapted for use in IMDs are included as part of this manual in Appendices B and C.)
- ***Evaluating Your Program-IMR*** – which describes how to evaluate the effectiveness of the IMR program.
- ***The Evidence-IMR*** – which includes the current research literature and other resources on the IMR program
- ***Using Multimedia-IMR*** – which includes a collection of educational tools to help you introduce your IMR program to a variety of stakeholder groups.
- ***Brochures in English and Spanish-IMR***
- ***PowerPoint-IMR***

You may also download all of this material from the SAMHSA website: *http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463.*

b. Modifications for IMDs

The IMR Evidence-Based Practice KIT was finalized by SAMHSA in 2009. While the IMR program as modified here for IMDs in and of itself is not an evidence-based practice, in that it has not yet undergone rigorous research evaluation, evidence exists for the effectiveness of the clinical and administrative practices and individual techniques presented in this manual . The *IMR Evidence-Based Practice KIT* was developed to be used with people with serious mental illness who are living in the community. Since the purpose of this manual is to provide materials for working with people who are in institutions, portions of the KIT and specific materials have been modified to be more appropriate for people living in and transitioning from institutions.

The most important modification relates to the selection of only four of the ten program modules for implementation in the IMD. This was done for several reasons—perhaps the most important being the time factor. Each topic or module is designed to be taught over a period of several weekly sessions of 45-60 minutes each. Experience has indicated that teaching the modules in a group setting within an institution takes more time. While the format of the sessions is flexible as to length of time per session and weeks per topic, the total training program ideally should not exceed several months per individual, since the goal is to have individuals remain in the institutional setting as short a time as possible.

Some of the handout material also has been modified to make the questions and topic areas more relevant for the institutional setting. While one of the main philosophical underpinnings of

the training is the importance of empowerment and the ability to make choices, some choice is limited in an institutional setting for reasons of safety and compliance with regulatory requirements. Nevertheless, the modified curriculum still emphasizes the importance of giving clients the opportunity to make choices whenever possible.

While the concepts, teaching principles and structure for the group sessions contained in the IMR are important to follow in order to achieve success with this program; the content of the sessions, how many sessions are held on each topic, the order of teaching the modules and the handouts and homework assignments can be modified and tailored to fit those in each type of group within the facility.

Experience with implementing the IMR in two IMDs has taught us that the modifications to the original toolkit that were made in the original Manual generally work well with individuals who are making progress toward getting ready to leave a locked institution and are functioning at a fairly high level within the institution. However, new clients coming in, those that have been in the facility for years, and/or clients who are having a lot of difficulty coping with their current situation are not able to handle some of the assignments and much of the recommended homework, have difficulty completing many of the written handouts and generally take more time to get through the material.

As a result, in this updated Manual we are suggesting the following additional general modifications for these client populations:

- Most of the material should be discussed verbally rather than having clients complete handout lists and forms.
- Group leaders may want to take more time to go through each module – probably just one part of the topic each session, or skip some of the more "sophisticated" parts of the module.
- Group leaders do not have to go through all the material sequentially in each module; as clients begin to make progress in their recovery the materials covered in each session can be more detailed.
- Group leaders should give examples when clients are unable to. Use of personal examples is good.
- No written homework – just practice.
- The program encourages clients that wish to do so to choose "learning partners". This can be very helpful for clients who are having difficulty in the groups or with the material. A client can "pair up" with a learning partner who can support and assist them. Learning partners can be helpful in increasing the client's understanding of the program. A learning partner could be another client who is also learning the program, a peer mentor from the county, a family member or friend who sees the client weekly or a staff member who might volunteer to help the client with program material. Ways in which a learning partner might be involved include attending specific sessions with the participant, reviewing program handouts with the client, and/or taking a role in implementing or supporting steps in the client's plan for achieving goals.

Specific modifications are also included in each of the modules in the *Practitioner Guide*. Group leaders are encouraged to individualize the content and pacing of the sessions, as they feel appropriate.

Finally, the Fidelity Scales and General Organizational Index (GOI) from the IMR have been modified to reflect the program modifications and selected IMD staffing and administrative requirements. The modules including modifications may be found in Appendix B. The modified Fidelity Scales and GOI are in Appendices G and H.

IV. Implementing the IMR Program within an IMD

This manual provides a step-by-step process that counties and IMDs may use in implementing programs similar to the program implemented in Los Angeles, Orange County and in other locations throughout California. This training is an effective way of providing IMD residents with information and skills that will help them successfully transition out of the institution into the community. It also introduces a change in county and IMD policies and practices that can lead to a more recovery-oriented, culturally competent culture within the IMD, encompassing all levels of administration, staff and residents. The following steps are recommended for successful implementation and continuing support of this model within an IMD:

a. Build consensus for change

b. Conduct an initial "kick-off" training session

c. Develop an implementation plan for the facility

d. Provide IMR training for staff

e. Roll out implementation

a. Building Consensus for Change

Step One: Acknowledge that this training is not just for IMDs. Since the issue of providing institutional care is a county issue, heavily dependent upon complex county systems including leadership, philosophy, resources and financing, the training should include not only administration and staff of the institution, but representatives of all relevant county and community-based programs that relate to the IMD and their residents, including community mental health/IMD liaisons, conservators, public guardians, families and client peer support staff.

Step Two: Build momentum for change by connecting this training to the context of change in mental health systems. This is not "business as usual", but is a part of the broader mental health system transformation process addressed by:

- The President's New Freedom Commission on Mental Health's final report, "Achieving the Promise: Transforming Mental Health Care in America"[3]
- The goals of California's Mental Health Services Act (MHSA) to create a client-centered, recovery-oriented, culturally competent system that provides necessary services and supports for clients in their recovery journey.
- The Olmstead decision which supports clients' rights to live in the community

Step Three: Enlist key people to help build consensus for change and to obtain the understanding and commitment of key leaders, both within the institution and within county mental health leadership and assure that they are visible in their support of the process and the program.

- Make a list and invite all key stakeholders:
  - Public guardian
  - Consumers, especially peers/consumers who can help the clients transition to the community
  - Families of residents in the IMD
  - Psychiatrists, community liaisons to IMDs, and other clinical staff who will be working with clients in the community
  - Others
- Bring in outside "expert" speakers to inspire and lend credibility to the undertaking
- Bring in consumer experts who have moved forward in their recovery and can endorse the concepts embodied in the program.

[3] New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

b. Conducting Initial IMR Orientation for Facility Leaders and Key Community Stakeholders

Once you have made a commitment and have your list of key people to involve in this change, the next step is to have an initial one-day "kick-off" training with IMD, stakeholders and county representatives.

The objectives of the kick-off are:

- To understand the importance of this training in the context of what is happening in the mental health field in California with regard to the Olmstead decision, recovery-oriented programming and transformation of the public mental health system,
- To become familiar with and understand the core values, principles, concepts and approaches used in the Illness Management and Recovery Program,
- To learn about using motivational, cognitive behavioral and educational strategies to implement an Illness Management and Recovery Program that will help clients successfully transition from the institution to the community, and
- To learn how to provide a consistent approach and be able to work as part of a cohesive team—consisting of the client, his or her family, as appropriate, facility staff, mental health program staff, conservators and others—to facilitate a client's discharge from an institution and successful transition into the community.

Selection of participating IMDs

If a county is interested in working with more than one IMD to implement the IMR Program, the initial one-day training can be held as a general orientation for representatives of all of the IMDs who will be involved, as well as relevant county staff. Alternatively, an individual training can be held with a single IMD that would allow for more IMD staff to be involved.

Selection of participants for this training will necessarily vary from county to county, but should include, at a minimum:

- IMD executive director(s)
- IMD program administrator(s)
- IMD medical director(s)
- IMD director(s) of quality improvement and/or training
- Representatives of IMD nursing and direct care staff
- County mental health IMD/long-term care administrator(s) or responsible manager(s)
- Community mental health IMD liaisons
- Public guardian's office/county conservators
- Representatives for consumer and family organizations.

Content of initial training

The chart on page 8 shows a suggested agenda for the initial training. Copies of generic power point presentations for the major topics are included in the CD which accompanies this manual.

Next steps

Learning theory and other evidence tell us that training alone does not produce change. The initial training needs to be followed by planning for implementation in the IMD. Since the most effective solutions to issues are local ones, it is critical to involve key local stakeholders in planning for implementation of the IMR program in the IMD.

c. Developing an Implementation Plan

The IMR Program provides comprehensive and structured guidelines with ready-to-use materials. It is based upon effective techniques and approaches that help people who have experienced serious mental illness develop strategies for managing their lives.

Key implementation challenges

- The program is based upon recovery principles of hope, personal responsibility, education, self-advocacy and support. Many IMDs still rely heavily on a model of disease treatment, focusing largely on symptoms and behavior.
- Many facilities are licensed as skilled nursing facilities (SNFs) and so are constrained by SNF regulations and requirements.
- Implementing the IMR Program requires a culture change within the institution and the larger community of which it is a part.
- Building a consensus for change before implementing the program can advance the recovery principles and help with the culture change.

Strategies for implementation

- *Assure that the IMD director/administrator is visible and active in his/her support of the program.* This sends the message to all staff about the importance of the program and the desire to have a more recovery-oriented environment.
- *Establish a facility implementation leader.* This needs to be someone with enough authority within the facility to lead a successful implementation and overcome obstacles that may arise along the way.
- *Create an implementation steering committee.* The implementation steering committee should include:
    - *Facility personnel at all levels to support the implementation*. This includes people who have responsibility for program management, direct service provision, training, policy development, program standards, quality assurance and funding.
    - *Consumers and family members*. The IMD may want to select a representative from current residents, or someone who has recently been successful in transitioning into the community. A family member representative might be a parent or caregiver who is an IMD client's private conservator, or a representative from the local NAMI organization who has experienced having a loved one in an IMD.
    - *Key personnel* who interact with the institution should be identified and included, such as:
        - The public guardian's office,
        - Representatives of service teams who will be working with clients as they transition into the community,
        - Community liaisons to the IMD.

By including community representatives, the implementation leader and the implementation steering team can develop support for and understanding of the program throughout the service area and insure an integrated service experience for clients while they are in the IMD and as they transition into the community. For example, community treatment or follow-up teams should know what the client identified on their knowledge and skills inventory and they may want to use other modules of the toolkit in the community.

- *Create a training and implementation timeline.* This is an important step for the implementation steering committee so that they can track their progress in training and implementation. Enough time should be spent on training to assure that practitioners are familiar and comfortable with the material, but it is important to actually "get started" within a reasonable period of time. It is also helpful for all staff to know when implementation is actually scheduled to begin.

Community Integration Symposium Agenda

8:00 – 8:30 a.m.	Breakfast, Welcome and Introductions
8:30 – 9:00 a.m.	Introduction to Training
9:00 –10:00 a.m.	Hearing from the experts on the experience of being in a locked institution and moving to the community (consumer panel)
10:00 –10:30 a.m.	Introduction to Illness Management and Recovery Toolkit
10:30 –10:45 a.m.	Break
10:45 –11:15 a.m.	Presentation and Demonstration of Strategies for Staff to Use
11:15 –12:00 p.m.	Presentation and discussion about the knowledge and skills inventory for the Illness Management and Recovery Program
12:00 –12:45 p.m.	Lunch On Site
12:45 – 1:15 p.m.	Recovery Strategies module: Presentation and Discussion
1:15 – 2:00 p.m.	Using Medication Effectively Module
2:00 – 2:30 p.m.	Coping with Problems and Symptoms Module
2:30 – 3:00 p.m.	Drug & Alcohol Use
3:00 – 3:15 p.m.	Break
3:15 – 4:45 p.m.	Transition from the IMD to the Community: A Fishbowl/Roundtable Discussion (IMD and county representatives)

d. Providing IMR Training for Staff

Select program trainers

The IMR Program toolkit provides all of the necessary tools so that program representatives can develop their own internal training and implementation plans. Nevertheless, IMDs and counties may want to consider bringing in outside trainers who have had experience with the IMR Program in other settings. States such as New York, Ohio, New Hampshire, and Vermont have implemented the IMR Program and have experienced trainers. Los Angeles has a number of people familiar with the model and the material. Also, some other California counties, like Kern and Riverside, are implementing the model in other settings. These presenters lend credibility to the effort, particularly if they can talk about their first-hand experiences in overcoming implementation challenges. County IMD liaisons may want to become more familiar with the program so that they can participate as part of the training team. Finally, consumers and family members make excellent trainers, particularly if they have had experience in using the Toolkit previously.

Introduce the IMR Program to all staff in the facility

The IMR Program represents a first approach to changing the institutional environment from a place where illness is managed to a place where people are assisted and supported in their recovery. For this reason, it is important that all staff within the institution be familiar with and be a part of the implementation of the IMR Program. This means that all staff must be familiar with the content of the program materials and the philosophical values upon which the program is based. One way to do this is to have a meeting of all staff prior to implementing the program.

- Have the agency director conduct the meeting and express support for the IMR.
- Include the following:
  - Key staff within the IMD,
  - County IMD liaisons,
  - Other key stakeholders, and
  - Consumers and others who can speak knowledgeably about the philosophy, structure and content of the program.
- Introduce the implementation steering committee at this meeting
- Provide a general outline of when training and implementation activities are to begin.

Develop a training plan

Following this introduction, one of the first tasks of the implementation committee is to develop a training plan, in which, at a minimum, all program managers and their staff, and nursing supervisors and their staff are trained in how to use this program. Comprehensive skills training should be provided to all staff who will be providing the group sessions using the four modules. Facilities can decide whether they want to train everyone in one large training effort, or whether they want to use a "train the trainers" model, in which some staff are trained initially, and they then provide training for other staff.

At a minimum, practitioners who will be conducting the group sessions need a solid orientation and training in the core values, principles and teaching strategies which are the necessary core competencies for IMR implementation.

The modules themselves are designed to be self-explanatory. If specific training is not provided for each module, group practitioners will need to carefully review the specific handouts and guidelines prior to addressing each topic area in their groups. A sample training plan for IMD staff appears on page 10.

e. Rolling Out Implementation

After staff have become familiar with the philosophical approach and content of the IMR program, the facility needs to decide how and where to begin actual implementation. Several issues to consider are:

- *The program format*
  - Should client sessions be individual, group, or a combination of both?
  - If group sessions are chosen, how many clients should be in the group?

    Most facilities will probably want to use a group format with clients, although some facilities may include a combination of some individual and some group sessions.

    If group sessions are chosen, the groups should be no larger than 10 clients for each staff member. If the group is larger than 10 clients, it is not possible to give everyone the individual attention needed and have time for important client discussions.
- *Integrating the IMR Program into existing programming*. The four modules that have been selected for this manual include content that may already be found in existing facility groups and activities, thus the facility may want to modify existing groups or create new ones. To aid in making this decision, a *"Crosswalk Between Title XXII STP Service Requirements and the IMR Program"* is included in Appendix I.
- *Timing of implementation*. Should the facility implement the modules for all clients simultaneously, or phase-in the modules with just a single group of clients or a few client groups at a time?
  - Implementing for all clients at once creates "critical mass" that may enhance the movement toward a more recovery-oriented culture throughout the institution.
  - On the other hand, "piloting" the program gives staff and clients a chance to find out what works best and make adjustments before instituting changes throughout the facility.

    If a slower "roll-out" is chosen, the facility must be strongly committed to full implementation within a short period of time.
- *Pacing of the Modules*. Should the modules be offered sequentially or simultaneously? Although facilities may have different groups working on all of the modules simultaneously, individual clients should work on them sequentially. Each module has a number of concepts that individuals

Sample Training Plan

TRAINING PLAN FOR MANAGERS			
Subject	**# of Sessions**	**Instructor**	**Staff**
IMD/Community Integration Project Introduction	**1**	**Training Team**	**All Staff**
1. Program outline–discussion	2	Consultant, prog. dir., prog. trainer	Prog. mgrs, nsg. supervisors
2. Teaching principles–toolkit	2	Same as above	Same as above
3. Recovery Strategies	2	Same as above	Same as above
4. Using Medications Effectively	2	Same as above	Same as above
5. Coping with Problems and Symptoms	2	Same as above	Same as above
6. Drug and Alcohol Use	2	Same as above	Same as above
TRAINING PLAN FOR STAFF			
IMD/Community Integration Project Introduction/Discussion	**2**	**IMD Team**	**Program and Nursing Staff**
1. Teaching principles–toolkit	2	Prog. dir., prog. trainer, key staff	Program staff, lic. nurses
2. Recovery Strategies	2	Key staff	Program and nursing staff
3. Using Medications Effectively	2	Same as above	Same as above
4. Coping with Problems and Symptoms	2	Same as above	Same as above
5. Drug and Alcohol Use	2	Same as above	Same as above
MAKE-UP SESSIONS			
1. Teaching principles–toolkit	2	Key staff	Program and nursing staff
2. Recovery Strategies	2	Key staff	Same as above
3. Using Medications Effectively	2	Same as above	Same as above
4. Coping with Problems and Symptoms	2	Same as above	Same as above
5. Drug and Alcohol Use	2	Same as above	Same as above

need to learn and understand, and the modules generally involve homework assignments and review of materials from previous sessions. If a client were trying to attend groups focusing on different modules all in the same week, for instance, the number of concepts to be learned and the amount of homework would become overwhelming. Experience has shown that even the content in one module may be too much for individuals who are having difficultly focusing and concentrating on their immediate environment.

- *Sequencing of the modules*. The order of the modules is not critical, although it is desirable to always begin with the orientation material and the knowledge and skills inventory. If clients are having particular difficulty with symptoms, one might want to start with the "Coping with Problems and Symptoms" module, for instance. If a facility wanted to replace a current medication group, having all residents work on the "Using Medications Effectively" module following orientation might be their choice.
- *Content of the Modules*. Can any of the content of the modules be further modified? As previously noted, the model was developed for individuals with serious mental illness who are living in the community, and was developed primarily for use in an individual format. Other states that have implemented the model have found a need to simplify and shorten content, regardless of setting. Particularly for an IMD, in which clients are having the most difficulty with functioning, it will be important to tailor the content to the level at which clients can handle and benefit. For example, the paperwork can be simplified, homework can be either very limited or eliminated, modules may need to move slowly with a great deal of repetition and some one-to-one help outside of the group can be offered. Further adaptations may be required in order to make both the material and its presentation more relevant for culturally diverse populations. Handouts can be translated and oral communication may need to replace some of the paperwork. Modifying the content of the modules will not significantly decrease fidelity to the model, as it is the underlying principles, values and teaching strategies that are evidence-based, not the content of the module materials themselves.
- *Learning environment*. The toolkit stresses that the IMR teaching sessions should be in a location that has "ample lighting, comfortable seating and some privacy." This is not always easy in a crowded institution, but it is important that the environment be free of unnecessary distractions and conducive to learning and practicing the material. Turning down loudspeakers, closing doors and minimizing interruptions will help make sessions more successful. Having a chalkboard or an easel with butcher paper is helpful for both emphasizing concepts and having clients see their words and responses written down. Although the toolkit suggests that clients keep their own folders with their personal materials, you may want to keep the folders and hand them out at each group session so they will not get lost. It is also important to have writing materials and handouts available for each person.
- *Documentation*. How do you achieve a balance between what is necessary and the issue of adding time-consuming requirements to staff who already have too much to do? The toolkit recommends a brief progress note for each client for each group session and provides a format for this note. Although this is ideal, and some facilities may be able to do this, there are alternatives that are less labor intensive. If client goals are regularly documented and followed up on in the client's chart, a single

group note is sufficient to document the progress of the group and fidelity to the model. Both progress notes forms can be found in Appendix D. As part of the recovery orientation embedded in this model, it is important that client initial assessments are comprehensive and of high quality, and that they include detailed histories and reflect clients' strengths. Treatment plans need to be individualized, and client services need to be related to the client's individual goals. The client's work that is developed in the IMR groups should be kept in folders that are available to the client and should be integrated into the client's chart, as appropriate.

- *Outcomes*. Measuring client outcomes has become a standard mental health practice. Most facilities are already measuring some client outcomes such as length of stay, recidivism, and decreases in critical incidents. Since the resource manual is designed for individuals in the community, the core outcomes they target, such as preventing homelessness, competitive employment, and independent living are not relevant to the institutional setting. The material stresses the importance of starting simply when deciding on outcomes to measure and relying on data that does not require a large amount of time to record. Facilities may wish to continue their current outcome measurements, or may decide to add one or two key recovery-oriented outcomes. One might wish to measure increases in clients' understanding of recovery principles and increases in feelings of hope and self-confidence by using an instrument such as the Recovery Assessment Scale (RAS).[4] Having clients complete the RAS can be a group activity in one of the first sessions of the IMR Program. Outcomes measured should be shared with both clients and staff, and used for program improvement.

[4] Giffort, D.; Schmook, A.; Woody, C.; Vollendorf, C.; and Gervain, M. *Contruction of a Scale to Measure Consumer Recovery*, Springfield, IL: Illinois Office of Mental Health, 1995.

The following is a checklist for decisions that need to be made prior to implementation:

Checklist for Implementation of IMR Program in IMD

- ❒ When will we start implementation?
- ❒ What current groups will IMR replace?
- ❒ When will IMR groups take place? Schedule?
- ❒ Will all clients begin IMR in same week?
- ❒ How will we handle requirement for maximum of 8 people per group facilitator?
- ❒ Where will the groups be held?
- ❒ Who will be responsible for making sure group materials are available for each session?
- ❒ Where will we keep each client's folder containing his/her handouts, etc?
- ❒ Can we provide learning partners for clients that want/need them? Who will these people be?
- ❒ What new or revised documentation will we need?
  - ❍ IMR goals should be in individual plan
  - ❍ Progress notes on each session?
  - ❍ Monthly progress on goals?
- ❒ What about supervision on the IMR for group facilitators?
- ❒ How do we celebrate our successes? Keep enthusiasm and momentum going? Publicize success stories?
- ❒ How will we train new staff?
- ❒ What outcomes do we want to identify and measure?
  - ❍ Individual client outcomes
    - ❍ Progress toward goals
    - ❍ Increase in knowledge about illness, symptoms, medication, coping strategies, etc.
    - ❍ Involvement with others – families, friends, etc.
    - ❍ Reduced symptom distress
    - ❍ Increase in coping skills
    - ❍ Increase in self-help activities
    - ❍ Using medication effectively
  - ❍ Facility wide outcomes
    - ❍ Reduced length of stay
    - ❍ Reduced recidivism
    - ❍ Reduced critical incidents
    - ❍ Reduced use of restraints
- ❒ Are there any major policies or practices that need to be changed to support the IMR?

V. Supporting the Model

Moving toward a more recovery-oriented approach, which looks at people as individuals who can have successful lives outside of the institution rather than just trying to reduce symptoms and take care of people while they are in the facility, is a long process. The IMR material states that it takes about a year for people to become comfortable with the material and even longer to really understand and embrace recovery principles. State and local regulations and requirements are not oriented in this way, and make this culture shift even more difficult. It is critical that both the county and IMD administration provide support not only during the implementation phase, but also on an on-going basis, for supervisor's to include discussion of the program in all individual and group supervision. It is important to monitor and evaluate the practitioners' ability to implement the IMR Program. On-going group facilitators' evaluations that are shared with the practitioners are recommended. Appendix F contains samples that facilities may use to evaluate group facilitators. In addition, some of the ways the resource manual suggests, are as follows:

- Visibly recognize staff members who have been particularly successful in providing the IMR Program.
- Consider including an assessment of skills in providing IMR in job performance reviews.
- Find ways to tell each other success stories.
- Regularly review client outcomes.
- Quarterly implementation of the Fidelity and GOI scales.
- Hold events that celebrate achievements made by participants in the IMR Program. Provide opportunities for people to talk about what they have learned and accomplished.

With regard to county support, the community liaison to the facility should be fully trained in the IMR and demonstrate support for it. Counties should make every effort to have community providers become familiar with the model, meet with clients while they are still in the institution, and work with the institution to provide a smooth transition to the community that reflects the client's goals and choices. While a facility can become skilled at helping clients progress in their recovery while in their program, overall desired outcomes of shorter lengths of stay, lower rates of recidivism, increased success in the community and better lives for individuals cannot be achieved without facility and county staff working together to provide comprehensive and integrated service experiences and supports for clients.

VI. Evaluating Fidelity

The IMR toolkit comes with a set of fidelity scales and a General Organizational Index (GOI) which are designed to measure the degree to which the facility is following IMR practices (fidelity to the model) and the extent to which the program has the IMR philosophy and program elements in place within the organization. As noted previously in this manual, both the fidelity scale and the GOI have been modified to be more appropriate to the IMD, rather than a community setting. The modified scales, together with definitions, rationale for their use and what sources to use in gathering information to determine how to rate each item are in Appendices G and H.

Assessing fidelity and the GOI on a regular basis are effective ways to provide feedback about program development and to highlight implementation strengths and challenges. Evaluations can be conducted by an outside source or a facility can do a self-assessment. In either case, the fidelity scales are not meant to and should not be used as a compliance measure. They should be considered a tool to help the facility improve and strengthen its IMR program and movement toward a recovery-oriented organization.

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Appendix A: The Basics of Illness Management and Recovery

Attachment 1: Orientation to the Illness Management and Recovery Program

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

Attachment 3: Learning Partners Information Sheet

Attachment 4: Goals Set in the Illness Management and Recovery Program

Attachment 5: IMR Goal Tracking Sheet

Attachment 6: Step-by-Step Problem-Solving and Goal Achievement

Attachment 7: References

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Appendix A: The Basics of Illness Management and Recovery

An Overview of the Illness Management and Recovery Program

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

Materials for Providing the Illness Management and Recovery Program

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

1. Recovery Strategies
2. Using Medication Effectively
3. Coping with Problems and Symptoms
4. Drug and Alcohol Use

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

Getting Started

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

- The Orientation Section
- Educational Handout #1 ("Recovery Strategies")
- Practitioner Guidelines for Educational Handout #1 ("Recovery Strategies")

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

Preparing for Sessions

The first session is usually spent on orientation, using the "Orientation Sheet" (See Attachment 1) as a guide. The second (and sometimes third) session is spent on getting to know the person better, using the "Knowledge and Skills Inventory" (See Attachment 2) as a guide. This inventory is focused on the person's positive attributes rather than their problems or "deficits." It is important to gather information in a friendly, low-key manner, using a conversational tone. The remaining sessions are focused on helping people to learn and practice the information and strategies in

the educational handouts and to set and pursue their personal goals. Each session should be documented, using either the Toolkit "Progress Note for Illness Management and Recovery" or the Modified Progress Note, both of which are found in Appendix D. The format of the progress note helps practitioners to keep track of the person's personal goals, the kinds of interventions provided (motivational, educational, cognitive-behavioral), the specific evidence-based skill(s) that are taught (coping skills, relapse prevention skills and behavioral tailoring skills) and the homework that is agreed upon.

Before beginning each educational handout, the practitioner is encouraged to review the contents of the handout and the practitioner guidelines of the same title in the *Practitioners' Guide*. Most educational handouts will require two to four sessions to put the important principles into practice. Preparation for sessions is most effective when practitioners review the educational handout and the corresponding practitioners' guidelines side-by-side, noting the goals of the handout, the specific topic headings, the probe questions, and the checklists. Although for many people it is most helpful to go through the handouts in the order they are listed, it is important to tailor the program to respond to individual needs. For example, when a person is very distressed by the symptoms he or she is experiencing; it would be preferable to address this problem early in the program using Appendix B, Module 3, "Coping with Problems and Symptoms." Practitioners need to be responsive to people's concerns and use their clinical judgment regarding the order and pacing of handouts.

Importance of Recovery

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

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

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

Importance of Helping People Set and Pursue Personal Goals

Being able to set and pursue personal goals is an essential part of recovery. At the same time that information and skills are being taught in the Illness Management and Recovery Program, people are also helped to define what recovery means to them and to identify what goals and dreams are important to them. The first educational handout, "Recovery Strategies," contains specific information about setting goals. However, throughout the entire program, practitioners help people set meaningful personal goals and follow up regularly on those goals. As people gain more mastery over their psychiatric symptoms, they gain more control over their lives and become better able to realize their vision of recovery. In each session of the program, practitioners should follow up on the participants' progress towards their goals. "Goals Set in the Illness Management and Recovery Program" (Attachment 4) and the Goal Tracking Sheet (Attachment 5) help practitioners to keep track of a person's goals. Another form, "Step-By-Step Problem-Solving and Goal Achievement" (Attachment 6) is useful for helping a person plan the steps for achieving a goal (or solving a problem).

Logistics

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

The information and skills taught in Illness Management and Recovery as modified for use in IMDs are organized into four topic areas: recovery strategies, using medication effectively, coping with problems and symptoms and drug and alcohol use There are educational handouts and practitioners' guidelines for each topic area.

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

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

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

participants, involvement of learning partners, and practitioner qualifications.

Selection of Participants for the Illness Management and Recovery Program

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

People who experience psychiatric symptoms may benefit from training in Illness Management and Recovery regardless of how long they have had their mental illness. When people learn more about their symptoms and develop skills for coping with problems, they often feel more confident and can be more effective at resolving some of their life stresses.

Format of the Program

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

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

Structure of the Sessions

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

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

Session Length

Sessions generally last between 45 and 60 minutes. The most critical determinant of session length is the person's ability to be engaged and learn the relevant material. Some people may have limited attention spans, comprehension problems, or severe symptoms that make it

difficult to focus for more than 30 minutes. It may be desirable to take breaks during a teaching session or to simply have brief sessions. Another option is to conduct more frequent, brief sessions, such as meeting for 20 to 30 minutes two or three times a week.

Location

Teaching sessions can be conducted in almost any location that is convenient for the person. The setting should also have ample lighting (to read the handouts), comfortable seating, and some privacy. Regardless of the location, the practitioner should strive to create an environment that is quiet, free of unnecessary distractions, and conducive to learning and practicing the material

Educational Handouts

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

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

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

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

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

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

Involvement of Learning Partners

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

choose to ask their learning partner to help them practice newly learned skills outside of teaching sessions; it can increase the chances of the practice being successful.

Learning partners can be involved in the Illness Management and Recovery Program in several ways. People can share their educational handouts with learning partners. People can request help from them in practicing specific skills. People can invite learning partners to participate in some of the sessions. The decision to involve learning partners in Illness Management and Recovery is always the person's choice. When discussing the involvement of learning partners, the practitioner should explore with the person the benefits of involving them, and respect the person's decision about whether and in what ways to involve them. Attachment C contains a list of learning partners that people may want to consider asking to become involved in the Illness Management and Recovery Program.

Practitioner Qualifications

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

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

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

Core Values in Illness Management and Recovery

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

Hope is the key ingredient

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

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

retain an attitude of hope and optimism, even when the people they are working with may be pessimistic.

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

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

Personal choice is paramount

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

Practitioners are collaborators

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

Practitioners demonstrate respect for people who experience psychiatric symptoms

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

Teaching Principles

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

Motivational strategies

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

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

Educational strategies

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

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

need clarification. It is also helpful to ask, "Is there anything that you disagree with?" when reviewing information in an educational handout.

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

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

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

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

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

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

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

Cognitive-behavioral strategies

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

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

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

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

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

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

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

have social contact with. For example, the practitioner might demonstrate how the person might try starting a conversation with a relative at the next family holiday dinner.

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

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

Practice and Role Play

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

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

Homework Assignments

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

Cognitive Restructuring

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

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

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

byproduct of thoughts, that such thoughts are often inaccurate, and that people can decide to change their thoughts based on an examination of the evidence.

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

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

Behavioral tailoring

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

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

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

Relapse prevention

Relapse prevention involves helping the person develop a plan that is aimed at identifying the early warning signs of a relapse, and responding to those signs in order to take the steps necessary to avert a relapse or to minimize the severity of a relapse. Developing effective relapse prevention plans requires the smooth integration of a combination of motivational, educational, and cognitive-behavioral teaching strategies. These plans often are most effective when they involve someone else who is supportive to the person, such as a family member or friend.

When developing a relapse prevention plan, the practitioner first engages the person in a discussion of past relapses, and the advantages of preventing or minimizing the severity of future relapses. The practitioner then explains the nature of relapses, including their gradual onset and the emergence of early warning signs of an impending relapse (or the first symptoms of relapse), and leads a discussion of the person's most recent relapse (or previous relapses)

in order to identify possible early warning signs. When these signs have been noted, the practitioner and the person (and significant other, when involved) select several of the most prominent signs to monitor as part of the relapse prevention plan. When these signs have been selected, the practitioner works with the person to determine a set of steps for how to respond to these signs of a possible relapse.

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

Coping skills enhancement

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

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

After the person has chosen a coping skill that he or she would like to try, the practitioner models it for the person, who then practices it in a role play. As a homework assignment, a plan is made for the person to practice the coping strategy on his or her own. A significant other may be involved in helping the person remember to use the coping strategy or may play a role in the strategy itself (for example, taking a walk with the person as part of a coping strategy of using exercise to distract oneself from auditory hallucinations). Based on the person's feedback about the effects of using the coping strategy, additional tailoring may be done to better adapt the coping strategy to the person's situation. Finally, when the person has successfully learned the strategy, an additional assessment is conducted to evaluate whether another coping strategy should be taught, or whether the person's current repertoire is sufficient.

Conclusion of Teaching Principles

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

Attachment 1: Orientation to the Illness Management and Recovery Program

The goals of the program are:

- Learn about mental illness and strategies for treatment
- Decrease symptoms
- Reduce relapses and rehospitalizations
- Make progress towards goals and towards recovery

The mental health practitioner will:

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

The program includes:

- An orientation session to review the goals and expectations of the program
- One or two sessions to assess people's knowledge and skills
- Three to six months of weekly sessions using a series of educational handouts on the following topics:
  1. Recovery Strategies
  2. Using Medication Effectively
  3. Coping with Problems and Symptoms
  4. Drug and Alcohol Use
- Active practice of relapse prevention and recovery skills
- Optional involvement of learning partners (family members, friends, practitioners, other supporters) to increase their understanding and support

The person participating in the program will:

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

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

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

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

Ask about information for this inventory in a collaborative conversational manner. Avoid an "interrogating" tone. This form contains good sample questions. NOT EVERY QUESTION HAS TO BE ANSWERED.

- Name
- Date of Birth
- Talents, Abilities, Skills

1. Daily Routine

What kind of living situation were you in before you came here? What kind of living situation would you like to go to when you leave here? Do you want to live by yourself? With roommates? With family members? What are your favorite activities here? What are your favorite things to do? What kinds of hobbies/work/chores and relaxing activities do you like to spend time on?

2. Educational and Work Activities

Have you taken any classes in the past? Have you ever been in a training program? Have you worked or done volunteer work in the past several years? Do you study any subjects on your own? Are there any skills you would like to learn or develop? Would you like to return to school/college?

3. Leisure Activities/Creative Outlets

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

4. Relationships

When you were living in the community, what people did you spend time with regularly? Family? Friends? Spouse/Significant Other? Is there anyone that you would like to spend more time with? Who would you say are the supportive people in your life, the ones you can talk to about problems? What supporters would you like to be involved in the Illness Management and Recovery Program? Would you like your family to be involved?

5. Spiritual Supports

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

6. Health

What do you do to take care of your health? How would you describe your diet? Do you get some exercise? Do you have any health problems that you're seeing a doctor for? What is your sleep routine? Are there any sports or exercise-related activities you especially like? Do you to walk or do any other activities outdoors? Are you content with your physical condition now? If not, how would you to change it? Do you know techniques for improving your physical fitness? Do you have any health concerns?

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

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

program? Attended groups that talked about recovery?

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

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

9. Knowledge about Mental Health

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

10. Questions Related to the Illness Management and Recovery Program

- Do you have any specific questions that you would like to have answered in the Illness Management and Recovery Program?
- What would you like to gain from the Illness Management and Recovery Program? What outcome would you like to see?

Attachment 3: Learning Partners Information Sheet

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

Individuals Who Can be Included as "Learning Partners" in the Illness Management and Recovery Program

- Friends
- Support group members
- Leader of self-help program
- Family members (mother, father, sibling, child, cousin, aunt, uncle, niece, nephew)
- Spouse
- Boyfriend, girlfriend
- Roommates
- Classmates
- Case managers
- Staff members from supported housing
- Staff members from supported employment
- Counselors from other programs
- Family program group member
- Church member
- Other spiritual group member
- Others

How Learning Partners can be Involved in the Illness Management and Recovery Program at the Request of the Participant

- Help the participant practice newly learned skills
- Review handout with participant as part of homework
- Take a role in implementing or supporting one or more of the steps of the participant's plan for achieving goals.
- Take a role in the participant's Relapse Prevention Plan
- Stay informed about the program through regular phone contact with the practitioner
- Receive the educational handouts (or other relevant written materials) by mail
- Receive occasional phone calls from the practitioner

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Attachment 4: Goals Set in the Illness Management and Recovery Program

Participant's Name: _____

Practitioner's Name: _____

Date Goal Was Set	Goal	Follow-up

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Attachment 5: IMR Goal Tracking Sheet (Review at least monthly)

Name: _____ Date that Long-term Goal was Set: _____

Long-term (Meaningful) Goal: _____

Achieved (date): _____ Modified* (date): _____

** Start a new Goal Tracking Sheet if the Long-term Goal is modified or a new goal is set*

Short-term Goals (place a √ after steps achieved):

#1: _____

Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

Modified Next Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

Modified Next Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

#2: _____

Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

Modified Next Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

Modified Next Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

#3: _____

Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

Modified Next Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

Modified Next Steps:
1. _____
2. _____
3. _____
4. _____

Start Date: _____
Date Reviewed: _____

Achieved: ❒ Fully ❒ Partially ❒ Not at all

Developed by Susan Gingerich MSW and Kim Mueser PhD

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Attachment 6: Step-by-Step Problem-Solving and Goal Achievement

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

   _____

   _____

   _____

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

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

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

   a. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

   b. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

   c. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

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

   _____

   _____

   _____

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

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

   e. _____

   _____

   f. _____

   _____

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Appendix B: Practitioner Guidelines

Module 1: Recovery Strategies

Module 2: Using Medication Effectively

Module 3: Coping with Problems and Symptoms

Module 4: Drug and Alcohol Use

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Module 1: Recovery Strategies

Introduction

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

Goals

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

Number and Pacing of Sessions

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

Structure of Sessions

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

Strategies to be Used in Each Session

Motivational strategies

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

- Some people immediately embrace the concept of recovery. Others are more hesitant and need to be encouraged that pursuing recovery is worth the effort. Help the person identify some of the personal benefits of engaging in recovery. Help the person evaluate the advantages and disadvantages of keeping things the way they are, and the advantages and disadvantages of changing.
- To increase the person's confidence about pursuing recovery goals, encourage him or her to talk about past accomplishments. Keep in mind that these accomplishments need not be major events, such as awards or promotions, but can be smaller achievements, such as doing household

tasks, being a good parent, graduating high school, having knowledge about certain subjects, managing money well, and taking care of one's health.

- Some people may need help in "re-framing" past challenges in order to see that the strategies they used to cope with these difficulties reflect personal strength.
- Acknowledge past problems or disappointments, and express empathy, but help the person focus on the future and what he or she might accomplish.
- Help the person to identify goals that are personally meaningful and worth striving for. These goals can be short-term or long-term, rudimentary or ambitious.
- Help the person break down goals into manageable steps that can be accomplished and which will give the person a sense of progress. Let people know that you will help them make progress towards their goals throughout the program.

Educational strategies

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

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

Cognitive-behavioral strategies

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

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

- After the strategy is identified, help the person decide how he or she might use that strategy, and if possible, help the person practice the strategy in the session. Modeling (demonstrating) strategies and engaging the person in role-plays (behavioral rehearsal) to practice strategies is very helpful. For example, if a person wanted to improve his or her social support network, you could set up a role play where the person could practice what he or she might say in a phone call inviting a friend to do something together. You could offer to pretend to be the friend who is receiving the call.
- Using the "Satisfaction with Areas of My Life" checklist, help the person identify a goal in an area that he or she is not satisfied with.
- Using the "Step-by-Step Problem-Solving and Goal Achievement" sheet, you can help the person develop a plan for achieving one or two of their goals.
- Help the person practice one or more of the steps of the plan they developed on their "Step-by-Step Problem-Solving and Goal Achievement" sheet." For example, if a person identified the goal of pursuing a part-time job, one of the steps of the plan might be to contact the Office of Vocational Rehabilitation or the Supported Employment specialist. You could help him or her do a role-play of an interview about their job interests (e.g., answering common interview questions and describing the kinds of jobs he or she might be interested in).
- Help the person identify and practice a strategy for overcoming obstacles to achieving his or her goal. For example, if the person identified that he or she would like to go to the local peer support center, you could do a role-play on how to start a conversation with someone there.

Homework

- At the end of each session of this module, help the person identify something he or she can do before the next session to review or follow up on the information or skills that were just covered. Sometimes the homework will involve furthering their knowledge or understanding, such as reviewing a section of the handout or completing a questionnaire. Sometimes the homework will involve practicing or using a strategy they developed.
- When homework involves practicing a strategy, it is very helpful for the person to make a specific plan for how that will be accomplished. The more practical the plan, the better. For example, if the person identified that he or she would like to practice the strategy of exercising regularly, help make a plan about what type of exercise, how many minutes, what days of the week, what time of day, and how to overcome anticipated obstacles. This plan could be written down on a step-by-step problem-solving and goal achievement sheet (see the blank copy of this sheet in "Recovery Strategies" on page 35 in The Basics of Illness Management & Recovery).
- Help the person do some troubleshooting regarding what obstacles might interfere with completing the homework. This gives the person some options and helps him or her avoid becoming distressed.
- When possible, encourage homework that involves family members and other supportive people. For example, if the person is working on the goal of exercising more regularly, the homework might be to invite a family member or another supportive person to go for a walk once a week.
- Follow up on each homework assignment by asking how it went. Praise the person for his or her efforts and accomplishments

on the homework. Explore the following questions: What was the person able to do? What was the person not able to do? What might the person do differently in the future to follow through with homework?

- If the person does not do the homework, you can help identify obstacles that he or she may have encountered, and help problem-solve ways that these obstacles can be overcome. For example, if the homework assignment was to attend a support group meeting and the person did not have transportation, you could help identify a bus or subway that the person could take to the meeting.
- If the person did not complete the homework because the assignment was unrealistic, you can help him or her to modify the assignment to be more achievable. For example, if the homework is to attend a support group meeting, but the person is very apprehensive about being with people he doesn't know, a better assignment might be to start by calling up the contact person for the support group and asking a few questions.

The following examples of homework may be helpful:

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

Tips for Common Problems

People may be reluctant to talk about recovery

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

Explore what the person has heard from others and what he or she believes about recovery.

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

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

People may find it difficult to identify goals

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

- 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 six-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
  - ❑ 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

Module 2: Using Medication Effectively

Introduction

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

Goals

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

Number and Pacing of Sessions

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

Structure of Sessions

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

Strategies to be Used in Each Session

Motivational strategies

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

- 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. Practitioners also could 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 are discussed in detail in Module 1: Recovery Strategies.

- 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 also may include simplifying the medication regimen (e.g., taking medication once or twice a day instead of more often).

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

- When the topic "How do you make informed decisions about medications?" is discussed, some people may say that they have previously felt uncomfortable asking their doctors questions about medications. In the session, people can review "Questions to Ask Your Doctor" and role-play how they might ask their doctor some of these questions. Homework could include setting up an appointment with the person's doctor in order to ask questions.
- After the topic "If you decide to take medications, how can you get the best results?" practitioners can use the principles of behavioral tailoring, asking people to choose one of the strategies provided in the educational handout and helping them to tailor it to their own specifications. They can practice parts of the strategy during the session.
- One example of using behavioral tailoring involves helping people fit taking medication into their daily routine. Some people say they have difficulty remembering to take their medication, but always remember 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 Attachment 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. The practitioner should respect the person's opinion and seek common ground to facilitate working together. For example, you could explore how taking medications might help with the goal of leaving or staying out of hospitals and institutions.
- For some people, medications are a very controversial topic. They may have strong beliefs that medications are not helpful for them or are harmful to them.
- It is important to avoid directly challenging or arguing with people about medications. Instead of becoming adversarial, try to understand the person's point of view and encourage him or her to keep an open mind for the future.
- Also, although some people are adamant about not needing medication, they often acknowledge that other people benefit from it, and are willing to talk about medication in that light.
- Some people have had unpleasant experiences with medications.
- Sometimes people develop misconceptions about medications based on past experiences, and their beliefs may change when new or corrective information is provided. For example, if a person had a severe dystonic reaction to a high dose of antipsychotic medication in the past, he or she might conclude that all such medications would produce a similar response. However, this is not the case, especially if low doses are used at first. The best overall strategies when people have strong negative beliefs about medications are:
  - Provide accurate information
  - Ask clarifying questions
  - Use reflective listening
  - Explore ambivalence about the good and bad things about medication
  - Explore whether taking medications could help the person achieve his or her goals

Review Questions

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

Open-ended questions

- What are some of the benefits of taking psychiatric medications?
- What are some of the side effects of taking psychiatric medications?
- What does it mean to make an "informed decision" about medication?

- How could you fit taking medication into your daily routine?
- For you, what are the pros and cons of taking medication?

Multiple choice and true/false questions

1. Which of the following is a benefit of taking medications for mental disorders?
   a. They reduce pain and swelling
   b. They improve symptoms and prevent relapses
   c. They cure mental disorders
2. Which of the following is an example of a side effect of taking medications?
   a. Drowsiness
   b. Tooth decay
   c. Hearing loss
3. It is a bad idea to ask the doctor or nurse questions about medications and how they will affect you.
   ❑ True
   ❑ False
4. To get the best results from medications, it is a good idea to:
   a. Take the medication at the same time every day
   b. Change the dose of medication depending on the day
   c. Take it whenever you feel the need
5. Medication affects people in different ways.
   ❑ True
   ❑ False

Module 3: Coping with Problems and Symptoms

Introduction

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

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

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

Goals

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

Number and Pacing of Sessions

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

Structure of Sessions

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

Strategies to be Used in Each Session

Motivational strategies

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

The following suggestions may be helpful:

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

Educational strategies

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

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

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

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

Multiple choice and true/false questions

1. In solving problems, it is important to consider more than one possible solution.

   ❏ True

   ❏ False

2. Which two of the following items are examples of common problems?

   a. Feeling anxious

   b. Trouble concentrating

   c. Having too much money

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

   a. Going to bed at different times every night

   b. Doing something relaxing in the evening

   c. Napping during the day

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

   a. Set goals for daily activities

   b. Keep your feelings inside

   c. Remind yourself of your faults

Module 4: Drug and Alcohol Use

Introduction

This topic gives consumers information about the effects of alcohol and drugs on mental illness and how reducing or stopping the use of substances can help them achieve their recovery goals. It discusses the positive and negative effects of using substances to promote informed decision-making about substance use. Consumers who choose to stop using substances when they leave the IMD may develop a three-step personal sobriety plan to help them achieve their goal.

Goals

1. Provide accurate information about the interactions between substance use and mental illness.
2. Give consumers an opportunity to talk openly about positive and negative experiences using substances.
3. Help consumers weigh the advantages and disadvantages of using substances.
4. Help consumers who plan to stop using substances after leaving the IMD develop a personal sobriety plan to achieve their goal.

Number and Pacing of Sessions

"Drug and Alcohol Use" can usually be covered in about six sessions. Within each session, most people find that covering one or two topics, using one of two handouts and completing a questionnaire is a comfortable amount.

Structure of Sessions

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

Strategies to be Used in Each Session

Motivational strategies

Motivational strategies for this topic focus on helping consumers weigh the advantages and disadvantages of substance use and make an informed decision about this own substance use when they leave the facility. Help consumers connect their own substance use and their ability to achieve personal recovery goals.

Avoid lecturing or preaching about alcohol and drugs. It is more effective to have an open mind and to help consumers reach their own conclusions about what is best for them.

Some consumers feel ashamed of their problems with substance use.

Give ample time for consumers to discuss some reasons they enjoyed using substances in the past. Many consumers are unwilling to consider negative effects of using substances before seemingly positive effects have been acknowledged. The more you understand the role that substances have played in their lives, the more effectively you can help consumers develop new ways of getting their needs met.

Help consumers weigh the advantages and disadvantages of using substances and explore how sobriety can help them pursue their personal recovery goals

Do not directly confront consumers about the consequences of their substance use. Instead, ask questions to encourage them to explore possible negative effects of using substances.

Consumers who have tried unsuccessfully in the past to control their use sometimes feel discouraged.

Empathize with consumers' difficulties. Encourage them by explaining that recovery from substance use problems often takes time. Praise all efforts.

Encourage consumers who have fully weighed the pros and cons of using substances and remain ambivalent to develop personal sobriety plans. After the plan is developed, review whether they want to try it.

Accept the decision of consumers who clearly indicate that they do not want to stop using substances when they leave the program after weighing the pros and cons. Do not encourage these consumers to complete a sobriety plan. Respect their decisions and support them in their recovery in other ways.

Abstinence is clearly preferred to reducing substance use.

However, if consumers do not choose abstinence, but plan to cut down on their substance use, do not discourage them. Some consumers find it difficult to cut down, but the experience of trying leads them to conclude that stopping altogether is a more practical solution.

For consumers who wish to stop using substances, explore self-help groups such as Dual Recovery Anonymous and Alcoholics Anonymous.

Educational strategies

- Summarize the main points in the Handout and ask consumers to take turns reading topic areas aloud.
- Encourage discussion of the main points. Ask the discussion questions at the end of each section of the Handout
- Prompt consumers to relate the material to their own lives. Give consumers ample time to acknowledge the effects of using substances before considering the drawbacks.
- Break down the content into manageable "pieces."
- Find a pace that is comfortable to the person.

Cognitive-behavioral strategies

- Complete the exercise *Reasons for Using Alcohol or Drugs* to help consumers apply the information from this topic in their own lives. Acknowledge consumers' efforts to explore their own reasons for using substances.
- Complete the exercise *Weighing the Pros and Cons of Using Substances* to help the consumers apply the information to their own lives. Support consumers efforts to weigh the pros and cons of using drugs
- For those consumers who choose to stop using substances when they leave the facility, complete the exercise *Developing a Personal Sobriety Plan*.
- Use the following steps to help consumers to remind themselves of the reasons for cutting down or not using substances and for managing "high-risk" situations. Strategies include the following:
    - Self-talk
    - Remembering the connection between sobriety and personal recovery goals

    - Talking to others about the reasons not to use substances
- Discuss steps for using a specific strategy. For example, self-talk includes
    - Deciding on a positive statement
    - Repeating the statement aloud or silently
    - Identifying situations where the strategy may be used
- Model using the strategy in a role-play
    - Give positive feedback and ask for or give one suggestion for how the role-play could have been better
    - Engage the consumer in another role play
    - Give additional feedback
    - Summarize the progress made in each session. Praise all efforts. Say:

      "We talked about many things today. What do you think some of the main points were? What helped you?

      "You did a great job today. I look forward to seeing you all at the next session.".

Homework

Homework should be related to the session topic. Suggest a general assignment. Check with consumers to help them tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some consumers to do only part of the assignment, a scaled-down version, or only do the work in group,

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:

- Complete the exercise *Reasons for Using Alcohol and Drugs* if you were unable to finish it during the session.
    - List the effects you feel from using substances.
    - Think of and be ready to describe situations in which you (or someone you know) had an increase in symptoms related to drinking or using drugs.
    - List the members of your family who have had alcohol and drug problems at some point in their lives.
    - Discuss the "developing a sober lifestyle" strategies with a family member or other supporter.
    - For those consumers who have made a personal sobriety plan, have them give a copy to a family member or other supporter. Discuss how they may support them in achieving their goals.

Tips for Common Problems

Some consumers may not choose to reduce or stop using substances. Others may be confirmed non-users of drugs and alcohol. Help consumers remain motivated to attend all sessions of this topic by:

- Their desire to help other consumers move toward sobriety by discussing their own sobriety.
- Their interest in stopping or reducing the use of another substance such as caffeine or nicotine.
- Their interest in substituting some other health-related concern such as weight, fitness, or medical problems.

Despite your best attempts, occasionally some. consumers may indicate they are unwilling to continue attending these sessions.

Accept their decision. Offer the alternative of "independent study" in which they agree to spend the time to work on a personal goal or to learn more about an IMR topic in which they are interested. Customize agreements in ways that motivate consumers. Use your creativity to inspire them

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

1. What are some of the reasons people enjoy using substances?
2. What are some of the problems that are often associated with using substances?
3. How does substance use affect psychiatric symptoms?
4. What are some examples of common "high-risk" substance use situations?
5. What suggestions would you give to someone who asked you how he or she could stop using substances?

Multiple choice and true/false questions

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

   ❏ True

   ❏ False

2. A common "positive" effect of drinking alcohol is feeling:

   a. Alert

   b. Relaxed

   c. Jittery

3. Of the following problems, which one is NOT commonly associated with substance use?

   a. Conflict with family or friends

   b. Legal issues

   c. Having too much money

4. People who have psychiatric illnesses:

   a. Can be supersensitive to the effects of drugs and alcohol.

   b. Can make medications more effective using drugs and alcohol.

   c. Rarely drink or use street drugs.

Appendix C: Educational Handouts

Educational Handout 1: Recovery Strategies
- Attachment 1: Contact Information for Self-Help Organizations

Educational Handout 2: Using Medications Effectively
- Attachment 1: Antipsychotic Medications
- Attachment 2: Mood Stabilizers
- Attachment 3: Antidepressants
- Attachment 4: Antianxiety and Sedative Medications
- Attachment 5: Coping with Side Effects

Educational Handout 3: Coping with Problems and Symptoms

Educational Handout 4: Drug and Alcohol Use

Apéndice C: Hojas Educativas

Guía educativa 1: Estrategias de recuperacion

Guía educativa 2: Uso efectivo de la medicación
- Anexo 1: Medicamentos antipsicóticos
- Anexo 2: Estabilizadores del estado de ánimo
- Anexo 3: Antidepresivos
- Anexo 4: Medicamentos contra la ansiedad y sedantes
- Anexo 5: Lidiar con los efectos secundarios

Guía educativa 3: Lidiar con los problemas y síntomas

Guía educativa 4: Consumo de drogas y bebidas alcohólicas

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Educational Handout 1: Recovery Strategies

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

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

Introduction

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

What is "Recovery"?

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

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

- *"Recovery from mental illness is not like recovery from the flu. It's recovering your life and your identity."*
- *"Recovery for me is having good relationships and feeling connected. It's being able to enjoy my life."*
- *"I don't dwell on the past. I'm focusing on my future."*
- *"Being more independent is an important part of my recovery process."*
- *"Not having symptoms any more is my definition of recovery."*
- *"Recovery for me is a series of steps. Sometimes the steps are small, like fixing lunch, taking a walk, following my daily routine. Small steps add up."*
- *"Having a mental illness is part of my life, but not the center of my life."*
- *"Recovery is about having confidence and self-esteem. I have something positive to offer the world."*

People define recovery in their own personal ways

Questions:

What does recovery mean to you?

What helps people in the process of recovery?

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

Becoming involved in self-help programs

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

(Contact information for a variety of self-help programs and resources is provided on pages 83 and 84).

Staying active

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

Developing a support system

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

Maintaining physical health

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

Being aware of the environment and how it affects you

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

Making time for leisure and recreation

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

Creativity

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

Spirituality

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

Following through with treatment choices

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

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

Strategies for recovery include:

- Self-help programs
- Staying active
- Developing a support system
- Maintaining physical health
- Being aware of the environment
- Making time for recreation
- Expressing creativity
- Seeking out spirituality
- Following through with treatment choices.

Questions:

Which of the strategies for recovery have you used?

Which of the strategies would you like to develop further or try out?

You can use the chart "Strategies for Recovery" on the next page to record your answers to these questions.

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

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

Strategies for Recovery

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

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

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

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

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

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

The chart "Satisfaction with Areas of My Life" on the next page may help you answer these questions.

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

Questions:

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

What goals would you like to set for yourself in these areas?

You can use the chart "Goals Set in the Illness Management and Recovery Program" on page 76 to record your goals. You can also refer back to the chart to record how you follow up on these goals.

What are some strategies for achieving your goals?

Setting goals

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

The following suggestions may be helpful:

- Break down large goals into smaller, more manageable ones.
- Start with short-term goals that are relatively modest and that are likely to be achieved.
- Focus on one goal at a time.
- Get support in working on goals; other people's ideas and participation can make a big difference.
- Don't be discouraged if it takes longer than you think to accomplish a goal; this is very common.

Satisfaction with Areas of My Life

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

Goals Set in the Illness Management and Recovery Program

Date goal was set	Goal	Follow-up

- If you first attempt to achieve a goal doesn't work, don't lose heart and give up. Keep trying other strategies until you find something that works. As the saying goes, "If at first you don't succeed, try, try again!"

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

What are some strategies for achieving your goals?

Setting goals

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

The following suggestions may be helpful:

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

Planning Steps for Achieving Goals

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

Questions:

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

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

What goals would you like to focus on?

Choose one or two goals that you would like to achieve. Start with goals that are relatively small and have a strong chance of being successful. Use the planning sheets on page 79 to record your plans.

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Step-by-step Problem-solving and Goal Achievement

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

   _____

   _____

   _____

   _____

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

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

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

   a. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

   b. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

   c. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

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

   _____

   _____

   _____

   _____

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

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

   e. _____

   _____

   f. _____

   _____

6. Set a date for follow up: _____

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

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

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

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

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

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

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

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

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

1. _____

   _____

2. _____

   _____

3. _____

   _____

4. _____

   _____

5. _____

   _____

Summary of the Main Points About Recovery Strategies

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

Each person finds his or her own pathway to recovery.

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Attachment 1: Contact Information for Self-Help Organizations

Consumer Organization and Networking Technical Assistance Center (CONTAC)
(800) 598-8847.
Web site: *www.contac.org*
CONTAC provides technical assistance to adults with psychiatric disability throughout the U.S.

United States Psychiatric Rehabilitation USPRA [formerly known as International Association of Psychosocial Rehabilitation Services (IAPSRS)]
(410) 730-7190
Web site: *www.uspra.org*
USPRA is a nonprofit organization committed to promoting, supporting and strengthening community-based psychosocial rehabilitation services and resources. It has developed a credential for psychiatric rehabilitation practitioners. It also publishes a journal, newsletters, and a resource catalogue.

Mental Illness Education Project (MIEP)
(800) 343-5540
Web site: *www.miepvideos.org*
The Mental Illness Education Project seeks to improve understanding of mental illness through the production of video-based programs for use by people with psychiatric conditions, their families, mental health practitioners, administrators, and educators, as well as the general public.

Mental Health Recovery
(802) 254-2092
Web site: *www.mentalhealthrecovery.com*
Mary Ellen Copeland has developed a number of publications and programs for helping people in the recovery process, including the Wellness Recovery Action Plan (WRAP). Her Web site offers a free newsletter and articles and a list of publications and workshops that can be purchased.

National Alliance for the Mentally Ill (NAMI)
(800) 950-NAMI (helpline)
Web site: *www.nami.org*
NAMI is a support and advocacy organization of consumers, families and friends of people with mental illness. It provides educational information about severe brain disorders, supports increased funding for research and advocates for adequate health insurance, housing, rehabilitation and jobs for people with psychiatric disabilities. Each state has a chapter and many communities have their own chapters. They offer a consumer-led educational program called "Peer-to-Peer."

National Depressive and Manic-Depressive Association (NDMA)
Web site: *www.ndmda.org*
NDMA is a membership organization that provides direct support services to people with psychiatric symptoms and their families, legislation and public policy advocacy, litigation to prevent discrimination, public education, and technical assistance to local affiliates.

National Empowerment Center (NEC)
Web site: *www.power2u.org*
NEC is an award-winning provider of mental health information, programs and materials, with a focus on recovery. It can refer you to a local support group or help you to set up a new group. Newsletter and audio-visual materials are also available.

National Institute for Mental Health (NIMH)
Web site: *www.nimh.nih.gov*
NIMH is engaged in research for better understanding, more effective treatment and eventually prevention of mental disorders. Its Website provides educational materials and an excellent list of free publications on psychiatric disorders, including a comprehensive listing of resources for help.

National Mental Health Association (NMHA)
Web site: *www.nmha.org*
The NMHA provides information and referral services for people in the process of recovery.

National Mental Health Consumers' Self-help Clearinghouse
Web site: *www.mhselfhelp.org*
This organization provides information about psychiatric disorders, technical support for existing or newly starting self-help groups, and a free quarterly newsletter for consumers. They sponsor an annual conference. Spanish language services are available.

Resource Center to Address Discrimination and Stigma
(800) 540-0320
Web site: *www.adscenter.org*
This SAMHSA-funded center provides resources and information to help people implement and operate programs and campaigns to reduce the stigma of mental illness.

SAMHSA Center for Mental Health Services
(800) 789-CMHS
Web site: *www.samhsa.gov/cmhs*
The Substance Abuse and Mental Health Services Agency (SAMHSA) provides a large variety of free (or very inexpensive) publications and videotapes about mental illness and effective treatment.

Guía educativa 1: Estrategias de recuperacion

"Recuerda siempre que primero que nada eres una persona. Una etiqueta de salud mental no es lo que te define. No eres "depresión, "esquizofrenia" ni "bipolar". Eres una persona. Una persona con cáncer no se llama a sí misma "Cáncer", entonces, ¿por qué limitarte a una etiqueta?"

***—David Kime**, artista, escritor, diseñador floral, en recuperación por trastorno bipolar desde los 15 años.*

Introducción

Esta guía trata acerca de la recuperación de enfermedades mentales. Incluye un debate acerca de cómo las diferentes personas definen la recuperación y motiva a que cada uno define su propia recuperación. La aspiración de metas es una parte importante del proceso de recuperación. El trabajo con esta guía podrá ayudarte a establecer metas de recuperación y a elegir estrategias para conseguir estas metas.

¿Qué es la "recuperación"?

Las personas definen la recuperación de una enfermedad mental de formas muy personales. Algunas personas piensan que es un proceso, mientras que otras piensan que es una meta o un resultado final.

Aquí encontrarás algunos ejemplos acerca de cómo las diferentes personas describen la recuperación desde su propio punto de vista:

- "La recuperación de las enfermedades mentales no es como una recuperación de una gripe. Se trata de recuperar tu vida y tu identidad".
- "La recuperación para mí se trata de tener buenas relaciones y sentirse conectado. Se trata de poder disfrutar de mi vida".
- "No me quedo en el pasado. Me enfoco en mi futuro".
- "Ser más independiente es una parte importante de mi proceso de recuperación".
- "Mi definición de recuperación es dejar de tener síntomas".
- "Para mí la recuperación es una serie de pasos. A veces los pasos son pequeños, como preparar el almuerzo, salir a caminar, cumplir con mi rutina diaria. Los pequeños pasos se suman".
- "Tener una enfermedad mental es parte de mi vida, pero no es el centro de mi vida".
- "La recuperación se trata de tener confianza y autoestima. Tengo algo positivo para ofrecer al mundo".

Las personas definen la recuperación de formas muy personales

Preguntas:

¿Qué significa para ti la recuperación?

¿Qué ayuda a las personas en el proceso de recuperación?

Las personas utilizan una variedad de diferentes estrategias para ayudarse en el proceso de recuperación, como las siguientes:

Involucrarse en programas de autoayuda

"Pertenezco a un grupo de apoyo que es parte de un programa de autoayuda. Todos en el grupo han experimentado síntomas de enfermedades mentales. Me siento muy cómodo aquí. El resto de las personas comprenden lo que estoy pasando. También tienen buenas ideas para resolver ciertos problemas".

(En las páginas 83 y 84, podrás encontrar la información de contacto para una variedad de recursos y programas de autoayuda).

Mantenerse activo

"Me doy cuenta que mientras más actividad hago durante el día, mejor me resultan las cosas. Todos los días hago una lista de lo que quiero hacer. Intento incluir cosas divertidas y cosas relacionadas con el trabajo. El hecho de mantenerme activo me hace sentir con más confianza".

Desarrollar un sistema de apoyo

"Me ayuda tener amigos y familia con quienes hacer cosas y con quienes poder charlar. A veces tengo que trabajar en estas relaciones y asegurarme de mantenerme en contacto. Me resulta mejor no confiar en una sola persona".

Mantenerse en buena condición física

"Cuando como comida chatarra y no hago ejercicio, me siento lento física y mentalmente. Por lo tanto, intento comer cosas que aporten una buena nutrición e intento hacer por lo menos un poco de ejercicio todos los días. Marca toda la diferencia".

Ser consciente del ambiente y de cómo me afecta

"Me concentro mucho mejor cuando estoy en un ambiente tranquilo. Cuando el ambiente comienza a ponerse ruidoso me distraigo y a veces me vuelvo irritable. Cuando puedo, busco lugares más tranquilos y situaciones con menos personas involucradas. También me altera estar con personas que critican. Evito ese tipo de personas cada vez que puedo".

Darse tiempo para la recreación y el tiempo libre

"No puedo trabajar todo el tiempo. También necesito tiempo para el entretenimiento. A mi esposa y a mí nos gusta alquilar un video todos los viernes. Nos turnamos para elegir qué película miraremos".

Creatividad

"Me gusta escribir poesía. Me ayuda a expresar mis emociones y contar mis experiencias con palabras. Además, a veces leo poemas de otras personas. Es muy gratificante".

Espiritualidad

"Para mí es esencial estar en contacto con mi espiritualidad. Pertenezco a una iglesia, pero también encuentro espiritualidad en la meditación y en la naturaleza".

Cumplir con el tratamiento elegido

"He elegido un tratamiento que incluye un grupo de autoayuda, un trabajo a medio tiempo y medicación. Me gusta ser proactivo. Cumplir con estas guías me hacen sentir fuerte, como que puedo hacerme cargo de mis retos diarios".

"Estoy en un programa de apoyo de pares, y veo a un terapeuta una vez por semana que me ayuda a tratar algunos problemas en mi vida. Ambas cosas han sido importantes para mi recuperación".

Las estrategias para la recuperación incluyen:

- Involucrarse en programas de autoayuda
- Mantenerse activo
- Desarrollar un sistema de apoyo
- Mantenerse en buena condición física
- Ser consciente del ambiente
- Hacerse tiempo para la recreación
- Expresar creatividad
- Buscar espiritualidad
- Cumplir con el tratamiento elegido.

Preguntas:

¿Cuál de las estrategias de recuperación has utilizado?

¿Cuál de las estrategias te gustaría desarrollar o probar?

Puedes utilizar el gráfico "Estrategias de Recuperación" en la página 87 para registrar tus respuestas a estas preguntas.

Estrategias de recuperación

Estrategia	Ya utilizo esta estrategia	Me gustaría probar esta estrategia o desarrollarla más
Involucrarse en programas de autoayuda		
Mantenerse activo		
Desarrollar un sistema de apoyo		
Mantenerse en buena condición física		
Estar consciente del ambiente		
Darse tiempo para la recreación		
Expresar creatividad		
Expresar espiritualidad		
Cumplir con el tratamiento elegido (como : _____)		
Otras:		

¿Qué es lo importante para ti? ¿Qué metas te gustaría lograr?

La mayoría de las personas en el proceso de recuperación informan que es importante establecer metas y esforzase por lograrlos, sin importar si son pequeños o grandes. Sin embargo, tener síntomas de enfermedades mentales puede consumir una gran cantidad de tiempo y energía. A veces eso puede dificultar la participación en actividades o hasta la identificación de lo que desea hacer.

Puede resultar útil que te tomes el tiempo para revisar qué es lo importante para ti como individuo, qué deseas conseguir y cómo deseas que sea tu vida. Las siguientes preguntas pueden ser útiles:

- ¿Qué tipo de amistades te gustaría tener?
- ¿Qué deseas hacer en tu tiempo libre?
- ¿En qué tipo de pasatiempos, deportes o actividades deseas participar?
- ¿Qué tipo de trabajo (pagado o voluntario) deseas realizar?
- ¿Hay alguna clase que quieras tomar?
- ¿Qué tipo de relaciones cercanas te gustaría tener?
- ¿Qué tipo de vivienda te gustaría tener?
- ¿Te gustaría cambiar tu situación financiera?
- ¿Cómo te gustaría expresar tu creatividad?
- ¿Qué tipo de relaciones te gustaría tener con tu familia?
- ¿A qué tipo de comunidad espiritual te gustaría pertenecer?

También puede resultar útil analizar las siguientes preguntas:

- ¿Con qué áreas de la vida estoy más satisfecho?
- ¿Qué áreas de la vida me satisfacen menos?
- ¿Qué me gustaría cambiar? Estrategias de recuperación

Identificar qué te gustaría mejorar en tu vida te ayudará a establecer metas.

El gráfico "Satisfacción con los aspectos de mi vida" en la página siguiente puede ayudarlo a responder estas preguntas.

Puedes encontrar útil establecer metas en una o dos áreas de tu vida con las que no estés satisfecho. Por ejemplo, si no estás satisfecho con la cantidad de actividades agradables, puede ser una buena idea establecer una meta de identificar algunas actividades y programar tiempo para probarlas.

Pregunta:

¿Qué dos áreas de tu vida no te satisfacen y deseas mejorar?

¿Qué metas te gustaría establecer en estos aspectos?

Puedes utilizar el gráfico "Metas establecidas en el programa de recuperación y manejo de la enfermedad" en la página 90 para registrar tus metas. También puedes consultar el gráfico para registrar cómo seguir estas metas.

¿Cuáles son algunas estrategias para conseguir estas metas?

Establecimiento de metas

Las personas que son más eficaces al obtener lo que desean generalmente establecen metas claras y planifican paso a paso qué harán para conseguirlo.

Las siguientes sugerencias pueden ser útiles:

- Divide las metas mayores en otros más pequeños y manejables.
- Comienza con metas a corto plazo que sean relativamente modestos y con mayores posibilidades de ser alcanzados.

Satisfacción con los aspectos de mi vida

Aspectos de mi vida	No estoy satisfecho	Estoy moderad-amente satisfecho	Estoy muy satisfecho
Amistades			
Trabajo significativo (pago o no pago)			
Actividades agradables			
Relaciones familiares			
Condiciones de vivienda			
Espiritualidad			
Finanzas			
Pertenencia a una comunidad			
Relaciones íntimas			
Expresión de creatividad			
Pasatiempos y actividades divertidas			
Educación			
Otras áreas:			

Metas establecidas en el programa de recuperación y manejo de la enfermedad

Fecha en que se estableció la meta	Meta	Seguimiento

- Enfócate en una meta a la vez.
- Consigue apoyo para trabajar en tus metas; las ideas y la participación de otras personas pueden hacer una gran diferencia.
- No te sientes desalentado si te lleva más tiempo de lo pensado alcanzar una meta; esto es muy común.
- Si el primer intento de alcanzar una meta no funciona, no te desanimes ni te rindas. Sigue intentando otras estrategias hasta encontrar algo que funcione. Como se dice normalmente, "Si la primera vez no tienes éxito, inténtalo otra vez".

Diseña un plan paso a paso que te ayude a alcanzar tus metas.

¿Cuáles son algunas estrategias para conseguir tus metas?

Establecimiento de metas

Las personas que son más eficaces al obtener lo que desean generalmente establecen metas claras y planifican paso a paso qué harán para conseguirlo.

Las siguientes sugerencias pueden ser útiles:

- Divide las metas mayores en otras más pequeñas y manejables.
- Comienza con metas a corto plazo que sean relativamente modestas y con mayores posibilidades de ser alcanzadas.
- Enfócate en una meta a la vez.
- Consigue apoyo para trabajar en tus metas; las ideas y la participación de otras personas pueden hacer una gran diferencia.
- No te sientes desalentado si lleva más tiempo de lo pensado para alcanzar una meta; esto es muy común.
- Si el primer intento de alcanzar una meta no funciona, no te desanimes ni rindas. Sigue intentando otras estrategias hasta encontrar algo que funcione. Como se dice normalmente, "Si la primera vez no tienes éxito, inténtalo otra vez".

Planificar pasos para alcanzar metas

Puede resultar útil seguir un método paso a paso, como el siguiente, para alcanzar las metas. Este método también puede utilizarse para resolver problemas, como se describen en la guía "Lidiar con los problemas y síntomas".

Preguntas:

¿Qué ejemplo puedes dar de una meta que estableciste en el pasado?

¿Has utilizado antes un plan paso a paso para alcanzar una meta?

¿En qué metas te gustaría enfocarte?

Selecciona uno o dos metas que desees alcanzar. Comienza con metas relativamente pequeñas y con una gran posibilidad de lograrlo. Utiliza las siguientes hojas de planificación para registrar tus planes.

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Solución de problemas paso a paso y alcance de metas

1. Define el problema o meta de la forma más específica y simple posible.

   _____

   _____

   _____

   _____

2. Identifica tres posibilidades para solucionar el problema o alcanzar la meta.

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

3. Para cada posibilidad, identifica una ventaja y una desventaja.

   a. Ventajas/pros: _____

   _____

   Desventajas/contras: _____

   _____

   b. Ventajas/pros: _____

   _____

   Desventajas/contras: _____

   _____

   c. Ventajas/pros: _____

   _____

   Desventajas/contras: _____

   _____

4. Elige la mejor manera de solucionar el problema o alcanzar la meta. ¿Cuál tiene mejores posibilidades de éxito?

   _____

   _____

   _____

   _____

5. Planifica los pasos para llevar a cabo la solución. ¿Quién estará involucrado? ¿Qué paso realizará cada persona? ¿Cuál es el plazo? ¿Qué recursos se necesitan? ¿Qué problemas pueden surgir? ¿Cómo pueden superarse?

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

   e. _____

   _____

   f. _____

   _____

6. Establece una fecha para hacer seguimiento: _____

Reconoce lo que tú has logrado.. Decide si se solucionó el problema o si se alcanzó la meta. Si no ha sido así, decide si deseas revisar el plan o probar otro plan.

¿Qué recordatorios, guías o sugerencias a ti mismo te ayudarán mejor en alcanzar nuestras metas de recuperación?

Las metas de recuperación de James se centran en trabajar y en ser un buen esposo y padre. Él utiliza los siguientes recordatorios personales:

- Hazte tiempo para ti.
- Darte un premio por lo logrado.
- Debes verte bien para sentirte bien contigo mismo.
- Cumple con tus citas.
- Comunica a las personas lo que realmente piensas.
- Intenta escuchar a tu doctor o enfermera.
- Piensa en positivo. Ten esperanzas.
- Sal de las cuatro paredes, camina, ve una película, ve a escuchar música en el parque.
- Haz tiempo para el romance.
- Aprende qué te hace sentir bien, qué disfrutas hacer.
- Está dispuesto a pedir disculpas a veces; se necesita ser un verdadero hombre o mujer para pedir disculpas.
- No discutas con las personas que dicen cosas que no te gustan. Solo te aumenta la adrenalina y luego te terminas sintiendo peor.
- Reza. "Déjame ser positivo hoy. No dejes que me enfoque en lo negativo".

En la recuperación de David, se enfocó en las metas relacionadas con la expresión creativa, la vida en independencia y la concreción de fuertes relaciones con familiares y amigos. Dijo que las siguientes guías lo ayudaron a conseguir sus metas:

- Exprésate mediante el arte. Hazlo por tu propio placer.
- Exprésate por escrito. Escribe un diario. Escribe un poema, un cuento, un artículo o hasta una comedia.
- Encuentra un trabajo que te favorezca y que no sea muy estresante.
- Mantente ocupado. Intenta planear cosas con otras personas.
- Insiste hasta encontrar la medicación apropiada para ti.
- No dejes que las opiniones de otras personas sobre la enfermedad mental te hagan sentir mal.
- Conoce otras personas que han tenido síntomas de enfermedades mentales.
- Ayuda a otras personas en su recuperación. Ambos sentirán los beneficios.
- Mantén las tradiciones familiares tanto como sea posible y mantente en contacto con tus familiares.

Sarah contó que sus metas de recuperación se centran en mejorar sus relaciones con las personas importantes en su vida (su esposo, mejor amigo y su madre) y mantener una buena posición social en la comunidad. Dijo que su salvación fue descubrir quién es y qué le gusta. Para Sarah, una lista diaria de tareas ha resultado importante para lograr sus metas de recuperación. Sugiere hacerse las siguientes preguntas todas las mañanas:

- ¿Cuál es mi situación con la medicación?
- ¿Cómo está mi guardarropa?
- ¿Comí un desayuno saludable?
- ¿Cuál es la estructura de mi día?
- ¿Cuál es mi situación monetaria?
- ¿En quién confío y con quién puedo hablar?
- ¿Estoy durmiendo bien?

¿Qué recordatorios, guías o sugerencias a ti mismo te ayudarán mejor en alcanzar tus metas de recuperación?

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

Resumen de los puntos principales acerca de las estrategias de recuperación

- Las personas definen la recuperación de formas muy personales.
- Las estrategias de recuperación incluyen:
  - Involucrarse en programas de autoayuda
  - Mantenerse activo
  - Desarrollar un sistema de apoyo
  - Mantenerse en buena condición física
  - Ser consciente del ambiente y de cómo me afecta
  - Darse tiempo para la recreación y el tiempo libre
  - Expresar creatividad
  - Buscar espiritualidad
  - Cumplir con el tratamiento elegido
  - Identificar qué te gustaría mejorar en tu vida te ayudará a establecer metas.
- Diseña un plan paso a paso que te ayude a alcanzar tus metas.
- Cada persona encuentra su propio camino a la recuperación.

Cada persona encuentra su propio camino a la recuperación.

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Educational Handout 2: Using Medication Effectively

"Since everyone is different, finding the right medication is a personal thing. Now that I've found the right combination for myself, my life has improved tremendously. Have your doctor try something else if your symptoms are still severe enough that they are affecting your life."

***—David Kime**, artist, writer, floral designer*

Introduction

This handout discusses medications for psychiatric disorders. Information is provided about the effects of medications, including their advantages and disadvantages. People are encouraged to make their own choices about taking medications. Strategies for getting the most out of medications are described.

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

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

Medications are some of the most powerful tools available for reducing symptoms and decreasing the risk of relapses. When people take medications regularly as part of their treatment, they are less affected by symptoms and they are less likely to have relapses. Medications reduce biological vulnerability by helping to correct the chemical imbalance in the brain, which leads to symptoms.

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

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

How do you make an informed decision about medication?

You need to make informed decisions about all treatment options, including medication. In making your decision about medications, it is important to learn as much as you can and to weigh the possible benefits and possible drawbacks of taking medication.

Your doctor is vital to your decision-making process. She or he is an expert about medication and has experience helping others find effective medications.

However, it is also important for you to be very active in making decisions about medication. After all, you are the expert about your own experience of mental illness and what makes you feel better or worse.

Therefore, the best method for making a decision involves a partnership between you and your doctor, using both of your expertise together. It helps to have some questions in mind when you are deciding about taking medication or switching medications. Asking your doctor some of the questions that follow may be helpful.

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

Questions you can ask your doctor

- How will this medication benefit me? What will it help me with?
- How long does it take the medication to work? How long before I feel some of the benefits?
- What side effects might I get from the medicine? Are there any side effects from long-term use?
- What can be done if I get side effects?
- Will I need blood tests to make sure that I have the right level of the medication in my bloodstream?
- What if the medication doesn't work for me?

People have different beliefs about medication, based on their culture, their family background, and their own experience.

Some people have strong positive beliefs about medications. Make a check mark next to any of the following quotations which reflect your beliefs:

- ❑ *"My uncle is diabetic and takes insulin. He leads a normal life. I have a mental illness and take medication for it. It's the same thing to me."*
- ❑ *"My medicine helps get rid of the symptoms I was having. It's made a world of difference to my peace of mind."*
- ❑ *"I tried everything I could on my own—exercise, relaxation techniques, counseling. I was still miserable and depressed until I tried some medicine."*

Other people have strong negative beliefs about medications. Make a check mark next to any of the following quotations, which reflect your beliefs:

- ❑ *"In my culture, we don't believe in Western medicines. I only want to use herbal remedies."*
- ❑ *"I'm afraid of the long-term effects on my body of using medications."*
- ❑ *"It's a matter of will power. I shouldn't need a drug to make me feel better."*

It helps to be aware of your own beliefs about medications, because they can interfere with your being objective. For example, if you have strong positive beliefs about medication, you might not ask enough questions about side effects. If you have strong negative beliefs, you might not find out enough about how the medicine could benefit you.

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

Questions:

What do you think about medications?

What are the benefits of medications for mental illness?

Medication has been found to be helpful in two important ways:

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

Taking psychiatric medications can help to reduce symptoms during an acute episode. When taken on a regular basis, they can reduce the risk of having relapses.

Reducing Symptoms During an Acute Episode

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

During and after an acute episode, medications can help reduce the severity of the symptoms. Sometimes the medicine helps people quite rapidly, and they are able to relax, think more clearly, and feel less depressed in a few days. Other times it may take a few weeks before the symptoms are reduced significantly.

Reducing the Likelihood of Relapses

Taking medication on a regular basis helps people prevent relapses of severe symptoms. One person described his medication as a "protective layer between me and the symptoms." Another person said medication "is my insurance policy for staying well."

Taking medication is not a cure for mental illness, and there is no guarantee that you will not have an acute episode again. However, for most people, taking medication on a regular basis significantly reduces their risk of relapses and hospitalizations.

Questions:

Have you had an experience where stopping your medication has been related to worse symptoms or a relapse?

Which medications are used to improve psychiatric symptoms?

Different kinds of medications help different types of symptoms. There are several different types of psychiatric symptoms, and more than one medication may be required to treat them.

There are four major categories of medications, which are commonly used to treat major mental illnesses. The medications and their benefits are summarized on the chart below.

Medications and Their Benefits

Medication Category	Possible benefits
Antidepressants	Can reduce the symptoms of depression, including low mood, poor appetite, sleep problems, low energy and difficulty concentrating. They can also be effective in treating anxiety disorders.
Mood stabilizers	Can help reduce extremes of moods, including mania and depression.
Antipsychotic medications	Can reduce the symptoms of psychosis, including hallucinations, delusions, and disorganized speech or behavior.
Antianxiety and sedative medications	Can reduce anxiety, feeling over stimulated, and difficulty sleeping.

Questions:

Which medications have you taken?

Which symptoms did the medications help you with?

You can use the checklist on the following page to record your answers.

Benefits From Medications I Have Used

Category of medication	Specific medication I used from this category	Benefits I experienced
Antidepressants		
Mood Stabilizers		
Antipsychotics		
Antianxiety or sedatives		
Other:		

Side Effects From Medications I Have Used

Category of medication	Specific medication I used from this category	Side effects I had when taking this medication
Antidepressants		
Mood Stabilizers		
Antipsychotics		
Antianxiety or sedatives		
Other:		

There are four major categories of medications that help improve different types of psychiatric symptoms.

What are the side effects of medication?

It is important to be informed about both the potential benefits and the potential side effects of the specific medication that you have been prescribed. Medications for mental illness, like drugs for treating other illnesses, can cause undesireable side effects.

Medication affects people in different ways. Some people may have only a few side effects or no side effects at all from their medication. Others taking the same medication may have significant side effects. Your reaction to medication depends on many factors, including your age, weight, sex, metabolic rate, and other medicines you might be taking.

In most cases, the side effects are temporary, and improve over time as your body adjusts to the medication. Some types of side effects, which are much less common, can be long lasting and even permanent. The newer medications tend to have fewer and less severe side effects. The more serious side effects are associated with the older antipsychotic medications, such as haldol, stelazine and thorazine.

If you recognize that you are having side effects, it is important to contact your doctor as soon as possible. Your doctor needs to help you evaluate how serious the side effects are and what can be done about them. It is up to you to decide what side effects you can tolerate and what risks you are willing to accept.

When you have side effects, your doctor may advise you to try one of the following: reduce the dose of the medication, add another medication for the side effect, or switch to another medication. There are also some coping strategies for dealing with side effects that help reduce the discomfort or counteract the side effects.

Psychiatric medications can cause side effects.

Attachment 5 contains more specific information about side effects and strategies for coping with them.

Questions:

What side effects from medications have you experienced?

What did you do when you had side effects?

You can use the checklist on page 100 to record your answer.

From your point of view, what are the pros and cons of taking medication?

To make an informed decision about medications, it is important to weigh the potential benefits (the pros) and the potential drawbacks (the cons) of taking them. The chart on page 103 may be useful in summarizing the information.

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

Many people find that it can be difficult to remember to take medications regularly. "Behavioral tailoring" consists of the following strategies, which are designed to help you to fit taking medications into your regular routine. Since everyone has a different routine, it is important to tailor these strategies to meet your own needs.

- ***Simplify your medication schedule as much as possible.*** When you take several medications several times each day, it becomes difficult to keep track of all the doses. Talk to your doctor about making your medication schedule as simple as possible without losing any of the benefits. The fewer the medications you have to take and the fewer the number of times per day, the easier it is to keep track. Some medications are available in long-acting injectible forms that can be administered every two weeks.

If you decide to take medications, you will get the best results by taking them at the same time every day.

Example:
"I used to have a very complicated medication schedule. Four different pills, some twice a day, some three times a day. It was very hard to keep track of. I worked with my doctor to get a medication schedule that was easier for me to manage. Gradually I've gone to taking two different pills, once a day. I hardly ever miss a dose now."

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

- ***Take medications at the same time every day.*** Taking the medication at the same time (or times) every day makes it easier to remember. It also keeps the level of medication at a steady level in your bloodstream, which gives you maximum benefit throughout the day.

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

- ***Build taking medication into your daily routine.*** It is often easier to remember to take medication if it is done in conjunction with another daily activity. Examples of daily activities include brushing your teeth, showering, eating breakfast, and getting ready to go to work.

  Example:
  "Before I got into a routine, I kept forgetting to take my medicine. Now I make it part of having breakfast before I go to work. I have my cup of coffee, a bowl of cereal, a vitamin and my medication. It's a habit that works for me. I don't have to think about it."

- ***Use cues to help yourself remember.*** Many people have developed their own cues to help remind them to take their medications regularly. Some examples of cues include: using a pill container that is organized into daily doses, using a calendar, making notes to yourself, keeping the pill bottle next to an item that is used daily, asking a relative or other supporter to help you remember.

  Examples:

  "I give myself a cue for remembering to take my medication by putting the bottle next to my toothbrush. Every night when I reach for the toothbrush, I am reminded to take my pills."

  "I tape up a note next to the coffee pot, since I take my medication at breakfast."

  "My calendar is very important to me. I look at it often to check my schedule for the day. I put a check mark on the date right after I take my medication."

The Pros and Cons of Taking Medications

Pros of taking medications (the benefits)	Cons of taking medications (the drawbacks)

Strategies for Getting the Best Results From Medication

Strategy	I have used this strategy	I would like try this strategy or develop it further
Simplify the medication schedule		
Take medications at the same time every day		
Build taking medication into my daily routine		
Use cues and reminders (calendars, notes, pill organizers)		
Remind myself of the benefits of taking medications		
Other:		

- ***Keep the benefits in mind.*** Sometimes it helps to remind yourself of the reasons that you have decided to take medications. You could use the checklist "Benefits from Medications I have Used" which is located on page 100 of this handout.

  Example:
  "When I start to think that it's a pain in the neck to keep taking medications, I remind myself why I decided to take them in the first place. I don't want to get depressed again, and the medication helps me to do that."

It is helpful to develop strategies for fitting medications into your daily routine.

Questions:

If you take medication, what have you found helps you get the best results?

Would it be helpful to try some of the strategies listed above?

You can use the checklist on page 103 to record your answer.

Why is medication so complicated?

Everyone responds to medication in different ways. It can take time for you and your doctor to find the medication that helps you the most and has the fewest side effects.

Medications for mental illness usually take time to work. They are not like painkillers, for example, which have an effect within hours. It may take several weeks before you notice a difference in the way you feel. Talk to your doctor on a regular basis about how you are feeling, so that you can work together to find the best medicine for you. At the same time, continue to use as many recovery strategies as possible, such as self-help programs, exercising, maintaining a healthy diet, and avoiding stressful environments. See Handout #1 for more recovery strategies.

Examples of Individual Experiences with Medication

Example 1

"I used to go on and off my medication because I didn't think I needed it. I thought, 'Why should I take medicine when I feel fine?' But then I had to go to the hospital for relapses twice in one year. I hated that. Since I've been taking my medicine regularly for the past two years, I haven't had a major relapse and I've been able to stay out of the hospital. I've even begun talking to my doctor about reducing my dose."

Example 2

"I'm still not sure about medication. I only had one episode of symptoms, and I've been feeling pretty much O.K. since then. I check in with my doctor once a week, though, and we're keeping a close eye."

Talk to your doctor about any questions or concerns about medications or side effects.

Example 3

"My medicine helps to keep my mood stable. I don't like the side effects, but the doctor and I are working on that. It's just so much better for me not to have those wild mood swings. Now I can have a better relationship with my wife and keep my job. The tradeoff is worth it to me."

Question:

Do you have any questions about medications that you would like to ask your doctor?

Summary of Main Points about Medication

- Medications are one of the most powerful tools available for reducing symptoms and preventing relapses.
- The best way to make a decision about medication is working in active partnership with your doctor.
- People may have strong beliefs about medications that can interfere with their making an informed decision.
- Taking psychiatric medications can help to reduce symptoms during and after an acute episode. When taken on a regular basis, they can reduce the risk of having relapses.
- There are four major categories of medications, which help improve different types of psychiatric symptoms.
- Psychiatric medications can cause side effects.
- If you decide to take medications, you will get the best results by taking them at the same time every day.
- It is helpful to develop strategies for fitting medications into your daily routine.
- It can take time for you and your doctor to find the medication that is most effective for you.
- Talk to your doctor about any questions or concerns about medications or side effects.

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Attachment 1: Antipsychotic Medications

Antipsychotic medications are sometimes called "major tranquilizers" or "neuroleptics." They are designed to reduce the symptoms of psychosis, including false perceptions (hallucinations), false beliefs (delusions), and confused thinking (thought disorders).

Antipsychotic medications not only help reduce psychotic symptoms during and after an acute episode, but also help prevent relapses and rehospitalizations. They are not addictive. Some of the newer medications also help reduce negative symptoms, including lack of energy, motivation, pleasure, and emotional expressiveness.

Two types of antipsychotic medications are available. The older generation antipsychotics include haldol, moban, mellaril, navane, prolixin, serentil, stelazine, thorazine and trilafon. The newer generation antipsychotics include clozaril, geodon, risperdal, seroquel, zeldox, and zyprexa. More medications are being developed all the time, so it is important to keep up-to-date with your doctor about what medications are available.

The following chart contains the brand names and chemical names of the antipsychotic medications currently available. Blank spaces are provided to write in the names of new medications as they become available.

Side Effects of Antipsychotic Medications

People have very different reactions to medications. Some people who take antipsychotic medications experience only a few side effects or none at all. Others experience several. It's also important to keep in mind that each medication has its own side effects, so you need to talk to your doctor about the specific side effects that are associated with the medication that has been recommended to you.

Antipsychotic Medications

Brand name	Chemical name
Clozaril*	Clozapine
Haldol	Haloperidol
Loxitane	Loxapine
Mellaril	Thioridazine
Moban	Molindone
Navane	Thiothixene
Prolixin	Fluphenazine
Risperdal*	Risperidone
Serentil	Mesoridazine
Seroquel*	Quetiapine
Stelazine	Trifluoperazine
Thorazine	Chlorpromazine
Trilafon	Perphenazine
Geodon*	Ziprasidone
Zyprexa*	Olanzapine

* Newer generation antipsychotics.

The main advantage of the newer generation medications is that they cause very few of the extrapyramidal (muscle movement) side effects that the older generation medications caused, such as muscle stiffness, mild tremors, restlessness, and muscle spasms. They also cause significantly fewer problems related to sexual difficulties and irregular menstrual periods. However, both the older and newer antipsychotic medications can cause weight gain, and some of the newer ones do so even more.

Tardive dyskinesia is an undesirable neurological side effect. It causes abnormal muscle movements, primarily in the face, mouth, tongue and hands. Tardive dyskinesia is associated with long-term use of the older antipsychotic medications and ranges from mild to severe. It is important to let your doctor know if you notice any abnormal muscle movements, so that he or she can evaluate for tardive dyskinesia.

Some side effects of antipsychotic medications are rare, but can be very serious if they occur. "Agranulocytosis" is when people stop making the white blood cells needed to fight infections. It is a potentially dangerous side effect of clozaril. However, when regular blood tests are done to monitor white blood cell levels, clozaril can be a very safe medication.

Treatment of Side Effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Attachment 5 for a list of some of these coping strategies.

Web Sites for More Information About Medications

www.mentalhealth.com
www.mentalhealth.about.com

Attachment 2: Mood Stabilizers

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

The chart on the following page lists the most common medications in this category. Blank spaces are provided to fill in the names of any new mood-stabilizing medications that become available.

Side Effects of Mood Stabilizers

Not everyone who takes mood stabilizers experiences side effects. However, it is important to be aware of possible side effects and to contact your doctor as soon as you notice them.

Lithium

Possible side effects of lithium include nausea, stomach cramps, thirst, fatigue, headache, and mild tremors. More serious side effects include: vomiting, diarrhea, extreme thirst, muscle twitching, slurred speech, confusion, dizziness, or stupor. Although lithium is a natural chemical element, like oxygen or iron, it can be harmful if it is taken in too high a dose. To prevent this, the doctor must monitor the amount of lithium in the body by taking regular blood tests.

It is also important to have enough salt in your diet while taking lithium, because the sodium in salt helps to excrete lithium. This means you should avoid low-salt diets and prescription and over-the-counter diuretic medications such as Fluidex with Pamabrom, Aqua-Ban, Tri-Aqua, or Aqua-rid.

Tegretol and Depakote

Possible side effects of Tegretol and Depakote include: fatigue, muscle aching or weakness, dry mouth, constipation or diarrhea, loss of appetite, nausea, skin rash, headache, dizziness, decreased sexual interest, and temporary hair loss.

Some side effects are more serious, including: confusion, fever, jaundice, abnormal bruising or bleeding, swelling of lymph glands, vomiting, and vision problems (such as double vision). It is important to have regular blood tests to monitor the level of these medications, and to check for any changes in blood cells and liver function. Because these medications can cause sedation, you must be cautious when driving or operating heavy machinery. It is recommended to limit drinking to one alcoholic drink per week.

Treatment of Side Effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Attachment 5 for a list of some of these coping strategies.

Web Sites for More Information About Medications

www.mentalhealth.com
www.mentalhealth.about.com

Mood-Stabilizing Medications

Brand Name	Chemical Name
Eskalith, Eskalith Controlled Release	Lithium Carbonate
Tegretol	Carbamazepine
Depakote, Depakene	Valproic Acid

Attachment 3: Antidepressants

Antidepressants treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration. They help to reduce the acute symptoms and prevent relapses and hospitalizations. Antidepressants can also be effective for the treatment of anxiety disorders such as panic disorder, obsessive compulsive disorder and phobias. They are not addictive.

The newer generation antipsychotic medications, such as the family of drugs called serotonin selective reuptake inhibitors (SSRIs) tend to cause fewer side effects. SSRIs include Prozac, Paxil, Zoloft, Serzone, and Luvox. New medications continue to be developed.

The chart on page 112 lists the most common antidepressants. Blank spaces are provided to fill in the names of any new antidepressants that become available.

Side Effects of Antidepressants

Not everyone has side effects when they take antidepressants. But it is important to be aware of them in case you do. Tell your doctor about any of the following side effects: nausea, vomiting, excitement, agitation, headache, sexual problems, dry mouth, dizziness, sedation, weight gain, constipation, heart palpitations, cardiac abnormalities, insomnia, memory problems, over stimulation, hypertensive crisis.

Hypomania, Mania and Antidepressants

Sometimes a small percentage of people who take antidepressants develop symptoms of hypomania or mania over the course of a few weeks. The symptoms of hypomania include irritability, argumentativeness, agitation, decreased need for sleep, and excessive talking. The symptoms of mania include grandiosity, euphoria, hostility, extreme goal-directed behavior, and engagement in activities that are potentially harmful. If you experience these symptoms, notify your doctor immediately. He or she may lower your dosage of medication or stop it altogether.

Precautions when taking Marplan and Nardil

There are many foods and drugs that should be avoided when taking Marplan and Nardil, including foods that are high in tyramine, such as aged cheeses, aged meats such as salami and pepperoni, and yeast extracts (except when they are baked into breads, etc). You should also avoid drinking beer, Chianti wine, sherry wine and vermouth and taking certain medications such as Tegretol, Dopar, Sinemet, Demerol, Aldomet, Ritalin, decongestants and stimulants. It is important to obtain a complete list from your doctor of drugs and foods to avoid.

Although it is unusual, occasionally people develop carpal tunnel syndrome when they take Marplan or Nardil. This can be corrected by appropriate vitamin supplements.

Treatment of Side Effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Attachment 5 for a list of some of these coping strategies.

Web Sites for More Information About Medications

www.mentalhealth.com
www.mentalhealth.about.com

Antidepressant Medications

Brand Name	Chemical Name
Anafranil	Clomipramine
Desyrel	Trazodone
Effexor	Venlafaxine
Elavil	Amitriptyline
Ludiomil	Maptrotiline
Luvox*	Fluvoxamine
Marplan	Isocarboxazid
Nardil	Phenelzine
Norpramin	Desipramine
Pamelor, Aventyl	Nortriptyline
Paxil*	Paraxitine
Prozac*	Fluoxetine
Serzone*	Nefazadone
Sinequan, Adapin	Doxepin
Tofranil	Imipramine
Vivactil	Protriptyline
Wellbutrin	Buproprion
Zoloft*	Sertraline

* Newer generation antidepressants (SSRIs).

Attachment 4: Antianxiety and Sedative Medications

Antianxiety and sedative medications help reduce anxiety and feeling overly stimulated. Some of these medications also help people sleep.

Unlike other medications for mental illnesses, these medications take only one to two hours to take effect.

Also unlike other medications for mental illnesses, some antianxiety and sedative medications can be addictive and long-term use should generally be avoided. If these medications are used, they should be carefully monitored.

The chart on the following page lists the most common medications used for antianxiety and sedation. Blank spaces are provided to fill in the names of any new medications that become available. It is important to note that some of the medications can be used to help both anxiety and sleep problems, while others are used to help only one of these problems. Also, some of these medications are addictive, while others are not. It is important to talk to your doctor about the specific benefits and side effects of the medication you are taking.

Side Effects of Antianxiety and Sedative Medications

Not everyone has side effects when they take antianxiety or sedative medications. It's important to be aware of them if you do, however, and to talk to your doctor right away. The most common side effects are over-sedation, fatigue, and problems with memory or other cognitive abilities. Because of the sedating effect, you are advised to limit drinking no more than one alcoholic drink per week. You are also advised to be cautious when driving. As mentioned earlier, long-term use of some of these medications can lead to dependency.

Treatment of Side Effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Attachment 5 for a list of some of these coping strategies.

Web Sites for More Information About Medications

www.mentalhealth.com
www.mentalhealth.about.com

Antianxiety and Sedative Medications

Brand Name	Chemical Name
Ativan	Lorazepam
Benadryl	Diphenhydramine
Buspar	Buspirone
Centrax	Prazepam
Dalmane	Flurazepam
Halcion	Triazolam
Klonopin	Clonazepam
Librium	Chlordiazepoxide
Noctec	Chloral Hydrate
Restoril	Temazepam
Serax	Oxazepam
Valium	Diazepam
Xanax	Alprazolam

Attachment 5: Coping with Side Effects

The following chart lists some of the common side effects of different categories of medications and some suggestions for coping with them or counteracting them. Blank spaces are provided for additional strategies that you find useful.

Coping with Side Effects of Psychiatric Medications

Side effect	Strategy
Drowsiness	Schedule a brief nap during the day. Get some mild, outdoor exercise, such as walking. Ask your doctor about taking medication in the evening.
Increased appetite and weight gain	Emphasize healthy foods in your diet, such as fruits, vegetables and grains. Cut down on sodas, desserts and fast foods. Engage in regular exercise. Go on a diet with a friend or join a weight reduction program.
Extreme restlessness	Find a vigorous activity that you enjoy, such as jogging, skating, aerobics, sports, outdoor gardening, swimming, bicycling.
Muscle stiffness	Try doing regular muscle stretching exercises or yoga or isometrics exercises.
Dizziness	Avoid getting up quickly from a sitting or lying down position.
Blurry vision	For mild blurry vision, talk to your doctor about getting reading glasses. These can often be bought without a prescription at a local drug store for very little money.
Sensitivity to the sun	Stay in the shade, use sunscreen and wear protective clothing. Avoid going out at the sunniest time of day.
Shakiness or tremors	Avoid filling cups and glasses to the brim.
Dry mouth	Chew gum, suck on sugarless hard candy, or take frequent sips of water.
Constipation	Drink 6-8 glasses of water daily. Eat high fiber foods such as bran cereals, whole grain breads, fruits and vegetables. Do light exercise daily.
Other:	

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Guía educativa 2: Uso efectivo de la medicación

"Debido a que todos somos diferentes, poder encontrar la medicación adecuada es algo personal. Ahora que he encontrado la combinación adecuada para mí, mi vida ha mejorado considerablemente. Pide a tu doctor que intente algo diferente si tus síntomas son suficiente severas que afectan tu vida."

***—David Kime**, artista, escritor, diseñador floral*

Introducción

Esta guía analiza los medicamentos para los trastornos de salud mental. Se proporciona información acerca de los efectos de los medicamentos, incluidas sus ventajas y desventajas. Se anima a las personas a que tomen su propia decisión si quieren tomar medicamentos. En esta guía se describen las estrategias para aprovechar al máximo los beneficios de los medicamentos.

Los medicamentos son algunas de las herramientas disponibles más poderosas para reducir los síntomas y evitar recaídas.

¿Por qué se recomienda medicación como parte del tratamiento de las enfermedades mentales?

Los medicamentos son una de las herramientas disponibles más poderosas para reducir los síntomas y el riesgo de recaídas. Cuando las personas toman medicamentos de forma regular como parte de su tratamiento, las personas tienen menos síntomas y menos posibilidades de sufrir recaídas. Los medicamentos reducen la predisposición biológica a la enfermedad mental al ayudar a corregir el desequilibrio químico en el cerebro, lo que conduce a tener síntomas.

Cuando las personas toman medicamentos como parte de su tratamiento, generalmente:

- Experimentan síntomas con menor frecuencia o intensidad.
- Se concentran mejor y piensan con mayor claridad.
- Se duermen con más facilidad y descansan mejor.
- Realizan más metas.

¿Cómo tomar una decisión informada acerca de la medicación?

Necesitas tomar decisiones informadas acerca de todas las opciones de tratamiento, incluida la medicación. Al tomar tu decisión acerca de los medicamentos, es importante que aprendas todo lo posible y que consideres las posibles ventajas y desventajas de tomar medicamentos.

Tu doctor debe estar involucrado en el proceso de alcanzar tu decisión. El doctor es un experto en medicamentos y tiene experiencia en ayudar a otras personas a encontrar medicamentos efectivos.

Sin embargo, también es importante que tú estés activamente involucrado en la toma de decisiones acerca de la medicación. Después de todo, eres tú el experto en tu propia experiencia con la enfermedad mental y sabes qué te hace sentir mejor o peor.

Por lo tanto, la mejor manera de tomar una decisión acerca de la medicación es trabajar en conjunto con tu doctor, utilizando tu experiencia

y la de él en conjunto. Resulta de ayuda si tienes algunas preguntas en mente cuando estés decidiendo acerca de si tomar el medicamento o si deseas cambiarlo. Puede resultar útil hacerle las siguientes preguntas a tu doctor.

La mejor manera de tomar una decisión acerca de la medicación es trabajar en conjunto con tu doctor.

Preguntas que puedes hacerle a tu doctor

- ¿Cómo me beneficiará este medicamento? ¿Cómo me ayudará?
- ¿Cuánto tiempo demora en tomar efecto la medicación? ¿Cuánto tiempo pasará antes de que pueda sentir alguno de los beneficios?
- ¿Qué efectos secundarios puedo tener debido al medicamento? ¿Existe algún efecto secundario con su uso prolongado?
- ¿Qué puedo hacer si experimento efectos secundarios?
- ¿Necesitaré análisis de sangre para asegurarme que tengo el nivel de medicina adecuado en mi sangre?
- ¿Qué sucede si la medicación no me hace efecto?
- ¿Qué preguntas te gustaría hacer a tu doctor sobre las medicinas?
- ¿Cuáles son tus creencias acerca de los medicamentos?

Las personas tienen diferentes creencias acerca de los medicamentos, según su cultura, sus antecedentes familiares y su propia experiencia.

Algunas personas tienen opiniones fuertes y positivas acerca de los medicamentos. Pon una marca en las siguientes declaraciones que reflejan tus creencias:

- ❑ *"Mi tío es diabético y usa insulina. Lleva una vida normal. Tengo una enfermedad mental y tomo medicamentos para ello. Es lo mismo para mí".*
- ❑ *"Mi medicamento me ayuda a deshacerme de los síntomas que estaba teniendo. Ha marcado una gran diferencia en cuanto a mi tranquilidad".*
- ❑ *"He intentado todo lo que pude hacer por mi propia cuenta: ejercicio, técnicas de relajación, consejería.. Seguía triste y deprimido hasta que probé con los medicamentos".*

Otras personas tienen opiniones fuertes y negativoa acerca de los medicamentos. Pon una marca en las siguientes declaraciones quereflejan tus creencias:

- ❑ *"En mi cultura, no creemos en las medicinas tradicionales. Sólo quiero utilizar remedios botánicos".*
- ❑ *"Tengo miedo de los efectos a largo plazo que puede sufrir mi cuerpo por utilizar medicación".*
- ❑ *"Es una cuestión de fuerza de voluntad. No debería necesitar medicación para sentirme mejor".*

Resulta útil conocer tus propias creencias acerca de los medicamentos ya que pueden interferir en tu objetividad. Por ejemplo, si tienes fuertes creencias positivas sobre los medicamentos, es posible que no hagas las preguntas suficientes sobre los efectos secundarios. Si tienes fuertes creencias negativas, quizá no averigües lo suficiente sobre los beneficios del medicamento.

Algunas personas pueden tener opiniones fuertes y negativas acerca de la medicina, las cuales pueden interferir en tomar una decisión informada.

Preguntas:

¿Qué piensas tú acerca de los medicamentos?

¿Cuáles son los beneficios de los medicamentos para una enfermedad mental?

Se ha demostrado que los medicamentos resultan útiles en dos aspectos importantes:

- Para reducir los síntomas durante y después de un episodio grave de la enfermedad.
- Para reducir las posibilidades de episodios en el futuro.

Tomar medicamentos de la enfermedad mental puede ayudar a reducir los síntomas durante un episodio grave. Cuando se toman de manera regular, pueden reducir el riesgo de tener recaídas.

Reducción de síntomas durante un episodio grave

Cuando los síntomas de las enfermedades mentales toman mayor gravedad y se hacen problemáticos, por lo general se describen como una recaída o un episodio grave de la enfermedad. La experiencia de tener recaídas es muy diferente de persona a persona. Algunas personas tienen sólo uno o unos pocos episodios graves, mientras que otras los tienen más a menudo.

Durante y después de un episodio grave, los medicamentos pueden ayudar a reducir la gravedad de los síntomas. A veces el medicamento ayuda a las personas con bastante rapidez y pueden relajarse, pensar con más claridad y sentirse menos deprimidos en pocos días. Otras veces pueden pasar algunas semanas antes de que los síntomas se reduzcan de forma que puedas notarlo.

Reducción de la probabilidad de recaídas

Tomar la medicación de forma regular ayuda a prevenir las recaídas de los síntomas graves. Una persona describió su medicamento como "una capa de protección entre los síntomas y yo". Otra persona dijo que los medicamentos "son mi póliza de seguro para estar bien".

Tomar la medicación no cura la enfermedad mental, y no hay garantía de que usted no sufrirá nuevamente un episodio grave. Sin embargo, para la mayoría de las personas, tomar medicamentos de manera regular reduce el riesgo de recaídas y de hospitalizaciones.

Preguntas:

¿Alguna vez tus síntomas han empeorado o sufriste una recaída por parar de tomar tus medicinas?

¿Qué medicamentos se utilizan para mejorar los síntomas de la enfermedad mental?

Diferentes tipos de medicamentos ayudan con diferentes tipos de síntomas. Hay varios tipos diferentes de síntomas de la enfermedad mental, y se puede necesitar más de un medicamento para tratarlos.

Hay cuatro categorías principales de medicamentos que se utilizan comúnmente para tratar las principales enfermedades mentales. Los medicamentos y sus beneficios se resumen en la siguiente tabla.

Los medicamentos y sus beneficios

Categoría de medicamento	Posibles beneficios
Antidepresivos	Pueden reducir los síntomas de la depresión, como un bajo estado de ánimo, falta de apetito, problemas para dormir, falta de energía y dificultad para concentrarse. También pueden ser eficaces en el tratamiento de los trastornos de ansiedad.
Estabilizadores del estado de ánimo	Pueden ayudar a reducir los estados de ánimo extremos, incluidas la manía y la depresión.
Medicamentos antipsicóticos	Pueden reducir los síntomas de psicosis, como las alucinaciones, las ilusiones y el comportamiento o el lenguaje desorganizado.
Medicamentos contra la ansiedad y sedantes	Pueden reducir la ansiedad, la sensación de sobreestimulación y la dificultad para dormir.

Preguntas:

¿Qué medicamentos has tomado?

¿Cuáles síntomas te ayudaron los medicamentos?

Puedes utilizar la lista en página 121 para registrar tus respuestas.

Hay cuatro categorías principales de medicamentos que ayudan a mejorar los diferentes tipos de síntomas de la enfermedad mental.

¿Cuáles son los efectos secundarios de la medicación?

Es importante estar informado sobre los posibles beneficios efectos secundarios de la medicación específica que te han indicado. Los medicamentos para las enfermedades mentales, como los medicamentos para el tratamiento de otras enfermedades, pueden causar efectos secundarios no deseados.

La medicación afecta a las personas de diferentes maneras. Algunas personas pueden tener sólo pocos efectos secundarios o ninguno en absoluto debido a su medicación. Otras personas que toman el mismo medicamento pueden tener grandes efectos secundarios. La reacción a los medicamentos depende de muchos factores, como la edad, peso, sexo, metabolismo y de otros medicamentos que se estén tomando.

En la mayoría de los casos, los efectos secundarios son temporales y mejoran con el tiempo a medida que el cuerpo se adapta al medicamento. Algunos tipos de efectos secundarios, que son bastante menos comunes, pueden ser duraderos e incluso permanentes. Los medicamentos más nuevos tienden a tener menos efectos secundarios y no ser tan graves. Los efectos secundarios más graves ocurren con los medicamentos antipsicóticos más antiguos, como el Haldol, la Thorazine y la Stelazine.

Si reconoces que estás teniendo efectos secundarios, es importante que te pongas en contacto con tu doctor lo más pronto posible. Tu doctor debe ayudarte a evaluar la gravedad de los efectos secundarios y qué puede hacerse al respecto. Depende de ti decidir qué efectos secundarios puedes tolerar y cuáles son los riesgos que estás dispuesto a aceptar.

Cuando experimentes efectos secundarios, tu doctor puede sugerirte las siguientes opciones: reducir la dosis de la medicación, agregar otro medicamento para los efectos secundarios o cambiar a otro medicamento. También hay

Beneficios de los medicamentos que he usado

Categoría de medicamento	Medicamentos específicos que utilicé de esta categoría	Beneficios que experimenté
Antidepresivos		
Estabilizadores del estado de ánimo		
Antipsicóticos		
Medicamentos contra la ansiedad o sedantes		
Otros:		

Efectos secundarios de los medicamentos que he usado

Categoría de medicamento	Medicamentos específicos que utilicé de esta categoría	Beneficios que experimenté
Antidepresivos		
Estabilizadores del estado de ánimo		
Antipsicóticos		
Medicamentos contra la ansiedad o sedantes		
Otros:		

algunas estrategias para lidiar con los efectos secundarios que ayudan a reducir el malestar o a neutralizar los efectos secundarios.

Los medicamentos de la enfermedad mental pueden causar efectos secundarios.

El Apéndice nro. 5 contiene información más específica sobre los efectos secundarios y las estrategias para lidiar con ellos.

Preguntas:

¿Qué efectos secundarios has experimentado con los medicamentos?

¿Qué hiciste cuando tuviste efectos secundarios?

Puedes utilizar la lista en página 121 para registrar tus respuestas.

Desde tu punto de vista, ¿cuáles son las ventajas y las desventajas de tomar medicación?

Para tomar una decisión informada acerca de los medicamentos, es importante evaluar los posibles beneficios (ventajas) y inconvenientes (desventajas) de tomarlos. El gráfico en la página 123 puede ayudar a resumir la información.

Si decides tomar medicamentos, ¿cómo puedes obtener los mejores resultados?

Muchas personas encuentran que puede ser difícil recordar tomarse la medicina en forma regular. "La adaptación del comportamiento" consiste en las siguientes estrategias, que están diseñadas para ayudarte a recordar de tomar la medicina en tu rutina normal. Puesto que cada uno tiene una rutina diferente, es importante adaptar las estrategias para satisfacer tus propias necesidades.

- **Simplifica el horario de tomar la medicina lo más posible.** Cuando tomas varios medicamentos varias veces al día, se hace difícil tener control de todas las dosis. Habla con tu doctor para simplificar al máximo tu horario para tomar la medicina sin perder ninguno de los beneficios. Mientras menos medicamentos tengas que tomar y cuanto menos veces por día, más fácil es llevar un control. Algunos medicamentos están disponibles en formas inyectables que pueden administrarse cada dos semanas y le dan efecto prolongado.

Si decides tomar medicamentos, conseguirás los mejores resultados tomándolos a la misma hora todos los días.

Ejemplo:

"Yo antes tenía un horario muy complicado para tomar mi medicina. Cuatro pastillas diferentes, algunas dos veces al día, otras tres veces al día. Era muy difícil llevar un control. Trabajé con mi doctor para crear un horario para tomar mis medicamentos que me resultara más fácil de manejar. Poco a poco, logré tomar dos pastillas diferentes, una sola vez al día. Ahora casi nunca me olvido de tomarlas".

Ventajas y desventajas de tomar medicamentos

Ventajas de tomar medicamentos (beneficios)	Desventajas de tomar medicamentos (inconvenientes)

Estrategias para obtener los mejores resultados de la medicación

Simplificar el horario de toma de medicamentos	He utilizado esta estrategia	Me gustaría probar esta estrategia o desarrollarla más
Simplificar el horario de toma de medicamentos		
Tomar los medicamentos a la misma hora todos los días		
Incluir la toma de medicamentos en la rutina diaria		
Usar señales y recordatorios (calendarios, notas, organizadores de pastillas)		
Recordarme a mí mismo de los beneficios de tomar medicamentos		
Otros:		

Puede llevar tiempo para que, junto con tu doctor, puedas encontrar el medicamento que te resulte más eficaz.

- **Toma los medicamentos a la misma hora todos los días.** Tomar los medicamentos a la misma hora (u horas) todos los días hace que sea más fácil de recordar. También permite mantener un nivel de medicación constante en la sangre, lo que proporciona el máximo beneficio a lo largo del día.

  Ejemplo:
  "Tomo mis pastillas cada noche antes de acostarme. Esto me ayuda a dormir mejor y sentirme mejor al día siguiente. Si se me olvida tomar la medicina una vez, o la tomo en la mañana siguiente, no me siento tan bien".

- **Incluye la toma de medicamentos en tu rutina diaria.** A menudo es más fácil acordarse de tomar la medicación si se hace en conjunto con otra actividad diaria. Algunos ejemplos de actividades diarias incluyen lavarse los dientes, bañarse, desayunar y prepararse para ir a trabajar.

  Ejemplo:
  "Antes de tener una rutina, siempre me olvidaba de tomar mi medicamento. Ahora lo hago parte del desayuno antes de ir a trabajar. Tengo mi taza de café, un tazón de cereales, una vitamina y mi medicación. Es un hábito que a mí me funciona. No tengo que pensar en ello".

- **Usa señales para ayudarte a recordar.** Muchas personas han desarrollado sus propias señales para ayudarlos a recordar la toma de sus medicamentos en forma regular. Algunos ejemplos de señales incluyen usar un envase de pastillas con dosis diarias organizadas, usar un calendario, anotar en algún lado, mantener el frasco de pastillas junto a un elemento de uso diario, pedir a un familiar o a otra persona que te ayude a recordar.

  Ejemplos:
  "La señal que me doy para acordarme de tomar la medicación es poner el frasco junto a mi cepillo de dientes. Todas las noches, cuando busco el cepillo de dientes, me acuerdo de tomar las pastillas".

  "Pego una nota junto a la cafetera ya que tomo la medicación en el desayuno".

  "El calendario es muy importante para mí. Lo veo con frecuencia para revisar mi agenda del día. Pongo una marca en la fecha después de tomar la medicación".

- **Recuerda los beneficios.** A veces es útil recordar las razones por las que has decidido tomar los medicamentos. Podrías utilizar la lista de verificación "Beneficios de los medicamentos que he usado" que se encuentra en la página 121 de esta guía.

  Ejemplo:
  "Cuando me pongo a pensar qué difícil es seguir tomando los medicamentos, me recuerdo a mí mismo por qué decidí comenzar a tomarlos. No quiero volver a deprimirme, y el medicamento me ayuda a lograrlo".

Resulta útil desarrollar estrategias para incluir los medicamentos en la rutina diaria.

Preguntas:

Si tomas medicamentos, ¿qué has descubierto que te ayuda a obtener los mejores resultados?

¿Sería útil intentar algunas de las estrategias mencionadas anteriormente?

Puedes utilizar la lista en página 123 para registrar tus respuestas.

¿Por qué es tan complicado el tomar medicación?

Todos responden de manera diferente a la medicación. Quizá pase un tiempo para que tú y tu doctor encuentre una medicina que te ayude más y tenga menos efectos secundarios.

Los medicamentos para enfermedades mentales suelen tomar algún tiempo en comenzar a tener efecto. No son como los analgésicos, por ejemplo, que hacen efecto en cuestión de horas. Pueden pasar varias semanas antes de que notes una diferencia en la manera en que te sientes. Habla con tu doctor con regularidad acerca de cómo te sientes para que puedan trabajar juntos en la búsqueda del mejor medicamento para ti. Al mismo tiempo, sigue usando la mayor cantidad posible de estrategias de recuperación, como los programas de autoayuda, el ejercicio, una dieta saludable y evitar los ambientes estresantes. Consulta la guía nro. 1 para conocer más estrategias de recuperación.

Ejemplos de experiencias individuales con medicamentos

Ejemplo 1

"A veces no tomaba la medicación porque pensaba que no la necesitaba. Pensaba: "¿Por qué debo tomar el medicamento cuando me siento bien?" Pero luego tuve dos recaídas en un año y terminé en el hospital. Odiaba eso. Desde que comencé a tomar el medicamento de forma regular durante los últimos dos años, no volví a tener una recaída grave y pude mantenerme fuera del hospital. He hablado con mi doctor para reducir mi dosis".

Ejemplo 2

"Aún no estoy seguro acerca de los medicamentos. Sólo he tenido un episodio de síntomas y me he estado sintiendo bastante bien desde entonces. Estoy en contacto con mi doctor una vez por semana para mantener mi cuidado bajo control".

Habla con tu doctor sobre cualquier pregunta o preocupación sobre los medicamentos o sus efectos secundarios.

Ejemplo 3

"Mi medicamento me ayuda a mantener un estado de ánimo estable. No me gustan los efectos secundarios pero estoy trabajando junto con el doctor en ello. Es mucho mejor para mí no tener esos cambios de humor extremos. Ahora puedo tener una mejor relación con mi esposa y puedo mantener mi trabajo. El cambio vale la pena".

Pregunta:

¿Tienes alguna pregunta acerca de los medicamentos que te gustaría hacerle a tu doctor?

Resumen de los puntos principales sobre los medicamentos

- Los medicamentos son una de las herramientas más poderosas disponibles para reducir los síntomas y evitar recaídas.
- La mejor manera de tomar una decisión acerca de la medicación es trabajar en conjunto con tu doctor.
- Las personas pueden tener opiniones fuertes acerca de los medicamentos, que

pueden interferir en hacer una decisión informada.

- Tomar medicamentos de la enfermedad mental puede ayudar a reducir los síntomas durante y después de un episodio grave. Cuando se toman de manera regular, pueden reducir el riesgo de tener recaídas.
- Hay cuatro categorías principales de medicamentos que ayudan a mejorar los diferentes tipos de síntomas de la enfermedad mental.
- Los medicamentos de la enfermedad mental pueden causar efectos secundarios.
- Si decides tomar medicamentos, conseguirás los mejores resultados tomándolos a la misma hora todos los días.
- Resulta útil desarrollar estrategias para incluir los medicamentos en la rutina diaria.
- Puede llevar tiempo para que, junto con tu doctor, puedas encontrar el medicamento que te resulte más eficaz.
- Realiza a tu doctor cualquier pregunta o preocupación acerca de los medicamentos o sus efectos secundarios.

Anexo 1: Medicamentos antipsicóticos

Los medicamentos antipsicóticos a veces son llamados "tranquilizantes mayores" o "neurolépticos". Están diseñados para reducir los síntomas de la psicosis, incluidas las falsas percepciones (alucinaciones), falsas creencias (delirios) y confusión mental (trastornos del pensamiento).

Los medicamentos antipsicóticos no sólo ayudan a reducir los síntomas psicóticos durante y después de un episodio grave, sino que también ayudan a prevenir las recaídas y las rehospitalizaciones. No son adictivos. Algunos de los medicamentos más nuevos también ayudan a reducir los síntomas negativos, como la falta de energía, motivación, placer y expresividad emocional.

Hay dos tipos de medicamentos antipsicóticos disponibles. Los antipsicóticos de la generación anterior, que incluyen el Haldol, Moban, Mellaril, Navane, Prolixin, Serentil, Stelazine, Thorazine y Trilafon. Los antipsicóticos de la nueva generación incluyen Clozaril, Geodon, Risperdal, Seroquel, Zeldox y Zyprexa. Todo el tiempo se están desarrollando más medicamentos, por lo que es importante que te mantengas al día con tu doctor acerca de qué medicamentos están disponibles.

La siguiente tabla contiene los nombres comerciales y químicos de los medicamentos antipsicóticos disponibles en la actualidad. Se proporcionan espacios en blanco para escribir nombres de nuevos medicamentos a medida que estén disponibles.

Medicamentos antipsicóticos

Nombre comercial	Nombre químico
Clozaril*	Clozapina
Haldol	Haloperidol
Loxitane	Loxapina
Mellaril	Tioridazina
Moban	Molindona
Navane	Tiotixeno
Prolixin	Flufenazina
Risperdal*	Risperidona
Serentil	Mesoridazina
Seroquel*	Quetiapina
Stelazine	Trifluoperazina
Thorazine	Clorpromazina
Trilafon	Perfenazina
Geodon*	Ziprasidona
Zyprexa*	Olanzapina

* Nueva generación de antipsicóticos

Efectos secundarios de los medicamentos antipsicóticos

Las personas tienen reacciones muy diferentes a los medicamentos. Algunas personas que toman medicamentos antipsicóticos experimentan sólo algunos efectos secundarios o ninguno en absoluto. Otras personas experimentan varios. También es importante recordar que cada medicamento tiene sus propios efectos secundarios, por lo que necesitas consultar con tu doctor acerca de los efectos secundarios específicos que están asociados con la medicación que te recomendó.

La ventaja principal de los medicamentos de la nueva generación es que causan muy pocos efectos secundarios extrapiramidales (movimiento muscular) que causaban los medicamentos de la generación anterior, como rigidez muscular, temblores suaves, nerviosismo y espasmos musculares. También pueden causar muchos menos problemas relacionados con las dificultades sexuales y períodos menstruales irregulares. Sin embargo, los medicamentos antipsicóticos de la nueva y la vieja generación pueden producir aumento de peso y algunos de los más nuevos lo hacen aún más.

La discinesia tardía es un efecto neurológico secundario no deseado. Produce movimientos musculares anormales, principalmente en la cara, la boca, la lengua y las manos. La discinesia tardía se asocia con el uso prolongado de medicamentos antipsicóticos más antiguos y varía de leve a grave. Es importante que informes a tu doctor si notas algún movimiento anormal de los músculos, para que pueda evaluar una discinesia tardía.

Algunos efectos secundarios de los medicamentos antipsicóticos no son frecuentes, pero pueden ser muy graves si resultan. La "agranulocitosis" es cuando las personas dejan de producir los glóbulos blancos necesarios para combatir las infecciones. Se trata de un efecto secundario potencialmente peligroso del Clozaril. Sin embargo, cuando se realizan análisis de sangre de forma regular para controlar los niveles de glóbulos blancos, el Clozaril puede ser un medicamento muy seguro.

Tratamiento de los efectos secundarios

Cuando sientas efectos secundarios, consulta a tu doctor inmediatamente. Después de analizar los efectos secundarios y su gravedad, te puede recomendar una de las siguientes opciones: reducir la dosis de la medicación, agregar un medicamento para los efectos secundarios o cambiar a otro medicamento. El doctor también puede sugerir algunas cosas que puedes hacer para ayudar a reducir el malestar o para neutralizar los efectos secundarios. Consulta el Anexo 5 para obtener una lista de algunas de estas estrategias para lidiar con los efectos secundarios.

Sitios web donde puedes obtener más información acerca de los medicamentos (Información en inglés)

www.mentalhealth.com
www.mentalhealth.about.com

Anexo 2: Estabilizadores del estado de ánimo

Los medicamentos estabilizadores del estado de ánimo ayudan a tratar los problemas con los estados de ánimo extremos, incluidas la manía y la depresión. Ayudan a reducir los síntomas graves y también a prevenir las recaídas y rehospitalizaciones. No son adictivos.

La siguiente tabla contiene una lista de los medicamentos más comunes en esta categoría. Se proporcionan espacios en blanco para que escribas nombres de los nuevos medicamentos estabilizadores del estado de ánimo a medida que estén disponibles.

Efectos secundarios de los estabilizadores del estado de ánimo

No todas las personas que utilizan estabilizadores del estado de ánimo experimentan efectos secundarios. Sin embargo, es importante estar atento a los posibles efectos secundarios y comunicarte con tu doctor apenas los notes.

Litio

Los posibles efectos secundarios del litio incluyen náuseas, dolores de estómago, sed, fatiga, dolor de cabeza y temblores leves. Los efectos secundarios más graves son: vómitos, diarrea, sed intensa, calambres musculares, dificultad para hablar, confusión, mareo o aturdimiento. Aunque el litio es un elemento químico natural, como el oxígeno o el hierro, puede ser peligroso si se toma en una dosis demasiado alta. Para evitar esto, el doctor debe supervisar la cantidad de litio presente en el cuerpo mediante análisis de sangre regulares.

También es importante incluir suficiente sal en tu dieta mientras estés tomando litio, debido a que el sodio en la sal ayuda a sacar del cuerpo el litio. Esto significa que debes evitar las dietas bajas en sal y diuréticos recetados y de venta libre, como los medicamentos Fluidex con Pamabrom, Aqua-Ban, Tri-Aqua o Aqua-rid.

Tegretol y Depakote

Los posibles efectos secundarios de Tegretol y Depakote incluyen fatiga, dolor o debilidad muscular, sequedad en la boca, estreñimiento o diarrea, pérdida de apetito, náuseas, sarpullido en la piel, dolor de cabeza, mareos, disminución del interés sexual y pérdida temporal del cabello.

Algunos efectos secundarios son más graves, como los siguientes: confusión, fiebre, ictericia, moretón o sangrado anormal, hinchazón de los ganglios linfáticos, vómitos y problemas de visión (como visión doble). Es importante realizarse análisis de sangre periódicos para controlar el nivel de estos medicamentos y para comprobar si hay cambios en las células de la sangre y la función del hígado. Debido a que estos medicamentos pueden causar sedación, debes tener cuidado al conducir o manejar maquinaria pesada. Se recomienda limitar el consumo de bebidas alcohólicas a no más de una vez por semana.

Tratamiento de los efectos secundarios

Cuando sientas efectos secundarios, consulta a tu doctor inmediatamente. Después de analizar los efectos secundarios y su gravedad, te puede recomendar una de las siguientes opciones: reducir la dosis de la medicación, agregar un medicamento para los efectos secundarios o cambiar a otro medicamento. El doctor también puede sugerir algunas cosas que puedes hacer para ayudar a reducir el malestar o para neutralizar los efectos secundarios. Consulta el Anexo 5 para obtener una lista de algunas de estas estrategias para lidiar con los efectos secundarios.

Sitios web donde puedes obtener más información acerca de los medicamentos (Información en inglés)

www.mentalhealth.com
www.mentalhealth.about.com

Medicamentos estabilizadores del estado de ánimo

Nombre comercial	Nombre químico
Eskalith, Eskalith De Liberación Controlada	Carbonato de Litio
Tegretol	Carbamazepina
Depakote, Depakene	Ácido Valproico

Anexo 3: Antidepresivos

Los antidepresivos tratan los síntomas de la depresión, incluido un bajo estado de ánimo, poca energía, problemas de apetito, dificultad para dormir y para concentrarte. Ayudan a reducir los síntomas graves y a prevenir las recaídas y hospitalizaciones. Los antidepresivos también pueden ser eficaces para el tratamiento de los trastornos de ansiedad, como el trastorno de angustia, el trastorno obsesivo compulsivo y las fobias. No son adictivos.

Los medicamentos antipsicóticos de la nueva generación, como la familia de fármacos llamados inhibidores selectivos de la recaptación de serotonina (ISRS), tienden a causar menos efectos secundarios. Los ISRS incluyen Prozac, Paxil, Zoloft, Serzone y Luvox. Se continúan desarrollando nuevos medicamentos.

La tabla en la página 132 identifica los antidepresivos más comunes. Se proporcionan espacios en blanco para escribir nombres de los nuevos antidepresivos a medida que estén disponibles.

Efectos secundarios de los antidepresivos

No todas las personas tienen efectos secundarios cuando toman antidepresivos. Pero es importante conocerlos en caso de que los tengas. Dile a tu doctor si sufres alguno de los siguientes efectos secundarios: náuseas, vómitos, excitación, agitación, dolor de cabeza, problemas sexuales, sequedad en la boca, mareo, sedación, aumento de peso, estreñimiento, palpitaciones, alteraciones cardiacas, insomnio, problemas de memoria, sobreestimulación, crisis de hipertensión.

Hipomanía, manía y los antidepresivos

A veces, un pequeño porcentaje de personas que toman antidepresivos presentan síntomas de hipomanía o manía en el transcurso de unas pocas semanas. Los síntomas de la hipomanía incluyen irritabilidad, tendencia a discutir, agitación, disminución de la necesidad de dormir y hablar excesivamente. Los síntomas de la manía incluyen megalomanía, euforia, hostilidad, comportamiento extremo dirigido a una meta y participación en actividades potencialmente peligrosas. Si experimentas estos síntomas, avisa inmediatamente a tu doctor para que te reduzca la dosis de la medicación o la suspenda por completo.

Precauciones al tomar Marplan y Nardil

Hay muchos alimentos y medicamentos que deben evitarse al tomar Marplan y Nardil, incluidos los alimentos con alto contenido de tiramina, como quesos curados, carnes curadas, como el salami y el pepperoni, y extractos de levadura (excepto cuando se utilizan para panes, etc.). También debes evitar tomar cerveza, vino Chianti, vino jerez y vermut, y ciertos medicamentos como Tegretol, Dopar, Sinemet, Demerol, Aldomet, Ritalin, descongestivos y estimulantes. Es importante obtener una lista completa con los medicamentos y alimentos que debes evitar de tu doctor.

Aunque no es común, de vez en cuando las personas desarrollan el síndrome del túnel carpiano cuando toman Marplan o Nardil. Esto se puede corregir con suplementos de vitaminas adecuadas.

Tratamiento de los efectos secundarios

Cuando sientas efectos secundarios, consulta a tu doctor inmediatamente. Después de analizar los efectos secundarios y su gravedad, tu doctor te puede recomendar una de las siguientes opciones: reducir la dosis de la medicación, agregar un medicamento para los efectos secundarios o cambiar a otro medicamento. El doctor también puede sugerir algunas cosas que puedes hacer para ayudar a reducir el malestar o para neutralizar los efectos secundarios. Consulta el Anexo 5 para obtener una lista de algunas de estas estrategias para lidiar con los efectos secundarios.

Para obtener más información acerca de los medicamentos (Información en inglés)

www.mentalhealth.com
www.mentalhealth.about.com

Medicamentos antidepresivos

Nombre comercial	Nombre químico
Anafranil	Clomipramina
Desyrel	Trazodona
Effexor	Venlafaxina
Elavil	Amitriptilina
Ludiomil	Maptrotilina
Luvox*	Fluvoxamina
Marplan	Isocarboxazida
Nardil	Fenelzina
Norpramin	Desipramina
Pamelor, Aventyl	Nortriptilina
Paxil*	Paroxetina
Prozac*	Fluoxetina
Serzone*	Nefazadona
Sinequan, Adapin	Doxepina
Tofranil	Imipramina
Vivactil	Protriptilina
Wellbutrin	Bupropión
Zoloft*	Sertralina

* Nueva generación de antidepresivos (ISRS).

Anexo 4: Medicamentos contra la ansiedad y sedantes

Los medicamentos contra la ansiedad y sedantes ayudan a reducir la ansiedad y la sensación de sobreestimulación. Algunos de estos medicamentos también ayudan a poder dormir.

A diferencia de otros medicamentos para las enfermedades mentales, estos medicamentos solo tardan entre una y dos horas en hacer efecto.

También, a diferencia de otros medicamentos para enfermedades mentales, algunos medicamentos contra la ansiedad y sedantes pueden ser adictivos y debe evitarse su uso prolongado. Si se utilizan estos medicamentos, deben ser cuidadosamente supervisados.

En el cuadro de la página siguiente se muestran los medicamentos contra la ansiedad y sedantes más utilizados. Se proporcionan espacios en blanco para escribir nombres de los nuevos medicamentos a medida que estén disponibles. Es importante señalar que algunos de los medicamentos se pueden utilizar para tratar los problemas de ansiedad y los de trastornos de sueño, mientras que otros se utilizan para ayudar a uno solo de estos problemas. Además, algunos de estos medicamentos son adictivos, mientras que otros no lo son. Es importante que hables con tu doctor acerca de los beneficios y efectos secundarios específicos de la medicación que estás tomando.

Efectos secundarios de los medicamentos contra la ansiedad y sedantes

No todas las personas tienen efectos secundarios cuando toman medicamentos contra la ansiedad o sedantes. Aunque es importante que los reconozcas y que hables con tu doctor inmediatamente en caso de que las tengas. Los efectos secundarios más comunes son la sedación excesiva, la fatiga y los problemas con la memoria u otras habilidades cognitivas. Debido al efecto sedante, se aconseja limitar el consumo de bebidas alcohólicas a no más de una vez por semana. También se aconseja tener cuidado al conducir. Como se mencionó anteriormente, el uso prolongado de algunos de estos medicamentos puede ser adictivo.

Tratamiento de los efectos secundarios

Cuando sientas efectos secundarios, consulta a tu doctor inmediatamente. Después de analizar los efectos secundarios y su gravedad, te puede recomendar una de las siguientes opciones: reducir la dosis de la medicación, agregar un medicamento para los efectos secundarios o cambiar a otro medicamento. El doctor también puede sugerir algunas cosas que puedes hacer para ayudar a reducir el malestar o para neutralizar los efectos secundarios. Consulta el Anexo 5 para obtener una lista de algunas de estas estrategias para lidiar con los efectos secundarios.

Sitios web donde puedes obtener más información acerca de los medicamentos (Información en inglés)

www.mentalhealth.com
www.mentalhealth.about.com

Medicamentos contra la ansiedad y sedantes

Nombre comercial	Nombre químico
Ativan	Lorazepam
Benadryl	Difenhidramina
Buspar	Buspirona
Centrax	Prazepam
Dalmane	Flurazepam
Halcion	Triazolam
Klonopin	Clonazepam
Librium	Clordiazepóxido
Noctec	Hidrato de Cloral
Restoril	Temazepam
Serax	Oxazepam
Valium	Diazepam
Xanax	Alprazolam

Anexo 5: Lidiar con los efectos secundarios

La siguiente tabla contiene algunos de los efectos secundarios comunes de las diferentes categorias de medicamentos y algunas sugerencias como ayudarle a lidiar con ellos. Se proporcionan espacios en blanco para agregar estrategias que consideres utiles.

Lidiar con los efectos secundarios de los medicamentos de la enfermedad mental

Efecto secundario	Estrategia
Somnolencia	Planifica una breve siesta durante el día. Realiza un poco de ejercicio suave al aire libre, como caminar. Consulta a tu doctor acerca de tomar la medicación en la noche.
Aumento del apetito y de peso	Aumenta los alimentos sanos en tu dieta, como las frutas, las verduras y los granos. Reduce el consumo de gaseosas, postres y comidas rápidas. Realiza ejercicio de forma regular. Sigue una dieta con un amigo o únete a un programa de reducción de peso.
Inquietud extrema	Encuentra una actividad física que te guste, como trotar, patinar, hacer aeróbicos, deportes, jardinería al aire libre, natación, ciclismo.
Rigidez muscular	Intenta hacer ejercicios de estiramiento muscular o ejercicios de yoga o isométricos.
Mareos	Evita levantarte rápidamente desde una posición sentada o acostada.
Visión borrosa	En caso de una visión borrosa leve, habla con tu doctor acerca de usar gafas para leer. Estos a menudo se pueden comprar sin receta en una farmacia local por muy poco dinero.
Sensibilidad al sol	Permanece en la sombra, usa protector solar y ropa protectora. Evita salir durante la hora más soleada del día.
Temblores o temblorosa	Evite llenar copas y vasos hasta el borde.
Sequedad en la boca	Mastica chicle sin azúcar, chupa caramelos sin azúcar o toma frecuentemente sorbos de agua.
Estreñimiento	Bebe unos 6 a 8 vasos de agua al día. Come alimentos ricos en fibra, como cereales de salvado, pan integral, frutas y verduras. Haz ejercicios lentos todos los días.
Otros:	

[Esta página fué dejada en blanco intencionalmente.]

Educational Handout 3: Coping with Problems and Symptoms

"Your symptoms will probably come and go over the years. That's the way most mental illnesses are. But the more you learn to cope with your symptoms the easier it will become, and you can avoid relapses and hospitalizations. Just try to go about your daily routine. The bad times will pass."

***—David Kime**, artist, writer, floral designer*

Developing strategies for coping with problems can help reduce stress.

Introduction

This handout describes strategies for coping with common problems and symptoms. People sometimes experience stress due to depression, anxiety, sleep problems, hearing voices, and other symptoms. Coping strategies can be effective at reducing symptoms or distress related to symptoms. Other strategies can be used to deal with day-to-day problems encountered in living.

The Importance of Coping with Problems

Problems are a natural part of life. Everyone encounters some problems along the way, no matter how well they are managing their lives. Some problems are easily solved and cause very little stress. Other problems are more challenging, and can result in significant stress. When stress builds up, it can cause symptoms to worsen and can lead to a relapse.

This handout will provide a step-by-step method for solving problems and achieving goals. It will also provide some specific strategies for coping with problems that people commonly encounter, including problems related to psychiatric symptoms.

Question:

What is an example of a problem that has caused you stress?

Using a step-by-step method for solving problems and achieving goals can help you take an active, solution-focused approach.

A Step-by-Step Method for Solving Problems and Achieving Goals

When trying to solve a problem or achieve a goal, it is important to take an active, solution-focused approach. The following structured, step-by-step method was introduced in the handout "Recovery Strategies." This method can be used for solving problems and achieving goals by yourself or with members of your support system, such as family members, friends, peers, or practitioners. These people can be especially helpful in contributing ideas for solutions and in carrying out specific steps of the solution you choose.

Step 1. Define the problem or the goal you would like to achieve. Be as specific as possible.

Step 2. List some possible solutions (at least 3). This step is for brainstorming. Don't evaluate whether the solutions are good or bad yet.

Step 3. For each solution, list one advantage (pro) and one disadvantage (con). Be brief, but give each solution a chance.

Step 4. Choose the best solution or combination of solutions. Which solution is most likely to solve the problem or achieve the goal? Which solution can be realistically carried out?

Step 5. Plan how to carry out the solution. Answer these questions:

1. Who will be involved in carrying out the solution?
2. What step will each person do?
3. What is the time frame for each step?
4. What resources are needed?
5. What obstacles might come up and how could they be overcome?

Step 6. Set a date for evaluating how the solution is working. First focus on the positive: What has been accomplished? What went well? Then decide if the solution was successful or if you need to revise it or choose another one.

The more you use this method for solving problems and achieving goals, the easier and smoother it will become.

Question:

Are you experiencing a problem that is causing stress? Or is there a goal that you would like to achieve but is difficult to pursue?

You can use the following worksheet to develop a plan for solving the problem or achieving the goal.

Step-by-Step Problem-solving and Goal Achievement

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

   _____

   _____

   _____

   _____

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

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

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

   a. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

   b. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

   c. Advantage/Pro: _____

   _____

   Disadvantage/Con: _____

   _____

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

   _____

   _____

   _____

   _____

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

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

   e. _____

   _____

   f. _____

   _____

6. Set a date for follow up: _____

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

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Common Problems

The rest of this handout will focus on some of the problems that people commonly encounter, including problems related to psychiatric symptoms. When these problems are not addressed, they can cause distress, contribute to stress, and increase the risk of relapse.

Because each person is an individual, no one has the same set of problems. In order to develop coping strategies that work for you, it is helpful to first identify the specific problems you have experienced. You can use the following checklist to help in this process:

People often experience problems in the following categories:

- Thinking
- Mood
- Sleeping difficulties
- Negative symptoms
- Psychotic symptoms
- Abusing drugs or alcohol

Questions:

Which of these common problems do you experience?

Which one causes the most stress for you?

Checklist of Common Problems and Symptoms

Category of problem	Specific problem	I experience this problem
Thinking problems	paying attention	
	concentrating	
Mood problems	anxiety	
	depression	
	anger	
	sleeping difficulties	
Negative symptoms	lack of interest	
	lack of pleasure	
	lack of expressiveness	
	social withdrawal	
Psychotic symptoms	hallucinations	
	delusions	
Drug and alcohol use	drugs	
	alcohol	
	other substances	
Other problem area:		

Strategies for Coping with Specific Problems and Symptoms

Several coping strategies are suggested for each problem listed in the Common Problems Checklist to enable you to pick and choose the strategies that you think might work for you. Next to each strategy is a box that you can check off to indicate that you would like to try the strategy.

It is important to keep in mind that if any of the following problems described begin to worsen or interfere significantly with your life, they may be signs of an impending relapse. In such situations, it is suggested that you contact your doctor or practitioner to help you evaluate what steps to take.

> ***There are a variety of strategies for coping with problems and symptoms. It's important to choose the ones that you think will help you the most.***

Thinking Problems

Please check off the strategy that you would like to try.

Concentration

Sometimes people have problems concentrating on conversations or activities. The following strategies may be helpful:

- ❒ Minimize distractions, so there is only one thing to concentrate on. For example, if you're trying to concentrate on a phone conversation, make sure the radio and TV are off, and that other people aren't talking nearby.
- ❒ Ask the person with whom you are conversing to slow down or repeat things that you're unsure of.
- ❒ Check to make sure you understand by summarizing what you heard. For example, you can say something like, "Let me see if I understand your main point; are you saying _____?"
- ❒ Break down activities or tasks into smaller parts, and take frequent breaks. For example, if you have to clean your apartment, you could try breaking the task down into one room at a time, taking breaks between each room. You could break it down further, by cleaning only one section of each room at a time. For example, in the kitchen you could start with the sink area, then move to the stove area.

Attention

- ❒ Choose an interesting activity that requires attention, but start out by spending a brief time on the activity and gradually increasing the amount of time. For example, if you are having difficulty paying attention when reading, you could start by reading a few paragraphs of an article in a newspaper or magazine. When you feel comfortable with that, you could try selecting a short article and reading it entirely. In this way, you could gradually build up to reading chapters in a book. The important thing is to progress at a pace that's comfortable for you.
- ❒ Ask someone to join you in an activity that requires attention, such as a board game, card game, or a jigsaw puzzle. Many people find that doing something together helps them focus better.

Questions:

Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice?

You can use the chart on the following page to record your answer.

Plan for Coping with Thinking Problems

Strategy I would like to try	When I would like to try it	Steps I will take

Mood Problems

Please check off the strategies that you would like to try.

Anxiety

When people are anxious, they usually feel worried, nervous, or afraid. There are often physical signs of anxiety, such as muscle tension, headaches, heart racing, or shortness of breath. People may feel anxious about certain situations and go to extremes to avoid them. Some strategies for coping with anxiety are listed as follows:

- ❒ Talk with someone in your support system to let him or her know about your feelings.
- ❒ Use relaxation techniques, such as deep breathing or progressive muscle relaxation, to stay calm.
- ❒ Identify situations that tend to make you anxious and make a plan to do something about them. For example, if you are anxious about an upcoming application deadline, make plans to start working on the first part of the application.
- ❒ Work with your practitioner on a plan for gradually exposing yourself to situations that make you feel anxious.
- ❒ For example, if someone is anxious about taking the bus, he or she might start by waiting at the bus stop and watching people get on and off the bus. After becoming more comfortable with that, he or she might try getting on the bus and getting off at the first stop. The idea is to feel comfortable before moving on to the next step.

Depression

When people are depressed, they may have one or more of the following problems: feeling bad about themselves, not doing the things they used to enjoy, sleeping too much or too little, low energy, poor appetite, and having trouble concentrating and making decisions.

If you get severely depressed or if you start thinking of hurting yourself or ending your life, you should contact your practitioner immediately or seek emergency services. However, if you are not having severe symptoms of depression, you can try the following coping strategies to help improve your mood:

- ❒ Set goals for daily activities, starting with one or two activities and gradually building up to a full schedule.
- ❒ Identify things that you still enjoy and build your strengths in those areas.
- ❒ Schedule something pleasant to do each day, even if it's a small thing. This will give you something to look forward to.
- ❒ Talk to someone in your support system to let him or her know how you're feeling. Sometimes they have good ideas you can try.
- ❒ Ask people to join you in activities. You may be more likely to follow through with plans when someone else is involved.
    - Deal with loss of appetite by eating small portions of food that you like and taking your time.
    - Practice relaxation exercises on a regular basis.
    - Remind yourself of the steps you have accomplished and avoid focusing on setbacks

Anger

Some people find that they feel angry or irritable much of the time and get outraged about situations that would ordinarily seem relatively minor.

Because this is a common problem, there are programs for anger management, which many people have found helpful. Some of the techniques taught in anger management classes include:

- ❒ Recognize the early signs that you are starting to feel angry (for example, heart

pounding, jaw clenching, perspiring), so that you can keep things from getting out of control.

- ❒ Identify situations that commonly make you feel angry and learn how to handle these situations more effectively.
- ❒ Develop strategies for staying calm when you're angry, such as counting to 10 before responding, distracting yourself, temporarily leaving the situation, or politely changing the subject.
- ❒ Learn how to express angry feelings briefly and constructively. The following steps are helpful:
  - Speak firmly but calmly.
  - Tell the person what he or she did to upset you. Be brief.
  - Suggest how the situation could be avoided in the future.

Questions:

Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice?

You can use the chart on the following page to record your answer.

Sleeping Difficulties

Sleeping too much or too little can be very disruptive. It's hard to accomplish things when you don't get enough sleep. Trying some of the following strategies may help:

- Go to sleep and get up at the same time every day.
- Avoid caffeine after 6 PM.
- Exercise during the day so you'll feel tired at night.
- Do something relaxing before going to bed, such as reading, taking a warm shower, drinking warm milk or herbal tea, or listening to music
- Make sure that your room is dark and that the temperature is comfortable.
- Avoid watching violent or distressing programs on television or video just before going to bed.
- Avoid having discussions about upsetting topics just before going to bed.
- Avoid napping during the day.
- Avoid spending more than 30 minutes lying awake in bed. Instead, try getting up, going to another room, and doing something relaxing (like reading or listening to music) for at least 15 minutes before returning to bed.

Questions:

Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice?

You can use the chart on page 147 to record your answer.

Plan for Coping with Mood Problems

Strategy I would like to try	When I would like to try it	Steps I will take

Plan for Coping with Sleeping Difficulties

Strategy I would like to try	When I would like to try it	Steps I will take

Negative Symptoms

Please check off the strategies that you would like to try.

Lack of interest and lack of pleasure

It's very difficult to stay active when things don't seem interesting to you or when you don't enjoy things you used to enjoy. It's also difficult to pursue goals when you feel this way.

The following strategies may be helpful to gradually increase your interest and enjoyment of activities:

- ❒ Be patient with yourself. Changes will happen gradually.
- ❒ Start with an activity that you used to enjoy. Think of something brief that you could do that is related to that activity. For example, if you used to enjoy jogging, you could try taking a brief walk (5-10 minutes) in the neighborhood. Be attentive to what you experience as you walk: What do you see? What do you hear? What do you smell? How does your body feel being active? Do you feel more relaxed after walking?
- ❒ As you gain more confidence in brief activities, gradually plan longer activities. For example, after taking short daily walks in your neighborhood for a few weeks, you could try taking a walk to an interesting place (a park or shopping area) further away. Or you might try staying in the neighborhood, but walking at a slightly faster pace. After several weeks, you might gradually work up to taking a short jog.
- ❒ Ask people in your support system to do things with you. It can be more enjoyable to have someone with whom to converse and share the experience. For example, when you take a walk with a friend or family member it becomes a social experience as well as a physical one. Regularly schedule enjoyable activities. For example, you could set up a schedule of walking every morning after breakfast. The more regularly you do an activity, the more likely you will start to feel enjoyment in it.
- ❒ Investigate new interests such as the following:
  - Computers (games, e-mail, Web sites, chat rooms, word processing, etc.)
  - Doing artwork or crafts
  - Visiting museums (art, science, natural history, history)
  - Games (chess, checkers, cards, etc.)
  - Collecting coins or stamps
  - Cooking (different varieties such as microwave specialties, Chinese, Italian, French, cookies, cakes, etc.)
  - Exercising (bicycling, swimming, calisthenics, aerobics, dance-based exercises)
  - Gardening (indoor or outdoor)
  - Walking
  - Running
  - Humor (reading jokes, telling jokes to others, humorous movies or television shows)
  - Listening to music
  - Playing a musical instrument
  - Watching sports (at the event or on television)
  - Playing sports
  - Reading (fiction, non-fiction, humor, mysteries, poetry, plays)
  - Writing (journal, poetry, newsletter, articles, stories, novels)
  - Yoga (class or video)
  - Singing (by yourself or with others)
  - Nature (books, videos, television shows about nature)

- Playing musical instruments
- Science-related interests (astronomy, math, weather)
- Word games (crossword puzzles, Scrabble, Wheel of Fortune, Password, Pictionary, word scrambles)
- Trivia/knowledge games (Trivial Pursuit, Jeopardy, Name that Tune, Tripod)
- Sewing, knitting

❒ Be willing to try something several times in order to get familiar with it. The more familiar and comfortable you feel with an activity, the more likely you will enjoy it.

Lack of expressiveness

If other people tell you that they cannot read your facial expression or that it is hard to tell what you are thinking or feeling by your expression or tone of voice, it may indicate that you are having a problem with expressing your emotions. This can create misunderstandings. For example, when you are interested in something, other people may think you are bored or not paying attention. The following strategies may help you avoid this kind of misunderstanding:

❒ Verbally express what you are feeling or thinking. Make frequent clear comments about your reactions to conversations or activities.

❒ Make "I" statements that clearly express your point of view or your feelings, such as the following:

- "I'm enjoying talking to you today. You are lifting my spirits."
- "I was a little nervous about playing ping pong today. But I'm glad I did, because it was fun."
- "I liked that movie because it was funny."
- "I'm feeling a little discouraged today."

Social withdrawal

Everyone needs time alone. But if you find that you are withdrawing from people and avoiding contact with others, it may create problems in your relationships. The following strategies may be helpful in coping with social withdrawal:

❒ Join a support group.

❒ Explore jobs or volunteer work that involves contact with other people.

❒ Schedule contact with someone every day, even if it's for a short time.

❒ If you find it stressful to be with people, practice relaxation techniques (see the handout "Coping with Stress") before and/or after your contact with them.

❒ If it's too stressful to have personal contact, call people on the phone and talk for at least a few minutes.

❒ Arrange for errands that involve contact with people, such as going to the store or the library.

❒ Make a list of people in your support system with whom you feel most comfortable. Call them when you are feeling that you are starting to withdraw. If possible, make a plan to meet with them.

❒ Sometimes it's more comfortable to spend time with people when you are engaging in an activity together. Try planning activities with someone, such as going to museums or a musical performance.

Questions:

Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice?

You can use the chart on the following page to record your answer.

Plan for Coping with Problems Related to Negative Symptoms

Strategy I would like to try	When I would like to try it	Steps I will take

Psychotic Symptoms

Please check off the strategies you would like to try.

Delusions

Sometimes people develop beliefs that are firmly held in spite of contradictory evidence. For example, they might start to believe that the FBI is monitoring their phone calls even though there is no evidence of this. Or they might believe that people are talking about them or staring at them. For some people having this kind of belief, which is called a "delusion," is an early sign that they are starting to experience a relapse of their mental illness, and they need to contact their practitioner to discuss an evaluation.

For some people, however, these kinds of beliefs do not go away between episodes of their illness, and unless they get worse than usual, they are not necessarily a sign that an evaluation is needed. If this is your situation, such beliefs may be distressing or distracting, however, and you might try one or more of the following coping strategies:

- ❒ Distract yourself from the disturbing belief by doing something that takes your mental attention, such as doing a puzzle or adding up rows of numbers.
- ❒ Check out your beliefs by talking to someone you trust. For example, you might ask your practitioner to help you evaluate the evidence for and against your belief. Ask for his or her point of view. If your beliefs cause you to worry about safety, for example, you might ask, "What is the evidence that supports that I am in danger, and what is the evidence that does not support that I am in danger?"
- ❒ Distract yourself with a physical activity, like going for a brisk walk.

If you try the strategies listed above, but still feel distressed or distracted by beliefs, it may be helpful to mention it to someone in your support system. You may also benefit from consulting the Relapse Prevention Plan you developed in the handout "Reducing Relapses."

Keep in mind that you should contact your practitioner if you become so convinced of your belief that you are thinking of acting on it. For example, if you become convinced that someone means you harm, you might start thinking of defending yourself, which could possibly lead you to harm someone else. If you can't reach your practitioner, seek out emergency services under these circumstances.

Hallucinations

Sometimes people hear voices or see things when nothing is there. They might even feel, taste, or smell something when nothing is there. These experiences are called "false perceptions" or "hallucinations." For some people, when this happens it is a sign that they are starting to experience a relapse of their mental illness and should contact their practitioner to discuss an evaluation.

For some people, however, these hallucinations do not go away between episodes, and unless they get worse than usual they are not necessarily a sign that an evaluation is needed. If this is your situation, you may find it distressing or distracting, however, and you might want to try one or more of the following coping strategies:

- ❒ Distract yourself by doing something that takes your attention, such as having a conversation with someone, reading, or taking a walk. Some people who hear voices hum to themselves or listen to a Walkman to drown out voices.
- ❒ Check out your experiences with someone you trust. For example, one person who thought he heard voices outside his window asked his brother to listen and give an opinion.

- ❒ Use positive self-talk. Some people tell themselves things like, "I'm not going to listen to these voices," or "I'm not going to let these voices get to me," or "I'm just going to stay cool and the situation will pass."
- ❒ Ignore the hallucinations as much as possible. Some people say that it helps to focus on other things instead.
- ❒ Put the hallucinations "in the background." Some people say they acknowledge what they are hearing or seeing, but don't pay any further attention to it. For example, they might tell themselves, "There's that critical voice again. I'm just going to let it happen and go about my business. I'm not going to let it bother me or affect what I'm doing."
- ❒ Use relaxation techniques. Some people find that the voices or visual hallucinations get worse when they are under stress. Doing some deep breathing or muscle relaxation reduces the stress and reduces some of the intensity of the hallucination.

If the voices start to tell you to do something to hurt yourself or someone else and you think you might act on this, however, you need to contact your practitioner or emergency services.

Questions:

Which of the strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice?

You can use the chart on the following page to record your answer.

Drug or Alcohol Use Problems

If you are experiencing problems with alcohol, drugs, or over-the-counter medications, you are not alone. These problems are called "substance abuse," and are very common, affecting people from all walks of life. It's especially common for people with mental illness to have problems with alcohol or drug use. If someone has both a mental illness and a substance abuse problem, the two disorders are often referred to as "dual disorders" or "dual diagnosis."

Drugs and alcohol can make the symptoms of mental illness worse and can interfere with the benefits of prescribed medication. To stay well, therefore, it is very important to address any problems you might have with drugs or alcohol.

The coping strategies described below can be very helpful, but it is important to keep in mind that most people need additional help to overcome serious alcohol or drug problems. Programs that integrate treatment for mental illness with treatment for substance abuse have the most positive results. Self-help programs such as AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Dual Recovery and Double Trouble (for people with both substance abuse and mental illness) are also extremely helpful.

Whether or not you are participating in an integrated treatment program or a self-help group, it is important to develop strategies that you can use for dealing with drug or alcohol problems. Please check off the strategies that you would like to try:

- ❒ Educate yourself about the scientific facts about drugs and alcohol. For example, it is helpful to know that although alcohol in small amounts may be relaxing, it can also cause depression. Also, people with mental illness are more sensitive to the effects of drugs and alcohol, resulting in problems associated with using even small or moderate amounts of drugs or alcohol. These substances also make your prescribed medication less effective.
- ❒ Identify the advantages and disadvantages of using drugs or alcohol. What are the things that you like about using drugs or alcohol? What are the things that you don't like about it? Some of the advantages people report include, "I like smoking

Plan for Coping with Problems Related to Psychotic Symptoms

Strategy I would like to try	When I would like to try it	Steps I will take

marijuana because it's fun to do with friends," or "I sleep better after I've been smoking." On the other hand, they report disadvantages such as, "Smoking pot makes me paranoid," and "I spend all my money when I go out smoking and have nothing left to pay the rent."

- ❒ Be realistic about how using drugs and/or alcohol has affected your life. For some people, the effects may be relatively minor, like having less spending money. For others the effects are more extensive, like losing friends, having legal problems, being unable to keep a job.
- ❒ Develop alternatives to using drugs or alcohol. What are other ways of getting some of the positive effects that you look for when using drugs or alcohol? What are some other ways of getting your needs met? For example, some people report the following alternatives: "I signed up for a class in photography so I would have something else to do with my time" and "Doing some kind of exercise makes me feel less depressed—without the hangover."
- ❒ Practice how to respond to people who offer you drugs or alcohol. Some examples of possible responses include:
  - *"When I see Thomas coming, I go the other way, because he always wants to get high with me."*
  - *"I tell people I'm on my way someplace else and can't stop."*
  - *"I tell Alberto that I want to spend time with him, but I'd rather go to a movie."*
  - *"I have to be direct with Maria and say, 'I don't drink anymore so don't ask me to go to the bar with you.'"*
  - *"If one of those pushers tries to come up to me on the street, I just walk by quickly and don't make eye contact."*
- ❒ Keep in mind the advantages of avoiding drugs and alcohol. To strengthen their determination, some people keep a list such as the following:
  - I'll be able to save money.
  - I'll be less depressed in the long run.
  - I'll stay out of the hospital.
  - I'll be able to keep my job.
  - I won't have as many arguments with my family.
  - I'll feel better physically

Questions:

What strategies did you identify that you would like to try?

How could you put one or more of the strategies into practice?

You can use the chart on the following page to record your answer.

It is helpful to have a plan for putting coping strategies into action.

Plan for Coping with Problems Related to Drug or Alcohol Use

Strategy I would like to try	When I would like to try it	Steps I will take

Examples of People Using Coping Strategies

Example #1

"I enjoy watching football on TV, but I can't concentrate for the length of a whole game. So I usually videotape the game. I can fast-forward the tape past the commercials, which cuts down the time. I can also turn it off and take a break whenever I want. It works well for me."

Example #2

"When I feel depressed, I tend to dwell on all my failures. It helps me to call my sister, who always reminds me of what I've accomplished. Talking to her makes me feel better about the future."

Example #3

"I sometimes have a problem with anger. I hold it inside and it builds up. It's better for me to express my feelings and get them off my chest. I stay calm, though, and keep it short and simple."

Example #4

"I was having trouble getting interested in things. I was just sitting in my apartment all day. I've decided to get involved in one of my old hobbies, photography. I used to really enjoy taking pictures. To get started I went to a photography exhibit at the museum. And I'm sorting through some old family photographs to organize them into an album. It's bringing back some of my old interest. I'm thinking about taking a class."

Example #5

"Even though I'm taking medications, I still hear voices. Sometimes they are loud and say disturbing things. I use a couple of strategies for this. Sometimes I listen to music on my headphones. It helps to drown out the voices. Sometimes I walk to the park and shoot a few baskets. It helps distract me from the voices."

Example #6

"I used to smoke marijuana in the evening when I was bored. But every time I smoked it caused my symptoms to get worse. So now I try to schedule activities in the evening so I don't get bored. For example, I'm taking a class in computers, which I don't know anything about. It's keeping me from thinking about marijuana for now."

Plan for Coping with Problems and Symptoms

This handout includes several checklists and planning sheets to help you identify coping strategies for specific problems and symptoms. Completing the following chart, "Plan for Coping with Problems and Symptoms" will help you summarize that information.

Summary of the Main Points about Coping with Problems and Symptoms

- Developing strategies for coping with problems and symptoms can help reduce stress.
- Using a step-by-step method for solving problems and achieving goals can help you take an active, solution-focused approach.
- People often experience problems in the following categories:
  - Thinking
  - Mood
  - Negative symptoms
  - Psychotic symptoms
  - Abusing drugs or alcohol
- There are a variety of strategies for coping with problems and symptoms. It is important to choose the ones that you think will help you the most.
- It is helpful to have a plan for putting coping strategies into action.

Plan for Coping with Problems and Symptoms

Problems or symptoms	Strategy I plan to use

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Guía educativa 3: Lidiar con los problemas y síntomas

"Tus síntomas probablemente van a aparecer y desaparecer durante los años. Esa es la forma en que se presentan la mayoría de las enfermedades mentales. Pero cuanto más se aprende a lidiar con los síntomas, más llevaderos se vuelven, y así puedes evitar recaídas y hospitalizaciones. Sólo trata de continuar con tu rutina diaria. Los malos tiempos pasarán".

***—David Kime**, artista, escritor, diseñador floral*

Desarrollar estrategias para lidiar con los problemas puede ayudar a reducir el estrés.

Introducción

Esta guía describe las estrategias para lidiar con los problemas y síntomas comunes. A veces las personas experimentan estrés por la depresión, la ansiedad, los problemas para dormir, por escuchar voces y otros síntomas. Las estrategias de afrontamiento pueden ser eficaces para reducir los síntomas o la angustia relacionada con los síntomas. Se pueden utilizar otras estrategias para tratar los problemas diarios que se encuentran en la vida.

La importancia de lidiar con los problemas

Los problemas son una parte natural de la vida. Todo el mundo encuentra problemas en el camino, no importa lo bien que estén manejando sus vidas. Algunos problemas se resuelven fácilmente y ocasionan poco estrés. Otros problemas son más difíciles y pueden causar estrés significativo. Cuando el estrés se acumula, puede empeorar los síntomas y resultar a una recaída.

Esta guía proporcionará un método paso a paso para resolver problemas y alcanzar metas. También proporcionará algunas estrategias específicas para lidiar con los problemas que las personas suelen encontrar, como aquellos relacionados con los síntomas de la enfermedad mental.

Pregunta:

¿Qué ejemplo puedes mencionar de un problema que te haya causado estrés?

El uso de un método paso a paso para la solución de problemas y el logro de metas puede ayudarte a tomar una actitud activa, centrada en la búsqueda de soluciones.

Un método paso a paso para resolver problemas y alcanzar metas

Cuando intentes resolver un problema o alcanzar una meta, es importante que mantengas una actitud activa, centrada en la búsqueda de soluciones. El siguiente método estructurado paso a paso fue presentado en la guía "Estrategias de recuperación". Puedes

utilizar este método para resolver problemas y alcanzar metas por ti mismo o con los miembros de tu sistema de apoyo, como familiares, amigos, compañeros o profesionales. Estas personas pueden resultar de gran ayuda para contribuir con ideas para soluciones y para desarrollar los pasos específicos de la solución que elijas.

Paso 1. Define el problema o meta que quieres lograr. Sé lo más específico que puedas.

Paso 2. Identifica algunas soluciones posibles (por lo menos 3). Este paso sirve para generar ideas. Aún no evalúes si las soluciones son buenas o malas.

Paso 3. Para cada solución, identifica una ventaja (pro) y una desventaja (contra). Sé breve, pero proporciona una oportunidad a cada solución.

Paso 4. Elige la mejor solución o combinación de soluciones. ¿Qué solución tiene más probabilidades de resolver el problema o alcanzar la meta? Siendo realista, ¿qué solución puede llevarse a cabo?

Paso 5. Planifica cómo llevar a cabo la solución. Responde a estas preguntas:

1. ¿Quién participará en la realización de la solución?
2. ¿Qué paso realizará cada persona?
3. ¿Cuál es el plazo para cada paso?
4. ¿Qué recursos se necesitan?
5. ¿Qué obstáculos podrían surgir y cómo podrían superarse?

Paso 6. Fija una fecha para la evaluación de cómo está funcionando la solución. Concéntrate primero en lo positivo: ¿Qué se logró? ¿Qué dio buenos resultados? Luego decide si la solución fue exitosa o si es necesario revisarla o elegir otra.

Cuanto más se utiliza este método para resolver problemas y alcanzar metas, más fácil y más eficaz será.

Pregunta:

¿Estás experimentando un problema que te está causando estrés? ¿O hay una meta que te gustaría alcanzar pero que es difícil de conseguir?

Puedes utilizar las siguientes hoja para desarrollar un plan para resolver el problema o alcanzar la meta.

Descripción paso a paso para la solución de problemas y el logro de metas

1. Define el problema o meta de la forma más específica y simple posible.

   _____

   _____

   _____

   _____

2. Identifica tres formas posibles de solucionar el problema o alcanzar la meta.

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

3. Para cada posibilidad, identifica una ventaja y una desventaja.

   a. Ventajas/pros: _____

   _____

   Desventajas/contras: _____

   _____

   b. Ventajas/pros: _____

   _____

   Desventajas/contras: _____

   _____

   c. Ventajas/pros: _____

   _____

   Desventajas/contras: _____

   _____

4. Elige la mejor manera de solucionar el problema o alcanzar la meta. ¿Cuál tiene mejores posibilidades de éxito?

   _____

   _____

   _____

5. Planifica los pasos para llevar a cabo la solución. ¿Quién estará involucrado? ¿Qué paso realizará cada persona? ¿Cuál es el plazo? ¿Qué recursos se necesitan? ¿Qué problemas pueden surgir? ¿Cómo pueden superarse?

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

   e. _____

   _____

   f. _____

   _____

6. Establece una fecha para hacer seguimiento:

   _____

Reconoce lo que has logrado. Decide si se solucionó el problema o si se alcanzó la meta. Si no ha sido así, decide si deseas revisar el plan o probar otra meta diferente.

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Problemas comunes

El resto de esta guía se centrará en algunos de los problemas que las personas suelen encontrar, incluidos los problemas relacionados con síntomas de la enfermedad mental. Cuando no se tratan estos problemas, pueden causar angustia, contribuir al estrés y aumentar el riesgo de recaídas.

Debido a que cada persona es única, nadie tiene el mismo grupo de problemas. Para desarrollar estrategias de afrontamiento que te funcionen, es útil primero identificar los problemas específicos que has experimentado. Puedes utilizar la lista de verificación de abajo para ayudar en este proceso:

Las personas a menudo tienen problemas en las siguientes categorías:

- Pensamiento
- Estado de ánimo
- Síntomas negativos
- Síntomas psicóticos
- Abuso de drogas o bebidas alcohólicas

Preguntas:

¿Cuál de estos problemas comunes estás teniendo?

¿Cuál te causa más estrés?

Lista de problemas y síntomas comunes

Categoría del problema	Problema específico	He experimentado este problema
Problemas de pensamiento	prestar atención	
	concentrarse	
Problemas de estado de ánimo	ansiedad	
	depresión	
	enojo	
	dificultades para dormir	
Síntomas negativos	falta de interés	
	falta de placer	
	falta de expresividad	
	aislamiento social	
Síntomas psicóticos	alucinaciones	
	ilusiones	
Consumo de drogas y bebidas alcohólicas	drogas	
	Bebidas alcohólicas	
	otras sustancias	
Otra área problemática:		

Estrategias para lidiar con problemas y síntomas específicos

Se proponen varias estrategias de afrontamiento para cada problema incluido en la Lista de verificación de problemas comunes para que puedas escoger y elegir las estrategias que piensas que pueden funcionarte. Junto a cada estrategia encontrarás un cuadro que puedes marcar para indicar que te gustaría probar la estrategia.

Es importante recordar que si alguno de los siguientes problemas comienza a empeorar o interferir considerablemente en tu vida, pueden ser síntomas de una recaída inminente. En tales situaciones, se sugiere que te comuniques con tu doctor o profesional para que te ayude a evaluar qué medidas tomar.

Hay una variedad de estrategias para lidiar con los problemas y síntomas. Es importante elegir las que piensas que te ayudarán más.

Problemas de pensamiento

Marca la estrategia que te gustaría probar.

Concentración

A veces las personas tienen problemas para concentrarse en conversaciones o actividades. Las siguientes estrategias pueden serte útiles:

- ❒ Minimizar las distracciones para que solo tengas una cosa en qué concentrarte. Por ejemplo, si estás intentando concentrarte en una conversación telefónica, asegúrate de que la radio y la televisión estén apagadas y que otras personas no estén hablando cerca.
- ❒ Pídele a la persona con quien estás conversando que hable más lento o que repita las cosas que no has entendido claramente.
- ❒ Para estar seguro de que entendiste la conversación, haz un resumen de lo que entendiste. Por ejemplo, puedes decir algo como: "Déjame ver si entiendo tu idea principal, ¿estás diciendo _____?"
- ❒ Divide las actividades o tareas en otras más pequeñas, y toma descansos frecuentes. Por ejemplo, si tienes que limpiar su apartamento, podrías intentar separar las tareas de a una habitación a la vez, tomando descansos entre cada habitación. Podrías separarlas aún más, limpiando de a una sola sección de cada habitación a la vez. Por ejemplo, en la cocina podrías empezar con la zona del lavabo y luego continuar con el área del horno.

Atención

- ❒ Elige una actividad interesante que requiera atención, pero comienza por pasar un breve tiempo en la actividad y aumentar gradualmente la cantidad de tiempo. Por ejemplo, si estás teniendo dificultad para prestar atención al leer, puedes comenzar por leer unos pocos párrafos de un artículo en un periódico o una revista. Cuando te sientas cómodo con eso, puedes probar elegir un artículo corto y leerlo de forma completa. De esta manera, podrías avanzar de a poco hasta leer algunos capítulos de un libro. Lo importante es avanzar a un ritmo que te resulte cómodo.
- ❒ Pídele a alguien que te acompañe en actividades que requieran atención, como en juegos de mesa, juegos de cartas o rompecabezas. Muchas personas encuentran que hacer algo juntos les ayuda a concentrarse mejor.

Plan para lidiar con los problemas de pensamiento

Estrategia que me gustaría probar	Cuándo me gustaría probarla	Pasos que realizaré

Preguntas:

¿Cuál de las estrategias identificaste que te gustaría probar?

¿Cómo podrías poner en práctica una o más de las estrategias?

Puedes utilizar la tabla en la pagina anterior.

Problemas de estado de ánimo

Marca las estrategias que te gustaría probar.

Ansiedad

Cuando la gente está ansiosa, por lo general se siente nerviosa, preocupada o asustada. A menudo hay signos físicos de la ansiedad, como tensión muscular, dolores de cabeza, fuertes palpitaciones o dificultad para respirar. Las personas pueden sentirse preocupadas por ciertas situaciones y llegar a extremos para evitarlas. A continuación encontrarás algunas estrategias para lidiar con la ansiedad:

- ❒ Habla con alguien de tu sistema de apoyo para hacerle saber acerca de tus sentimientos.
- ❒ Utiliza técnicas de relajación para mantener la calma, como la respiración profunda o la relajación muscular progresiva.
- ❒ Identifica las situaciones que tienden a causarte ansiedad y haz un plan para hacer algo al respecto. Por ejemplo, si estás preocupado por una solicitud pronto a vencer, haz planes para comenzar a trabajar en la primera parte de la solicitud.
- ❒ Trabaja con tu doctor y haz un plan para volver a exponerte gradualmente a las situaciones que te producen ansiedad.
- ❒ Por ejemplo, si alguien tiene ansiedad por tomar el autobús, puede comenzar esperando en la parada y viendo a la gente subir y bajar del autobús. Después de sentirse cómodo con eso, puede intentar subir al autobús y bajar en la primera parada. La idea es sentirse cómodo antes de continuar con el siguiente paso.

Depresión

Cuando las personas están deprimidas, pueden tener uno o más de los siguientes problemas: sentirse mal sobre sí mismos, no hacer las cosas que antes disfrutaban, dormir demasiado o demasiado poco, tener poca energía, poco apetito y problemas para concentrarse y tomar decisiones.

Si te deprimes fuertemente o si empiezas a pensar en hacerte daño o acabar con tu vida, debes consultar inmediatamente a tu doctor o llamar a los servicios de emergencia. Sin embargo, si no estás sufriendo síntomas graves de depresión, puedes probar las siguientes estrategias de afrontamiento para ayudar a mejorar tu estado de ánimo:

- ❒ Establece metas para las actividades diarias, comenzando por una o dos actividades, y gradualmente llegando a completar la agenda diaria.
- ❒ Identifica las cosas que todavía disfrutas y fortalece esas áreas.
- ❒ Programa algo agradable para hacer todos los días, incluso si es algo pequeño. Esto te dará algo que esperar.
- ❒ Habla con alguien de tu sistema de apoyo para hacerle saber acerca de tus sentimientos. A veces tienen buenas ideas que puedes probar.
- ❒ Pide a la gente que te acompañe en algunas actividades. Puedes tener más probabilidades de seguir adelante con los planes cuando alguien más está involucrado.
    - Lidia con la falta de apetito comiendo pequeñas porciones de comida que te guste, y tomándote tu tiempo.
    - Realiza ejercicios de relajación de forma regular.
    - Recuerda las cosas que has logrado y evita centrarte en los contratiempos.

Enojo

Algunas personas encuentran que se sienten enojados o irritables la mayor parte del tiempo y se indignan con situaciones que normalmente les parecen relativamente menores.

Debido a que este es un problema común, hay programas para el manejo del enojo, que muchas personas han encontrado útil. Algunas de las técnicas que se enseñan en las clases de manejo del enojo son:

- ❒ Reconoce los primeros signos de que estás empezando a sentirte enojado (como taquicardia, tensión en la mandíbula, empezar a sudar), para que puedas evitar que las cosas se salgan de control.
- ❒ Identifica las situaciones que comúnmente te hacen enojar y aprende cómo manejar estas situaciones más eficaz.
- ❒ Desarrolla estrategias para mantener la calma cuando estás enfadado, como contar hasta 10 antes de responder, distraerte, desconectarte del tema temporalmente o cambiar de tema en una manera amable.
- ❒ Aprende a expresar tus sentimientos de enojo de forma breve y constructiva. Los pasos siguientes resultan útiles:
  - Habla con firmeza pero con calma.
  - Comunica a la persona la acción que él o ella hizo para molestarte. Sé breve.
  - Sugiere cómo se podría evitar la situación en el futuro.

Preguntas:

¿Cuál de las estrategias identificaste que te gustaría probar?

¿Cómo podrías poner en práctica una o más de las estrategias?

Puedes utilizar la tabla a la izquierda para registrar tus respuestas.

Dificultades para dormir

Dormir demasiado o demasiado poco puede resultar muy perjudicial. Es difícil lograr cosas cuando no duermes lo suficiente. Puede resultar útil probar alguna de las siguientes estrategias:

- Acuéstate y levántate a la misma hora todos los días.
- Evita la cafeína después de las 6 p. m.
- Ejercítate durante el día para sentirte cansado por la noche.
- Haz algo relajante antes de acostarte, como leer, tomar una ducha caliente, tomar leche caliente o té de hierbas, o escuchar música.
- Asegúrate de que tu habitación esté a oscuras y de que la temperatura sea agradable.
- Evita mirar programas violentos o estresantes en la televisión o en video justo antes de irte a dormir.
- Evita tener discusiones sobre temas molestos justo antes de irte a dormir.
- Evita las siestas durante el día.
- Evita pasar más de 30 minutos despierto en la cama. En su lugar, intenta levantarte, irte a otra habitación y hacer algo relajante (como leer o escuchar música) por lo menos 15 minutos antes de volver a la cama.

Preguntas:

¿Cuál de las estrategias identificaste que te gustaría probar?

¿Cómo podrías poner en práctica una o más de las estrategias?

Puedes utilizar la tabla en página 169 para registrar tus respuestas.

Plan para lidiar con los problemas de estado de ánimo

Estrategia que me gustaría probar	Cuándo me gustaría probarla	Pasos que realizaré

Plan para lidiar con los problemas de dificultad para dormir

Estrategia que me gustaría probar	Cuándo me gustaría probarla	Pasos que realizaré

Síntomas negativos

Marca las estrategias que te gustaría probar.

Falta de interés y de placer

Es muy difícil mantenerse activo cuando las cosas no parecen interesantes o cuando no disfrutas de las cosas que antes disfrutabas. También es difícil lograr metas cuando te sientes así.

Las siguientes estrategias pueden ser útiles para aumentar gradualmente tu interés y el placer de las actividades:

- ❒ Sé paciente contigo mismo. Los cambios se producen de forma gradual.
- ❒ Comienza con una actividad que antes disfrutabas. Piensa en algo breve que podrías hacer que esté relacionado con esa actividad. Por ejemplo, si solías disfrutar correr, puedes intentar realizar una caminata corta (5 a 10 minutos) por el barrio. Presta atención a lo que experimentas mientras caminas: ¿Qué ves? ¿Qué escuchas? ¿Qué hueles? ¿Cómo se siente tu cuerpo cuando está activo? ¿Te sientes más relajado después de caminar?
- ❒ A medida que adquieras más confianza en las actividades breves, planifica poco a poco actividades más largas. Por ejemplo, después de tomar caminatas cortas todos los días por tu vecindario durante unas pocas semanas, podrías intentar dar un paseo a un lugar interesante (un parque o una zona comercial) que quede más lejos. O podrías intentar quedarte en el barrio, pero caminar con un ritmo ligeramente más rápido.

  Después de varias semanas, poco a poco podrías hasta trotar un poco.
- ❒ Pide a las personas en tu sistema de apoyo que hagan cosas contigo. Puede ser más agradable tener a alguien con quien conversar y compartir la experiencia. Por ejemplo, cuando sales a caminar con un amigo o familiar, se convierte en una experiencia social, además de física.

  Programa actividades agradables con frecuencia. Por ejemplo, puedes establecer un horario para caminar todas las mañanas después del desayuno. Mientras más frecuentemente realices una actividad, es más probable que empieces a sentir placer en realizarla.
- ❒ Investiga nuevos intereses, como los siguientes:
  - Computadoras (juegos, e-mail, sitios web, salas de chat, escribir en la computadora, etc.)
  - Artes o artesanías
  - Visitas a museos (arte, ciencia, historia natural, historia)
  - Juegos (ajedrez, damas, cartas, etc.)
  - Coleccionar monedas o estampillas
  - Cocina (diferentes variedades, como las especialidades de microondas, cocina china, italiana, francesa, inglesa, pastelería, etc.)
  - Realizar ejercicios (andar en bicicleta, natación, gimnasia, aeróbic, ejercicios de danza)
  - Jardinería (en interior o al aire libre)
  - Caminatas
  - Correr
  - Humor (leer chistes, contar chistes a los demás, ver películas o programas de televisión de comedia)
  - Escuchar música
  - Tocar un instrumento musical
  - Ver deportes (en vivo o por televisión)
  - Practicar deportes
  - Leer (ficción, no ficción, humor, misterio, poesía, obras de teatro)
  - Escribir (diario, poesía, notas, artículos, cuentos, novelas)
  - Yoga (en clase o video)
  - Cantar (para uno mismo o con otros)
  - Naturaleza (libros, videos, programas de televisión acerca de la naturaleza)

- Tocar instrumentos musicales
- Intereses relacionados con la ciencia (astronomía, matemáticas, meteorología)
- Juegos de palabras (crucigramas, Scrabble, Rueda de la Fortuna, Password, Pictionary, juegos de palabras revueltas)
- Juegos de preguntas y respuestas / juegos de conocimientos (Trivial Pursuit, Jeopardy, Name that Tune, Tripod)
- Coser, tejer

❒ Debes estar dispuesto a probar algo varias veces con el fin de familiarizarte. Mientras más familiar y cómodo te sientas con una actividad, es más probable que resulte de tu agrado.

Falta de expresividad

Si otras personas te dicen que no pueden leer tu expresión facial o que es difícil saber lo que estás pensando o sintiendo a través de tus expresiones o tono de voz, puede ser una señal de que estás teniendo un problema con la expresión de tus emociones. Esto puede generar malentendidos. Por ejemplo, cuando estás interesado en algo, la gente puede pensar que estás aburrido o no prestando atención. Las siguientes estrategias pueden ayudar a evitar este tipo de malentendidos:

❒ Expresar verbalmente lo que estás sintiendo o pensando. Hacer comentarios claros y frecuentes sobre tus reacciones ante conversaciones o actividades.

❒ Expresar frases en primera persona que establezcan claramente tu punto de vista o tus sentimientos, como las siguientes:

- "Estoy disfrutando de hablar con ustedes hoy. Me están levantando el ánimo".
- "Estaba un poco nervioso por jugar al tenis de mesa hoy. Pero me alegro de haberlo hecho porque fue divertido".
- "Me gustó esa película porque estuvo entretenida".
- "Me siento un poco desanimado hoy".

Aislamiento social

Todo el mundo necesita un tiempo a solas. Pero si te das cuenta que te estás alejando de las personas y evitando el contacto con otras personas, puede crear problemas en tus relaciones. Las siguientes estrategias pueden ser útiles para lidiar con el aislamiento social:

❒ Únete a un grupo de apoyo.

❒ Explora puestos de trabajo o trabajo voluntario que requiera estar en contacto con otras personas.

❒ Haz planes para tener contacto con alguien todos los días, aunque sea por un corto tiempo.

❒ Si te resulta estresante estar con otras personas, practica técnicas de relajación (consulta el folleto "Cómo lidiar con el estrés") antes o después de tu contacto con ellas.

❒ Si es demasiado estresante tener un contacto personal, llama por teléfono y habla por lo menos unos cuantos minutos.

❒ Haz planes para hacer mandados que requieran estar en contacto con otras personas, como ir a la tienda o a la biblioteca.

❒ Haz una lista de las personas en tu sistema de apoyo con las que te sientas más cómodo. Llámalos cuando sientas que tienes la necesidad de apartarte. Si es posible, haz un plan para reunirte con ellos.

❒ A veces es más cómodo pasar el tiempo con la gente cuando están realizando una actividad juntos. Trata de planear actividades con otra persona, como ir a museos o a una actuación musical.

Preguntas:

¿Cuál de las estrategias te gustaría probar?

¿Cómo podrías poner en práctica una o más de las estrategias?

Puedes utilizar la tabla a la derecha para registrar tus respuestas:

Plan para lidiar con los problemas relacionados con los síntomas negativos

Estrategia que me gustaría probar	Cuándo me gustaría probarla	Pasos que realizaré

Síntomas psicóticos

Marca las estrategias que te gustaría probar.

Ilusiones

A veces las personas desarrollan creencias que mantienen firmes a pesar de evidencia en su contra. Por ejemplo, podrían empezar a creer que el FBI está monitoreando sus llamadas telefónicas aunque no haya evidencia de esto. O podrían creer que la gente está hablando de ellos o que los está mirando. Para algunas personas que tienen este tipo de creencias, que se llama "ilusiones", son una señal temprana de que están empezando a experimentar una recaída en su enfermedad mental y que necesitan ponerse en contacto con su doctor para analizar una evaluación.

Para algunas personas, sin embargo, estos tipos de creencias no desaparecen entre los episodios de su enfermedad y, a menos que empeoren más de lo normal, no son necesariamente un signo de que se necesita una evaluación. Si esta es tu situación, estas creencias pueden ser angustiosas o pueden distraerte, aún así, puedes probar una o más de las siguientes estrategias de afrontamiento:

- ❒ Distráete de esta creencia molesta haciendo algo que te ocupe toda la atención mental, como un rompecabezas o sudokus.
- ❒ Verifica tus creencias hablando con alguien de confianza. Por ejemplo, puedes pedirle a tu médico que te ayude a evaluar la evidencia a favor y en contra de tu creencia. Consúltale su punto de vista. Si tus creencias te hacen preocupar por la seguridad, por ejemplo, puedes preguntar: "¿Cuál es la evidencia que demuestra que estoy en peligro, y cuál es la evidencia que no demuestra que estoy en peligro?"
- ❒ Distráete con actividad física como salir a caminar.

Si pruebas las estrategias mencionadas anteriormente, pero todavía te sientes angustiado o distraído por las creencias, puede resultarte útil hablar con alguien de tu sistema de apoyo. También puedes beneficiarte de una consulta con el Plan de prevención de recaídas que desarrollaste en la guía "Reducción de recaídas".

Recuerda que debes contactar a tu médico si te convenciste tanto de tu creencia que estás pensando en actuar en consecuencia. Por ejemplo, si te convences de que alguien quiere hacerte daño, es posible que comiences a pensar en defenderte, lo que podría causar que lastimes a otra persona. Si no puedes comunicarte con tu médico, llama a los servicios de emergencia para estas circunstancias.

Alucinaciones

A veces la gente oye voces o ve cosas cuando no hay nada. Incluso pueden sentir un sabor o un olor cuando no hay nada. Estas experiencias se llaman "falsas percepciones" o "alucinaciones". Para algunas personas, cuando esto sucede es una señal de que están empezando a experimentar una recaída de su enfermedad mental y deben contactar a su médico para analizar una evaluación.

Para algunas personas, sin embargo, estas alucinaciones no desaparecen entre los episodios de su enfermedad, y a menos que empeoren más de lo normal, no constituyen necesariamente un signo de que se necesita una evaluación. Si esta es tu situación, en cambio, puede resultarte angustioso o distraerte y tal vez quieras probar uno o más de las siguientes estrategias de afrontamiento:

- ❒ Distráete haciendo algo que ocupe tu atención, como conversar con alguien, leer o salir a caminar. Algunas personas que escuchan voces murmuran para sí mismos o escuchan un walkman para tapar las voces.
- ❒ Verifica tus experiencias con alguien de confianza. Por ejemplo, una persona que creyó oír voces fuera de la ventana le pidió a su hermano que escuchara y le diera una opinión.

- ❒ Habla contigo mismo en una manera positiva. Algunas personas se dicen cosas como: "No voy a escuchar estas voces" o "No voy a dejar que esas voces me afecten" o "Me voy mantener calmado y la situación pasará".
- ❒ Ignora las alucinaciones lo más que puedas. Algunas personas dicen que les ayuda concentrarse en otras cosas.
- ❒ Haz que las alucinaciones queden "a un lado". Algunas personas dicen que reconocen lo que están escuchando o viendo, pero que no le prestan más atención. Por ejemplo, podrían decirse a sí mismos: "Ahí está de nuevo esa voz crítica. Voy a dejar que pase y voy a seguir con lo mío. No voy a dejar que me moleste ni que me afecte en lo que estoy haciendo".
- ❒ Utiliza técnicas de relajación. Algunas personas encuentran que las voces o alucinaciones visuales empeoran cuando están bajo estrés. Si respiras profundamente o relajas los músculos, podrás reducir el estrés y en parte también la intensidad de la alucinación.

Sin embargo, si las voces empiezan a decirte que hagas algo para lastimarte o lastimar a alguien más, y piensas que puedes actuar en consecuencia, es necesario que contactes a tu médico o a los servicios de emergencia.

Preguntas:

¿Cuál de las estrategias te gustaría probar?

¿Cómo podrías poner en práctica una o más de las estrategias?

Puedes utilizar la tabla a la izquierda para registrar tus respuestas.

Problemas de consumo de drogas o bebidas alcohólicas

Si estás experimentando problemas con el alcohol, las drogas o con medicamentos de venta libre, no estás solo. Estos problemas se llaman "abuso de sustancias", y es algo muy común que afecta a personas de todas las clases sociales. Es particularmente común que personas con enfermedades mentales tengan problemas con el consumo de alcohol o drogas. Si alguien tiene una enfermedad mental y un problema de abuso de sustancias, ambos trastornos son a menudo llamados "trastornos duales" o "diagnóstico dual".

Las drogas y el alcohol pueden hacer que los síntomas de la enfermedad mental empeoren y puedan interferir con los beneficios de la medicación prescrita. Para estar bien, por lo tanto, es muy importante tratar cualquier problema que puedas tener con las drogas o el alcohol.

Las estrategias de afrontamiento que se describen a continuación pueden resultar muy útiles, pero es importante tener en cuenta que la mayoría de la gente necesita ayuda adicional para superar los problemas graves con el alcohol o las drogas. Los programas que integran el tratamiento de las enfermedades mentales con el tratamiento para el abuso de sustancias tienen los resultados más positivos. Los programas de autoayuda como AA (Alcohólicos Anónimos), NA (Narcóticos Anónimos), "Recuperación Doble" y "Doble Problema" (para personas con abuso de sustancias y enfermedades mentales) son también muy útiles.

Si estás o no estás participando en un programa de tratamiento integral o de un grupo de autoayuda, es importante que desarrolles estrategias que puedas utilizar para tratar los problemas de drogas o alcohol. Marca las estrategias que te gustaría probar:

- ❒ Infórmate acerca de los hechos científicos sobre las drogas y el alcohol. Por ejemplo,

Plan para lidiar con los problemas relacionados con los síntomas psicóticos

Estrategia que me gustaría probar	Cuándo me gustaría probarla	Pasos que realizaré

es útil saber que aunque el alcohol en pequeñas cantidades puede ser relajante, también puede causar depresión. Además, las personas con enfermedades mentales son más sensibles a los efectos de las drogas y del alcohol, por lo cual cantidades muy pequeñas o moderadas pueden causar problemas asociados con el uso de drogas o alcohol. Estas sustancias también hacen que la medicación prescrita sea menos eficaz.

❒ Identifica las ventajas y desventajas del consumo de drogas o bebidas alcohólicas. ¿Cuáles son las cosas que te gustan de consumir drogas o bebidas alcohólicas? ¿Cuáles son las cosas que no me gustan de eso? Algunas de las ventajas que la gente informa incluyen: "Me gusta fumar marihuana porque es algo divertido para hacerlo con amigos" o "Duermo mejor después de haber fumado". Por otro lado, señalan las desventajas, como: "Fumar marihuana me vuelve paranoico" y "Me gasto todo mi dinero cuando salgo a fumar y no me queda nada para pagar el alquiler".

❒ Sé realista acerca de cómo ha afectado tu vida consumir drogas o bebidas alcohólicas. Para algunas personas, los efectos pueden ser relativamente pequeños, como tener menos dinero para gastar. Para otros los efectos son mayores, como la pérdida de amigos, problemas legales, no poder mantener un trabajo.

❒ Desarrolla alternativas al consumo de drogas o bebidas alcohólicas. ¿Cuáles son otras maneras de conseguir algunos de los efectos positivos que se buscan al consumir drogas o bebidas alcohólicas? ¿Cuáles son algunas otras maneras de satisfacer tus necesidades? Por ejemplo, algunas personas mencionan las siguientes alternativas: "Me inscribí en una clase de fotografía para tener algo que hacer con mi tiempo" y "Realizar algún tipo de ejercicio me hace sentir menos deprimido, sin la cruda".

❒ Practica cómo responder a las personas que te ofrecen drogas o bebidas alcohólicas. Algunos ejemplos de respuestas posibles son:

- "Cuando veo que viene Thomas, voy para otro lado porque él siempre quiere drogarse conmigo".
- "Le digo a la gente que estoy yendo hacia otro lugar y que no puedo parar".
- "Le digo a Alberto que quiero pasar tiempo con él, pero que prefiero ir al cine".
- "Tengo que ser directo con María y decir: 'Ya no bebo más, así que no me pidas que vaya a la cantina contigo".
- "Si uno de los traficantes trata de acercarse a mí en la calle, paso rápidamente y no hago contacto visual".

❒ Ten en cuenta las ventajas de evitar las drogas y el alcohol. Para reforzar su determinación, algunas personas llevan una lista como esta:

- Podré ahorrar dinero.
- A lo largo, estaré menos deprimido.
- Me mantendré fuera del hospital.
- Podré conservar mi trabajo.
- No tendré tantas discusiones con mi familia.
- Me voy a sentir mejor físicamente

Preguntas:

¿Qué estrategias identificaste que te gustaría probar?

¿Cómo podrías poner en práctica una o más de las estrategias?

Puedes utilizar la tabla a la izquierda para registrar tus respuestas:

Plan para lidiar con los problemas relacionados con el consumo de drogas o bebidas alcohólicas

Estrategia que me gustaría probar	Cuándo me gustaría probarla	Pasos que realizaré

Es útil tener un plan para poner las estrategias de afrontamiento en acción.

Ejemplos de personas que utilizan estrategias de afrontamiento

Ejemplo 1

"Me gusta ver fútbol en la televisión, pero no me puedo concentrar durante todo un partido. Por esta razón lo grabo. Puedo adelantar la cinta para pasar los comerciales, lo cual reduce el tiempo. También puedo detenerlo y tomar un descanso cuando lo deseo. Funciona bien para mí".

Ejemplo 2

"Cuando me siento deprimida, tiendo a concentrarme en todos mis fracasos. Me ayuda llamar a mi hermana, que siempre me recuerda lo que he logrado. Hablar con ella me hace sentir mejor acerca del futuro".

Ejemplo 3

"A veces tengo un problema con el coraje. Lo mantengo dentro y se acumula. Es mejor para mí expresar mis sentimientos y es un gran alivio. Me mantengo calmado y el episodio de coraje es más simple y corto".

Ejemplo 4

"Estaba teniendo problemas en tener interés en las cosas. Me la pasaba sentado en mi casa todo el día. He decidido practicar uno de mis antiguos pasatiempos, la fotografía. Antes me gustaba mucho tomar fotografías. Para comenzar, fui a una exposición de fotografía en el museo. Y estoy organizando algunas viejas fotografías familiares para organizarlas en un álbum. Esto me está ayudando a recordar que tanto disfrutaba la fotografía. Estoy pensando en tomar una clase".

Ejemplo 5

"A pesar de que estoy tomando medicamentos, todavía escucho voces. A veces son fuertes y dicen cosas inquietantes. Uso un par de estrategias para ello. A veces escucho música con mis audífonos. Ayuda a ahogar las voces. A veces camino al parque y juego basquetbol. Me ayuda a distraerme de las voces".

Ejemplo 6

"Solía fumar marihuana por la noche, cuando me aburría. Pero cada vez que fumaba, mis síntomas empeoraban. Por eso ahora intento planear actividades para la noche, para no aburrirme. Por ejemplo, estoy tomando una clase de computación, algo de lo que no sé nada. Por ahora, esto me impide pensar acerca de la marihuana".

Plan para lidiar con los problemas y síntomas

Esta guía de estudio incluye varias listas y hojas de planificación que te ayudarán a identificar estrategias de afrontamiento para problemas y síntomas específicos. Completa el siguiente cuadro, "Plan para lidiar con los problemas y síntomas", que te ayudará a resumir esa información.

Resumen de los puntos principales sobre cómo lidiar con los problemas y síntomas

- Desarrollar estrategias para lidiar con los problemas y síntomas puede ayudar a reducir el estrés.
- El uso de un método paso a paso para la solución de problemas y el logro de metas puede ayudarte a tomar una actitud activa, centrada en la búsqueda de soluciones.
- Las personas a menudo tienen problemas en las siguientes categorías:
  - pensamiento
  - estado de ánimo
  - síntomas negativos
  - síntomas psicóticos
  - abuso de drogas o alcohol
- Hay una variedad de estrategias para lidiar con los problemas y síntomas. Es importante elegir los que piensas que te ayudarán más.
- Es útil tener un plan para poner las estrategias de afrontamiento en acción.

Plan para lidiar con los problemas y síntomas

Problemas o síntomas	Estrategia que voy a utilizar

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Educational Handout 4: Drug and Alcohol Use

"I used to drink and take drugs to cope with life. Before I knew it, alcohol and drugs became my life. That's not what I wanted."

*—**Keith**, part-time bike messenger, in recovery from schizophrenia and alcohol abuse*

It is important to weigh the advantages and disadvantages of using substances and make an informed decision about using substances.

Introduction

Using alcohol—drinking a beer, a glass of wine, or a mixed drink—is common in modern society. Similarly, using certain types of street drugs such as marijuana, cocaine, amphetamines (speed), and hallucinogens such as LSD and ecstasy is also common.

Although using these types of substances can make people feel good, they can also cause problems and make it more difficult for people to manage their mental illnesses.

This Handout focuses on the effects of drug and alcohol use on mental illnesses and other parts of life and gives you strategies for reducing these effects.

Identifying Effects and Commonly Used Substances

It helps to understand what people commonly experience when they use alcohol and drugs. The table on the following page lists both the positive and negative effects of alcohol and drugs.

Looking At Why People Use Alcohol And Drugs

People have used mind-altering substances such as alcohol for thousands of years—since the beginning of civilization. People use alcohol and drugs for a number of different reasons:

To socialize

Sometimes people use substances in social situations, just for fun. Alcohol and other substances are also sometimes used to celebrate holidays (New Year's Eve or the Fourth of July) or a special occasion (a birthday, anniversary, or job promotion). Some people drink or use drugs to be accepted by others, to have friends, and to avoid loneliness.

To improve their mood

Another reason some people use alcohol or drugs is simply that those substances make them feel good, at least temporarily. Some substances make people feel more alert and energetic. Others make people feel tranquil and satisfied or alter their perceptions of the world around them.

To cope with symptoms

Yet another reason people use alcohol and drugs is to cope with negative feelings or troubling symptoms. Some people use substances to deal with feelings of depression or anxiety. Others may use them to escape from hearing voices or other hallucinations. Some people use substances to help fall asleep when they have trouble sleeping. Others may use substances because they help focus their attention.

Effects of Commonly Used Substances

Substance type	Examples	Positive effects	Negative effects
Alcohol	Beer Wine Gin Whiskey Vodka Tequila	Relaxation Lighter mood	Slower reaction time Drowsiness Socially embarrassing behavior Use of illicit drugs Physical health problems
Cannabis	Marijuana Hash THC	Relaxation "High" feeling	Slower reaction time and poor coordination Apathy and fatigue Paranoia Anxiety or panic feelings Increased appetite Poor attention, concentration and memory Visual distortions
Stimulants	Cocaine Amphetamines	Alert feeling Euphoria, good feelings	Anxiety Paranoia and psychosis Sleeplessness Agitation
Hallucinogens	LSD Ecstasy Peyote Mescaline	Heightened sensory awareness Feeling of well-being	Bad "trips" Psychotic symptoms
Opiates	Heroin Opium Morphine Vicodin Demerol Oxycontin	Feeling of well-being Relaxation Reduced pain sensitivity	Drowsiness Highly addictive Risk of overdose
Inhalants	Glue Aerosols Paint	"High" feeling	Severe disorientation Toxic/brain damage
Caffeine	Coffee Some teas Some sodas	Alert feeling	Feeling jittery Can interfere with sleep
Nicotine	Smoking Chewing tobacco	Alert feeling Alert feeling Good feeling	Causes many health problems such as gum disease, high blood pressure, emphysema, and many types of cancers
Benzodiazepines (Antianxiety medication)	Valium Xanax Klonopin Ativan	Reduced anxiety Relaxation	Rebound anxiety when medication wears off Loss of inhibition and coordination Dulled senses

To distract themselves from problems

People may also use substances as a way of distracting themselves from problem situations or unpleasant parts of their lives. For example, some people use alcohol or drugs to distract themselves when they are having conflict with others, when they are under high levels of stress, when they are dissatisfied with parts of their lives (such as not working, not having a nice place to live, or not having good friends), or when they are unhappy with themselves. For these people, substance use provides a temporary escape from life's problems.

To have something to do

Some people look forward to using substances because it has become part of their daily routine. Everyone needs to have things to care about and to look forward to doing. For some people, this includes using alcohol or drugs. For these people, using alcohol or drugs is more than just a habit; it is part of their lifestyle and an important part of how they live each day. Others have too much free time and slip into using drugs and alcohol as a way to pass the time.

People use substances for many reasons.

Q: What are some reasons that you use substances (or have used them in the past)?

Use the following exercise to list the substances you use. Check your reasons for using them.

Reason for using	Substance 1: _____	Substance 2: _____	Substance 3: _____
Feeling less depressed	❒	❒	❒
Feeling "high"	❒	❒	❒
Feeling more alert	❒	❒	❒
Feeling good	❒	❒	❒
Reducing pain	❒	❒	❒
Reducing anxiety	❒	❒	❒
Coping with hallucinations	❒	❒	❒
Altering my senses	❒	❒	❒
Sleeping better	❒	❒	❒
Distracting myself from problems	❒	❒	❒
Coping with symptoms	❒	❒	❒
Feeling sociable	❒	❒	❒
Having something to do with friends	❒	❒	❒
Having something to do every day	❒	❒	❒
Celebrating	❒	❒	❒
Avoiding boredom	❒	❒	❒
Giving in to peer pressure	❒	❒	❒
Other: _____ _____	❒	❒	❒

Understanding Some Problems Related to Alcohol and Drug Use

Understanding both the positive and negative effects of using substances can help you decide whether to change your habits. Some of the common problems related to drug and alcohol use include:

Increased symptoms or relapses

Using substances can bring on symptoms or worsen them. Common symptoms worsened from using substances include depression, anxiety, hallucinations, delusions, and thinking difficulties. Sometimes increases in symptoms can lead to relapse and re-hospitalization.

Social problems

Substance use can cause you to have conflicts with other people. People may disagree about your substance use or may be worried that you use too much. Substance use can also make you harder to get along with and less predictable. For example, you may be irritable because you crave substances or you may come home late because you were using substances.

Using substances can result in other social problems as well. Sometimes people are unable to meet social expectations—being good parents, keeping the house clean, or preparing family meals—because they use substances.

Using substances can also cause problems related to hanging out with the wrong types of people. For example, using substances with others may increase your chances of being arrested because of their illegal behavior, being evicted from housing, or being taken advantage of either sexually or financially. People may act as if they are your friends, but they may do so only because you have something they want such as your money or your apartment.

Difficulties at work or school

Using drugs and alcohol sometimes interferes with work. You may have difficulty focusing at work and doing your job well. Or you may be late or absent from work because you used substances the night before. Using substances can also make it hard to focus on schoolwork and can contribute to dropping out of school.

Daily living problems

Sometimes when people use substances they have a harder time taking care of themselves. They may not shower, brush their teeth, or keep up their appearance as they ordinarily would. People sometimes do not eat well when they use substances. They may not take care of their living space such as their room or apartment.

Legal problems

Using substances can cause legal problems. Driving under the influence of alcohol or drugs is against the law and can result in severe penalties. You can also be arrested for possessing illegal drugs.

Drug and alcohol use can cause other legal problems as well. Sometimes parents with substance use problems have their children taken away or they face restrictions on their ability to see or take care of their children. Using disability money, such as SSI or SSDI, on drugs or alcohol can lead to restrictions on access to that money and can result in needing a representative payee (or some other legal representative) to manage that money.

Health problems

Using substances can lead to a variety of health problems. Long-term alcohol use can produce many problems, including liver problems such as cirrhosis. Using some substances such as cocaine, heroin, and amphetamines is linked to infectious diseases such as hepatitis C and the HIV virus. These are blood-borne diseases that can be spread through exposure to an infected person's blood, usually by sharing needles (injecting) or straws (snorting) when using these drugs.

People with substance use problems often neglect taking care of chronic health conditions such as diabetes and heart disease. Because of the physical effects of using substances and neglecting your health, substance use can shorten your lifespan.

Safety problems

Sometimes people use substances in situations that are unsafe. For example, driving or operating heavy machinery while under the influence of alcohol or drugs can be dangerous. Also, people sometimes put themselves at risk to obtain substances such as going to bad neighborhoods or associating with people who may take advantage of them or harm them.

Psychological dependence

When someone spends a great deal of time using substances and gives up other activities, they may be psychologically dependent on the substance. People who develop a substance use dependence often use more of the substance than they intended. They may have repeatedly tried to stop using the substance unsuccessfully in the past.

Physical dependence

When people use substances frequently, they may need to take larger amounts to get the same effect because they develop a tolerance to the substance. They may also experience withdrawal symptoms such as feeling shaky or nauseous when they stop using the substance. These are symptoms of physical dependence.

Q: Are you experiencing problems related to using substances (or have you in the past)?

Use the following exercise to explore negative results from drug and alcohol use.

Negative Results from Drug or Alcohol Use

List substances that you commonly use. Check the negative results that you have had from using the substances.

Negative results	Substance 1: _____	Substance 2: _____	Substance 3: _____
I have relapses	❒	❒	❒
I was hospitalized	❒	❒	❒
My symptoms got worse	❒	❒	❒
I had conflicts with others	❒	❒	❒
People complained about my use	❒	❒	❒
I got more irritated at others	❒	❒	❒
People couldn't count on me	❒	❒	❒
I lost friends	❒	❒	❒
I hung out with a bad crowd	❒	❒	❒
People took advantage of me	❒	❒	❒
I didn't take good care of myself	❒	❒	❒
I spent too much money	❒	❒	❒
I had legal problems	❒	❒	❒
I had health problems	❒	❒	❒
I lost housing	❒	❒	❒
I did unsafe things	❒	❒	❒
I had problems with my job	❒	❒	❒
Alcohol and drugs took over my life	❒	❒	❒
My relationships suffered	❒	❒	❒
Other:_____ _____	❒	❒	❒

Weighing the Pros and Cons of Using Substances

Deciding to stop using alcohol and drugs can be a difficult decision to make. Using substances has some positive aspects but negative aspects exist as well. One way to help decide whether to use alcohol and drugs is to list all the pros (advantages) and all the cons (disadvantages) of using substances.

To best understand your own pros and cons for using substances, use the exercise on the following page.

Deciding Whether to Cut Down or Stop Using Substances

Understanding the pros and cons of using substances can help you decide whether you want to continue to use or to stop.

Q: What are the advantages and disadvantages of developing a sober lifestyle?

Use the following exercise on page 188 to explore this question.

Developing a Sober Lifestyle

When people decide to develop a sober lifestyle, they must plan and practice. Sometimes setbacks can occur along the way such as having urges to use substances or relapsing into substance use. Developing your personal plan for a sober lifestyle is an important part of managing your mental illnesses and achieving your own recovery goals.

Identify Reasons for Not Using Substances

Whenever someone decides to cut down or stop using substances, it is important for them to identify their personal reasons for wanting a sober lifestyle and to regularly remind themselves of these reasons. How can sobriety help you achieve your personal recovery goals? Consider these possible reasons:

- Better ability to manage mental illnesses (fewer relapses);
- Improved social relationships;
- Improved ability to work or go to school;
- Having your own apartment;
- Being a better parent;
- Having fewer legal problems; and
- Having more money to spend on other things.

Exercise: The Pros and Cons of Using Substances

Pros of using substances	Cons of using substances
List all the advantages of using drugs and alcohol. Consider socializing, feeling good, escaping, coping with symptoms, having something to look forward to, or having a habit.	List all the disadvantages of using drugs and alcohol. Consider worse symptoms or relapse of mental illnesses; conflict with family or friends; trouble with work or school; parenting difficulties; or problems with health, the legal system, housing, or money.
Considering all the pros and cons of using substances, would you like to cut down or stop?	
❒ No. I do not want to cut down or stop. ❒ Maybe. I think I might want to cut down or stop but I'm not sure. ❒ Yes. I would like to cut down or stop.	

Exercise: The Pros and Cons of Becoming Sober

Pros of becoming sober	Cons of becoming sober
List all the advantages of developing a sober lifestyle. Consider how sobriety may help you achieve personal recovery goals such as better control of your mental illness; better relationships; more independence; better health; ability to work and go to school; better parenting; or fewer legal, housing, money, or health problems.	List what you think you might have to give up if you stop using substances. Consider the "costs" of sobriety such as losing "friends," having nothing fun to do, having troubling symptoms, feeling no escape, and feeling bad.

Considering all the pros and cons of sobriety and of using substances, would you like to cut down or stop?

❒ No. I do not want to cut down or stop.
❒ Maybe. I think I might want to cut down or stop but I'm not sure.
❒ Yes. I would like to cut down or stop.

Manage "High-Risk" Situations

To be successful in stopping substance use, it helps to plan how to deal with situations in which you have used substances in the past. These situations are called high-risk situations. Some examples of high- risk situations are as follows:

- Having friends offer you substances;
- Having friends or acquaintances pressure you to use substances;
- Meeting a former drug connection;
- Celebrating holidays;
- Going to a party;
- Having money in your pocket;
- Feeling bad (feeling depressed, anxious, or frustrated);
- Having nothing to do;
- Spending too much time alone; and
- Remembering good times related to substance use.

Avoiding these situations can reduce the risk of relapse; however, completely avoiding them is not always possible. Having effective strategies for dealing with high-risk situations is critical to developing a successful sobriety plan.

Specific high-risk situations are described on the following chart, along with some possible strategies to manage those situations.

How to Deal with Some High-Risk Situations

Being in social situations involving offers to use substances	Decline in a firm voice. Don't make excuses for saying, "No." (It invites debate.) Repeat the refusal, if needed. Offer an alternative activity if the person is a friend. Tell friends and relatives about the importance of your sobriety and ask them to respect it. Leave the situation, if necessary.
Craving to use substances	Distract yourself by doing something that focuses your attention elsewhere. Use self-talk such as, "I can cope." Use relaxation techniques. Pray. Contact a supportive person.
Having money in your pocket	Plan ways to keep most of your money in a safe place and at a distance from you. Problem-solve ways to avoid having direct access to money.
When things aren't going well such as experiencing depression, anxiety, hallucinations or sleep problems:	
Depression	Schedule pleasant activities. Challenge negative thinking. Exercise. Use positive self-statements.
Anxiety	Use relaxation techniques. Challenge thoughts that cause worry. Gradually expose yourself to feared but safe situations.
Hallucinations	Distract yourself with other activities. Accept the voices or other hallucinations without giving them undue attention or control over your life. Use relaxation to tolerate the distress.
Sleep problems	Do not use caffeine in the afternoon. Avoid naps. Go to bed at the same time each night. Develop a pleasant nighttime routine (such as reading or watching TV).

Find New Ways To Have Your Needs Met

To develop a sober lifestyle, you must develop new ways of getting your needs met that do not involve using substances. Common reasons for using substances include the following:

- Socializing with others;
- Feeling accepted by other people;
- Feeling good;
- Escaping boredom;
- Dealing with bad feelings;
- Having help with sleeping; and
- Having something to do and look forward to.

Developing new ways of getting your needs met is hard work. This program is aimed at helping you develop new strategies for meeting your needs, including meeting social needs, coping with symptoms, and doing other interesting things with your time.

Developing new ways of getting your needs met can take time and effort. However, the rewards of a sober lifestyle and the ability to achieve personal recovery goals make the effort worthwhile.

Develop a personal sobriety plan to support your own recovery goals.

Examples of People Who Are Achieving Personal Recovery Goals

When people begin to adopt sober lifestyles, they can be encouraged by hearing about others who have made this decision and have experienced some benefits. Reading the following examples may help you.

"I used to think alcohol was my best friend, but now I know better. It was always there when I needed it, and I organized my life around drinking, either alone or with other people. But drinking cost me a lot—it made my symptoms worse and caused hospitalizations. I couldn't hold down a job, and I couldn't take care of my kids. Now that I'm sober I'm back in control of my life. I've stayed out of the hospital, I'm working again, and I can be a better mother and role model for my kids."

*— **Glorissa**, 38 years old with bipolar disorder, sober for 8 years*

"Getting off drugs was tough going for me. I thought using drugs was the solution to all my problems, either getting high or zoning out. Learning new ways of dealing with my depression, my voices, and my sleep problems helped me control my urges to use drugs. I had to make new friends, too, and these friends seem to really care about me. I feel a lot better about myself now that I have my own apartment and I'm going back to school."

*— **Jerome**, 28 years old with schizoaffective disorder, sober from cocaine (crack), speed, and marijuana for 14 months*

Q: Do you know someone who has made positive changes by developing a sober lifestyle?

Abstaining or Cutting Down?

Making an informed decision about your own substance use can be difficult. Part of making an informed decision involves considering whether to stop using substances altogether (abstinence) or to cut down but not stop using entirely.

People with substance use problems often find it difficult to cut down their substance use because using even a small amount makes them want to have more. In addition, biological factors cause some people with mental illnesses to be very sensitive to substances. This means that for some people even small amounts of substances

can have drastic effects. For this reason, you may be better off if you stop using substances entirely.

Some people want to work on their substance use problems, but are not ready to stop using completely. For these people, reducing the amount of alcohol or drugs that they use can be a good first step toward sobriety. However, abstinence is the best way of overcoming substance use problems.

Q: Have you (or someone you know) tried to cut down or stop using substances in the past? What happened?

Making a Personal Sobriety Plan

To achieve your sobriety goals, it helps to develop a specific plan. This plan should include these three steps:

- Identify your reasons for wanting to stop using substances.
- Develop strategies for managing high-risk situations.
- Find new ways of getting your needs met that do not involve using substances.

Use the following exercise to help develop a personal sobriety plan.

Personal Sobriety Plan

Congratulations! You've taken the first and most important step toward ridding your life of problems related to using alcohol and drugs. Complete this plan by following the steps outlined below. Change or modify your plan based on how well it is working for you. Share your plan with people who are close to you so they can support you in achieving your sobriety goals.

Step 1. List one to three reasons how your life will be better if you stop using substances. Consider how sobriety may help you achieve your personal recovery goals.

How your life will be better by not using substances: _____

_____

_____

_____

_____

Step 2. Identify one to three high-risk situations that can lead to unwanted use of alcohol or drugs. Consider situations in which you have used substances before, such as people offering you substances, being pressured to use, feeling bad, having nothing to do, and having cravings.

_____

_____

_____

_____

_____

Step 3. Make a plan for how to deal with those high-risk substance use situations. For each high-risk situation, identify one or two ways of dealing with it.

High-risk situations: _____

_____

_____

_____

_____

How to deal with it: _____

_____

_____

_____

_____

Step 4. Find new ways of getting your needs met. Consider the ways substances have met your needs before such as hanging out with friends, feeling relaxed or "high," dealing with symptoms, or having something to do.

What needs did the substances meet? For each need you identify, think of at least one new strategy for meeting that need.

Needs: _____

_____

_____

_____

_____

How to meet that need: _____

_____

_____

_____

_____

Recovering from Substance Use-Problems

Recovery from substance use problems can be hard work. You've made an important first step by recognizing that the negative effects of your own substance use outweigh the positive and deciding to stop using substances.

Setbacks may occur along the way. However, your strength and determination will pay off as you become sober. You have every right to be hopeful that recovery is possible. Practicing the strategies in your personal sobriety plan will help you achieve your goals and grow past the effects that substances have had on your life.

Summary of the Main Points About Drug and Alcohol Use

- People use substances for many different reasons including to socialize, improve their mood, cope with symptoms, and distract themselves from problems.
- Common problems related to substance use include increased symptoms or relapses, social problems, difficulties at work or school, daily living problems, legal problems, health problems, safety problems, and psychological or physical dependence.
- Some people with mental illnesses are sensitive to the effects of drugs and alcohol and can experience problems from using substances even in small amounts.
- Substance use interferes with psychiatric medications, often making them less effective.
- It is important to weigh the advantages and disadvantages of using substances and make an informed decision about using substances.
- If you choose to stop using substances, developing a personal sobriety plan can support your recovery goals.

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Guía educativa 4: Consumo de drogas y bebidas alcohólicas

"Solía beber alcohol y consumir drogas para poder continuar con mi vida. Antes de que me diera cuenta, el alcohol y las drogas se convirtieron parte de mi vida. Eso no era lo que yo quería."

***—Keith,** mensajero a medio tiempo, en recuperación de esquizofrenia y alcohol*

Es importante tener en cuenta las ventajas y las desventajas de consumir sustancias y tomar una decisión informada acerca de ello.

Introducción

Tomar alcohol, beber cerveza, un vaso de vino o un trago de alcohol, es normal en nuestra sociedad. De la misma forma, utilizar cierto tipo de drogas callejeras, como la marihuana, la cocaína, las anfetaminas (speed) y los alucinógenos, como el LSD o el éxtasis, también es normal.

Aunque el consumo de este tipo de sustancias (drogas y alcohol) puede llevar a la gente a sentirse bien, también puede causar problemas y dificultar el manejo de sus enfermedades mentales.

Esta guía se enfoca en los efectos de la droga y el alcohol en las enfermedades mentales y otros aspectos de la vida y brinda estrategias para reducir estos efectos.

Identificación de los efectos y sustancias consumidas con frecuencia

Ayuda a que la gente pueda interpretar lo que habitualmente experimenta cuando consume bebidas alcohólicas y drogas. La tabla que se muestra a continuación contiene una lista de los efectos positivos y negativos del alcohol y las drogas.

Analizar por qué la gente consume bebidas alcohólicas y drogas

La gente ha consumido sustancias que alteran la mente, como el alcohol, durante miles de años, desde el comienzo de la civilización. La gente consume bebidas alcohólicas y drogas por diferentes razones:

Para socializar

Algunas veces, la gente consume sustancias en situaciones sociales, sólo por diversión. El alcohol y otras sustancias se utilizan a veces para celebrar las fechas festivas (Año Nuevo, el Día de la Independencia) o una ocasión especial (un cumpleaños, un aniversario, un ascenso laboral). Ciertas personas beben o consumen drogas para ser aceptados por otros, para tener amigos o para evitar la soledad.

Para mejorar su estado de ánimo

Una razón por la cual algunas personas consumen bebidas alcohólicas o drogas es simplemente que estas sustancias los hacen sentir bien, al menos en forma temporal. Algunas sustancias hacen que las personas se sientan más alertas y con más energía. Otras generan un sentimiento de tranquilidad y satisfacción o alteran sus percepciones del mundo que los rodea.

Para sobrellevar los síntomas

Otra razón por la que la gente consume bebidas alcohólicas y drogas es para sobrellevar los sentimientos negativos o síntomas problemáticos. Ciertas personas consumen sustancias para sobrellevar sensaciones de

Efectos de las sustancias consumidas con frecuencia

Tipo de sustancia	Ejemplos	Efectos positivos	Efectos negativos
Alcohol	Cerveza Vino Gin Whisky Vodka Tequila	Relajación Mejor humor	Tiempo de reacción más lento Somnolencia Comportamientos sociales que puedan avergonzarlos Consumo de drogas ilegales Problemas físicos de salud
Canabis	Marihuana Hachís THC	Relajación Sensación de euforia	Tiempo de reacción más lento y mala coordinación Apatía y fatiga Paranoia Sensación de ansiedad o pánico Más apetito Poca capacidad de prestar atención, poca concentración y mala memoria Distorsiones visuales
Estimulantes	Cocaína Anfetaminas	Sensación de alerta Euforia, sensaciones positivas	Ansiedad Paranoia y psicosis Insomnio Agitación
Alucinógenos	LSD Éxtasis Peyote Mezcalina	Aumento de la sensación de alerta Sensación de bienestar	Malos "viajes" Síntomas psicóticos
Opiáceos	Heroína Opio Morfina Vicodina Demerol Oxycontin	Sensación de bienestar Relajación Menor sensibilidad al dolor	Somnolencia Alta dependencia Riesgo de sobredosis
Inhalantes	Pegamento Aerosoles Pintura	Sensación de euforia	Desorientación grave Tóxicos/daño cerebral
Cafeína	Café Algunos tés Algunas bebidas gaseosas	Sensación de alerta	Sentirse nervioso Puede interferir con el sueño
Nicotina	Tabaquismo Masticar tabaco	Sensación de alerta Sensación de alerta Sensaciones positivas	Varios problemas de salud, como la enfermedad de las encías, hipertensión arterial, enfisema, y muchos tipos de cáncer
Benzodiacepinas (Medicación para la ansiedad)	Valium Xanax Klonopin Ativan	Disminución de la ansiedad Relajación	Rebote de ansiedad cuando se va el efecto de la medicación Pérdida de inhibición y coordinación Sentidos embotados

depresión o ansiedad. Otros, para no escuchar voces o evadir otras alucinaciones. También se consume sustancias en los casos de trastornos del sueño, para poder dormir. Algunos consumen porque les ayuda a centrar su atención.

Para distraerse de los problemas

También se consume sustancias como una forma de distraerse de situaciones problemáticas o aspectos desagradables de sus vidas. Por ejemplo, hay gente que consume bebidas alcohólicas y drogas para distraerse cuando están en conflicto con otros, cuando experimentan niveles altos de estrés, cuando no se sienten satisfechos con ciertos aspectos de sus vidas (como por ejemplo no trabajar, no tener un buen lugar donde vivir, o no tener amigos) o cuando no están contentos con ellos mismos. Para estas personas, el consumo de sustancias significa un escape temporal de los problemas de la vida.

Para tener algo que hacer

Ciertas personas desean consumir drogas y bebidas alcohólicas porque este hecho se ha convertido en parte de su rutina diaria. Todos necesitamos tener cosas de las cuales ocuparnos y que deseamos hacer. Para estas personas, esto incluye el consumo de bebidas alcohólicas o drogas, que es más que un hábito, es parte de su estilo de vida y una parte importante de cómo viven a diario. Otros tienen demasiado tiempo libre y se sumergen en el consumo de drogas y bebidas alcohólicas como un pasatiempo.

La gente consume drogas y bebidas alcohólicas por diversas razones.

P: Identifica algunas de las razones por las cuales consumes sustancias (o has consumido en el pasado).

Utiliza el siguiente ejercicio para identificar las sustancias que consumes. Marca las razones por las cuales las consumes.

Razón por la cual consumes	Sustancia 1: _____	Sustancia 2: _____	Sustancia 3: _____
Sentirme menos deprimido	❒	❒	❒
Sentir euforia	❒	❒	❒
Estar más alerta	❒	❒	❒
Sentirme bien	❒	❒	❒
Disminuir el dolor	❒	❒	❒
Disminuir la ansiedad	❒	❒	❒
Lidiar con las alucinaciones	❒	❒	❒
Alterar mis sentidos	❒	❒	❒
Dormir mejor	❒	❒	❒
Distraerme de los problemas	❒	❒	❒
Lidiar con los síntomas	❒	❒	❒
Sentirme sociable	❒	❒	❒
Tener algo para hacer con mis amigos	❒	❒	❒
Tener algo para hacer cada día	❒	❒	❒
Celebrar	❒	❒	❒
Evitar el aburrimiento	❒	❒	❒
Ceder a las presiones de mis colegas	❒	❒	❒
Otras: _____ _____	❒	❒	❒

Interpretar algunos problemas relacionados con el consumo de bebidas alcohólicas y drogas

El conocer los efectos positivos y negativos del consumo de drogas y bebidas alcohólicas podrá ayudarte a decidir a cambiar tus hábitos. A continuación se describen algunos de los problemas frecuentes relacionados con el consumo de drogas y bebidas alcohólicas:

Aumento de síntomas o recaídas

El consumo de sustancias puede causar síntomas o hasta empeorarlos. Los síntomas comunes del consumo de sustancias son la depresión, la ansiedad, las alucinaciones, las ilusiones y la dificultad para razonar, entre otros. Algunas veces, el aumento de síntomas puede llevar a las recaídas y la rehospitalización.

Problemas sociales

El consumo de sustancias puede llevar a tener problemas con otra gente. La gente puede estar en desacuerdo acerca del consumo de sustancias que tú haces o puede preocuparse por el exceso en tu consumo. El consumo de sustancias también puede dificultar tu manera de relacionarte y hacerte menos predecible. Por ejemplo, puedes estar irritable por la ansiedad que provocan las sustancias o puedes llegar tarde a su hogar porque has estado consumiendo sustancias.

El consumo de sustancias puede a su vez generar otros problemas sociales. Algunas veces la gente no puede cumplir con las expectativas sociales, ser buenos padres, mantener la casa limpia o preparar la comida para la familia, debido al consumo de sustancias.

El consumo de sustancias puede también causar problemas asociados con el establecimiento de vínculos con personas que no son las indicadas. Por ejemplo, el consumo de sustancias con otra gente puede aumentar las posibilidades de ser arrestado por comportamientos que están fuera de la ley, ser desalojado o sufrir abusos sexuales o explotación económica. La gente quizás actúe como si fueran tus amigos, pero pueden estar haciéndolo sólo porque están interesados en quedarse con tu dinero o con tu apartamento.

Dificultades en el trabajo o en la escuela

El consumo de drogas y bebidas alcohólicas a veces puede interferir con el trabajo. Puedes encontrar dificultades al intentar concentrarte en tu trabajo y cumplir con tus obligaciones. También puede ser que llegues tarde o te ausentes de tu trabajo porque la noche anterior consumiste sustancias. Consumir sustancias puede también dificultar la concentración en las tareas escolares y puede llevar al abandono escolar.

Problemas de la vida diaria

En ocasiones, la gente que consume sustancias tiene problemas en su cuidado personal. Puede ser que no se bañen, no se cepillen los dientes y tengan un aspecto dejado. Algunas veces, no se alimentan bien debido al consumo de sustancias. No podría cuidar de hogar, así como su cuarto o apartamento.

Problemas legales

El consumo de sustancias puede causar problemas legales. Conducir bajo la influencia de bebidas alcohólicas o las drogas es un acto ilegal y puede resultar en sanciones severas. Tú también podrías ser arrestado por posesión ilícita de drogas.

El consumo de drogas y bebidas alcohólicas puede generar a su vez otros problemas legales. En algunos casos los padres que tienen problemas de consumo de sustancias se les prohíba o se les limite en la habilidad de visitar a sus hijos. Utilizar el dinero provisto por incapacidad (como el SSI o el SSDI, beneficios de la seguridad social por incapacidad) para la compra de drogas o bebidas alcohólicas puede resultar en restricciones en el acceso a ese dinero y en la necesidad de acudir a un representante beneficiario, u otro representante legal, para que administre ese dinero.

Problemas de salud

El consumo de sustancias puede derivar en una cantidad de problemas de salud. El consumo de bebidas alcohólicas a largo plazo puede causarte varios problemas; por ejemplo, problemas del hígado, como la cirrosis. El consumo de sustancias como la cocaína, la heroína y las anfetaminas están asociados a enfermedades infecciosas tales como la hepatitis C y el virus del VIH. Estas son enfermedades de la sangre que pueden contagiarse a través de la exposición de la sangre de la persona infectada, en general por compartir jeringas (inyectándose) o pitillos (inhalando) al consumir estas drogas.

Las personas que tienen problemas de consumo de sustancias con frecuencia no se cuidan de sus enfermedades crónicas, como la diabetes o enfermedades coronarias. Debido a los efectos físicos que producen en su cuerpo el consumo de sustancias y al descuido de su estado de salud, su ciclo de vida podría reducirse.

Problemas de seguridad

En ocasiones, la gente consume sustancias en situaciones que no son seguras. Por ejemplo, conducir u operar maquinaria pesada bajo la influencia del alcohol o de las drogas puede ser peligroso. Asimismo, muchas veces la gente pone en riesgo su propia vida para conseguir las sustancias al trasladarse a vecindarios peligrosos o relacionarse con gente que puede tomar ventaja de ellos o lastimarlos.

Dependencia psicológica

Cuando alguien tiene mucho tiempo consumiendo sustancias y deja de hacer otras actividades, pueden volverse dependientes en forma psicológica de esa sustancia. Las personas que desarrollan una dependencia al consumo de sustancias en general consumen más de lo que desean. Puede ocurrir que anteriormente hayan intentado en repetidas ocasiones dejar de consumir sin éxito.

Dependencia física

Cuando la gente consume sustancias frecuentemente, quizás necesiten consumir mayores cantidades para lograr el mismo efecto debido a que ya han desarrollado una tolerancia a esta sustancia. También pueden experimentar los síntomas de abstinencia, como temblorosa o nauseas, cuando dejan de consumirlo. A continuación estos son ejemplos de los síntomas de la dependencia física:

P: ¿Estás experimentando problemas relacionados con el consumo de sustancias (o has experimentado en el pasado)?

Utiliza el siguiente ejercicio para revisar los resultados negativos del consumo de drogas y bebidas alcohólicas.

Resultados negativos del consumo de drogas y bebidas alcohólicas

Identifica las sustancias que consumes habitualmente. Marca los resultados negativos que hayas experimentado debido al consumo de esas sustancias.

Tomar en cuenta las ventajas y desventajas del consumo de sustancias

Dejar el consumo de bebidas alcohólicas y drogas puede ser una decisión difícil. El consumo de sustancias tiene algunos aspectos positivos, pero también tiene aspectos negativos. Una de las formas que puede ayudarte a decidir dejar el consumo de bebidas alcohólicas y las drogas es identificar todas las ventajas y desventajas del consumo.

Para comprender mejor las ventajas y desventajas en tu propia experiencia del consumo de sustancias, utiliza el ejercicio en la página 201.

Resultados negativos	Sustancia 1: _____	Sustancia 2: _____	Sustancia 3: _____
Tengo recaídas	❒	❒	❒
Fui hospitalizado	❒	❒	❒
Mis síntomas empeoraron	❒	❒	❒
Tuve problemas con otra gente	❒	❒	❒
La gente se quejaba de mi consumo	❒	❒	❒
Me volví más irritable con la gente	❒	❒	❒
Nadie podía contar conmigo	❒	❒	❒
Perdí amigos	❒	❒	❒
Me juntaba con una pandilla peligrosa	❒	❒	❒
La gente tomaba ventaja de mí	❒	❒	❒
No me cuidaba bien a mí mismo	❒	❒	❒
Gastaba demasiado dinero	❒	❒	❒
Tuve problemas legales	❒	❒	❒
Tuve problemas de salud	❒	❒	❒
Perdí mi casa	❒	❒	❒
Hice cosas peligrosas	❒	❒	❒
Tuve problemas con mi trabajo	❒	❒	❒
El alcohol y las drogas se adueñaron de mi vida	❒	❒	❒
Mis relaciones sufrían	❒	❒	❒
Other:_____ _____	❒	❒	❒

Ejercicio: Ventajas y desventajas del consumo de sustancias

Ventajas del consumo de sustancias	Desventajas del consumo de sustancias
Identifica todas las ventajas del consumo de drogas y bebidas alcohólicas. Toma en cuenta la socialización, la sensación de bienestar, el escape, el manejo de los síntomas, el deseo por algo o la presencia de un hábito.	Identifica todas las desventajas de consumir drogas y bebidas alcohólicas. Toma en cuenta los peores síntomas o recaídas de enfermedades mentales, conflictos familiares o con amigos, problemas en el trabajo o la escuela, dificultades para criar a los hijos, o problemas relacionados con la salud, el sistema legal, la vivienda o el dinero.
Considerando todas las ventajas y desventajas del consumo de sustancias, ¿pensarías en consumir menos o en dejar de consumir?	
❒ No quiero consumir menos ni dejar de consumir. ❒ Quizás. Pienso que puedo consumir menos o dejar de consumir, pero no estoy seguro. ❒ Sí. Me gustaría consumir menos o dejar de consumir.	

Ventajas de estar sobrio	Desventajas de estar sobrio
Identifica todas las ventajas de llevar un estilo de vida sobrio. Ten en cuenta cómo la sobriedad le ayudará a cumplir con las metas de recuperación personales, como un mejor control de tu enfermedad mental mejores relaciones; más independencia mejor salud, desempeño en el trabajo y la escuela, mayor capacidad para criar a los hijos, o menos problemas legales, de vivienda, de dinero o de salud.	Identifica las cosas a las que piensas que tendrás que renunciar si dejas de consumir sustancias. Ten en cuenta los "costos" de la sobriedad, como la pérdida de "amigos", no tener nada divertido que hacer, tener síntomas turbadores, sentir que no hay escape, y sentirse mal.
Considerando todas las ventajas y desventajas de la sobriedad y del consumo de sustancias, ¿pensarías en consumir menos o en dejar de consumir?	
❒ No quiero consumir menos ni dejar de consumir. ❒ Quizás. Pienso que puedo consumir menos o dejar de consumir, pero no estoy seguro. ❒ Sí. Me gustaría consumir menos o dejar de consumir.	

Decidir si reducir el consumo o dejar de consumir sustancias

Comprender las ventajas y desventajas del consumo de sustancias puede ayudarte a decidir si deseas continuar o dejar de consumir.

P: ¿Cuáles son las ventajas y desventajas de llevar un estilo de vida sobrio?

Utiliza el siguiente ejercicio para revisar este tema.

Llevar un estilo de vida sobrio

Cuando la gente decide llevar un estilo de vida sobrio, deben planearlo y llevarlo a la práctica. En ciertas ocasiones puede haber algunas complicaciones en el camino, como por ejemplo sentir fuertes deseos de consumir sustancias o recaer en el consumo. Desarrollar un plan personal para un estilo de vida sobrio es un aspecto importante del manejo de tu enfermedad mental y del cumplimiento de las metas de recuperación propios.

Identifica las razones para no consumir sustancias

Cuando alguien decide reducir el consumo o dejar de consumir sustancias, es importante identificar las razones personales por las cuales se desea llevar un estilo de vida sobrio y recordarse a uno mismo en forma regular esas razones. ¿Cómo puede la sobriedad ayudarte a alcanzar las metas de recuperación personales? Ten en cuenta las siguientes posibles razones:

- Mejor capacidad para manejar las enfermedades mentales (menos recaídas);
- Mejora de las relaciones sociales;
- Mejor desempeño en el trabajo o la escuela;
- Tener apartamento propio;
- Ser un mejor padre;
- Tener menos problemas legales; y
- Tener más dinero para gastar en otras cosas.

Maneja situaciones de "alto riesgo"

Para tener éxito en dejar de consumir sustancias, te ayudará la planificación de cómo manejar situaciones en las que ya has consumido sustancias en el pasado. Estas situaciones se llaman situaciones de alto riesgo. Algunos ejemplos son:

- Tener amigos que te ofrezcan sustancias;
- Tener amigos o conocidos que te presionen para consumir sustancias;
- Encontrarse con un contacto que en el pasado te conseguía drogas;
- Celebrar las fiestas;
- Ir a una fiesta;
- Tener dinero en su bolsillo;
- Sentirse mal (sentirse deprimido, ansioso o frustrado);
- No tener nada que hacer;
- Pasar mucho tiempo solo; y
- Recordar buenos tiempos relacionados con el consumo de sustancias.

Evitar estas situaciones puede reducir el riesgo de recaídas; sin embargo, no siempre es posible evitarlas por completo. Tener estrategias efectivas para manejar las situaciones de alto riesgo es esencial para desarrollar un plan de sobriedad exitoso.

Las situaciones de alto riesgo específicas se describen en el cuadro a continuación, junto con algunas estrategias posibles para manejar estas situaciones.

Cómo manejar algunas situaciones de alto riesgo

Estar en situaciones sociales en las que se ofrezca el consumo de sustancias	Niégate con voz firme. No inventes excusas para decir "No" (Esto invita al debate). Repite tu negación, si fuera necesario. Ofrece una actividad alternativa si la persona es un amigo. Habla a tus amigos y familiares de la importancia de tu sobriedad y pídeles que la respeten. Retírate del lugar, si fuera necesario.
Desear el consumo de sustancias	Distráete haciendo algo que se concentre tu atención en otra cosa. Háblate a ti mismo, diciéndote por ejemplo "Yo puedo con esto". Utiliza técnicas de relajación. Reza. Contacta a una persona de apoyo.
Tener dinero en tu bolsillo	Planea formas de guardar tu dinero en lugares seguros y fuera de tu alcance. Busca formas de no tener acceso directo al dinero.
Cuando las cosas no van bien, como cuando estás atravesando una depresión, ansiedad, alucinaciones o problemas de sueño:	
Depresión	Planea en tu agenda actividades placenteras. Desafía a los pensamientos negativos Practica ejercicio físico. Utiliza frases de autoestima positiva.
Ansiedad	Practica técnicas de relajación. Desafía los pensamientos que puedan preocuparte. Poco a poco exponte a situaciones temidas pero seguras.
Alucinaciones	Distráete con otras actividades. Acepta las voces u otras alucinaciones sin darle atención ni dejar que ellas controlen tu vida. Utiliza la relajación para tolerar la angustia.
Problemas de sueño	No consumas cafeína por la tarde. Evita las siestas. Duérmete todas las noches a la misma hora. Desarrolla una rutina agradable por la noche (como leer o mirar la televisión).

Encontrar nuevas formas para satisfacer tus necesidades

Para desarrollar un estilo de vida sobrio, deberás buscar nuevas formas de satisfacer tus necesidades sin consumir sustancias. Algunas razones para consumir sustancias se identifican a continuación:

- Socializar con otras personas;
- Sentirse aceptado por el resto de la gente;
- Sentirse bien;
- Evitar el aburrimiento;
- Lidiar con los malos sentimientos;
- Tener ayuda para dormir; y
- Tener algo que hacer y esperar con interés.

Desarrollar nuevas formas de satisfacer las necesidades es un trabajo difícil. Este programa tiene como meta ayudarte a desarrollar nuevas estrategias para satisfacer tus necesidades, incluidas las necesidades sociales, sobrellevar los síntomas y hacer otras cosas interesantes con tu tiempo.

Desarrollar nuevas formas de satisfacer tus necesidades toma tiempo y esfuerzo. Sin embargo, las recompensas de un estilo de vida sobrio y la capacidad para alcanzar metas de recuperación personales hacen que el esfuerzo valga la pena.

Desarrollar un plan personal de sobriedad para respaldar tus propias metas de recuperación.

Ejemplos de personas que están alcanzando sus metas de recuperación personales

Cuando la gente comienza a adoptar estilos de vida sobrios, puede ser alentador escuchar a otras personas que hayan tomado esta decisión y que hayan experimentado algunos beneficios. Leer los ejemplos siguientes puede ayudarte:

Antes pensaba que el alcohol era mi mejor amigo, pero ahora soy más sensata. Siempre estaba ahí cuando lo necesitaba, y organizaba mi vida alrededor de la bebida, ya sea solo o con otra gente. Sin embargo, la bebida me costó mucho, hizo que mis síntomas empeoren y hasta estuve hospitalizada. No podía mantener un trabajo, y no podía hacerme cargo de mis hijos. Ahora que estoy sobria pude volver a controlar mi vida. No he vuelto a ser hospitalizada, estoy trabajando nuevamente y soy una mejor madre y un ejemplo para mis hijos.

***— Glorissa**, 38 años, con trastornos bipolares, sobria hace 8 años*

Salir de las drogas fue difícil para mí. Pensaba que consumir drogas era la solución a todos mis problemas, ya sea distrayéndome o sintiendo euforia. Aprender nuevas formas de manejar mi depresión, mis voces, y mis problemas de sueño me ayudó a controlar mis deseos de consumir drogas. También tuve que hacer nuevos amigos, y siento que estos amigos realmente se preocupan por mí. Me siento mucho mejor conmigo mismo y tengo mi propio apartamento, también volví a la escuela.

***— Jerome**, 28 años, con trastorno esquizoafectivo, sobrio, dejó la cocaína (crack), el speed y la marihuana hace 14 meses*

P: ¿Sabes de alguien que haya experimentado cambios positivos al adoptar un estilo de vida sobrio?

¿Abstenerse o reducir el consumo?

Tomar una decisión informada acerca de tu consumo de sustancias puede ser difícil. Uno de los aspectos a tener en cuenta es si dejarás de consumir sustancias en forma total (abstinencia) o reducirás el consumo, sin dejarlo por completo.

A la gente que tiene problemas de consumo de sustancias le resulta difícil reducir el consumo porque consumir incluso una cantidad reducida los lleva a querer más. Además, los factores biológicos hacen que las personas que padecen enfermedades mentales sean muy sensibles a las sustancias. Esto significa que para algunas personas, el hecho de consumir una cantidad pequeña de sustancias puede tener efectos drásticos. Por esta razón, es mejor que dejes por completo el consumo.

Algunas personas quieren trabajar sobre sus problemas de consumo de sustancias, pero no están preparados para dejarlo por completo. Para esta gente, el reducir la cantidad de alcohol o drogas puede ser un buen primer paso hacia la sobriedad. Sin embargo, la abstinencia sigue siendo la mejor forma de superar los problemas de consumo de sustancias.

P: ¿Has intentando alguna vez (tú o alguien que conozcas) reducir o dejar el consumo de sustancias en el pasado? ¿Qué ocurrió?

Desarrollar un plan personal de sobriedad

Para alcanzar tus metas de sobriedad, desarrollar un plan específico te ayudará. Este plan debe incluir estos tres pasos:

- Identifica tus razones para querer dejar de consumir sustancias.
- Desarrolla estrategias para manejar situaciones de alto riesgo.
- Encuentra nuevas formas de satisfacer tus necesidades que no implique el consumo de sustancias.

Utiliza el siguiente ejercicio como ayuda para desarrollar un plan personal de sobriedad.

Ejercicio: Plan personal de sobriedad

¡Felicitaciones! Has tomado el primer y más importante paso para deshacerte de tus problemas relacionados con el consumo de bebidas alcohólicas y drogas. Completa este plan siguiendo los pasos que se describen a continuación. Comparte tu plan con gente cercana que pueda apoyarte en el logro de tus metas de sobriedad.

Paso 1. Identifica entre una y tres razones de cómo tu vida mejorará si dejas de consumir sustancias. Ten en cuenta cómo la sobriedad puede ayudarte a alcanzar tus metas de recuperación personales.

Cómo mejorará tu vida si dejas de consumir sustancias: _____

_____

_____

_____

_____

_____

Paso 2. Identifica entre una y tres situaciones de alto riesgo que puedan llevar a un consumo no deseado de bebidas alcohólicas o drogas. Ten en cuenta situaciones en las que hayas consumido sustancias anteriormente, como por ejemplo cuando la gente te ofrece sustancias, cuando te sientes presionado para consumir, cuando te sientes mal, cuando no tienes nada que hacer o cuando sientes fuertes deseos de consumir.

_____

_____

_____

_____

_____

Paso 3. Haz un plan de cómo lidiar con las situaciones de alto riesgo que llevan al consumo de sustancias. Para cada situación de alto riesgo, identifica una o dos formas de manejarla.

Situaciones de alto riesgo: _____

_____

_____

_____

_____

_____

Cómo manejarla: _____

_____

_____

_____

_____

_____

Paso 4. Encuentra nuevas formas de satisfacer tus necesidades. Ten en cuenta la forma en que las sustancias han satisfecho tus necesidades previamente, como por ejemplo salir con amigos, sentirte relajado o sentir euforia, sobrellevar los síntomas, o tener algo que hacer.

¿Qué necesidades satisfacían las sustancias? Para cada necesidad que identifiques, piensa en al menos una estrategia nueva para satisfacer esa necesidad.

Necesidades: _____

_____

_____

_____

_____

_____

Cómo satisfacer esa necesidad: _____

_____

_____

_____

_____

_____

Recuperarse de los problemas causados por el consumo de sustancias

Recuperarse de los problemas que causa el consumo de sustancias puede ser una tarea difícil. Has tomado el primer paso importante al reconocer que los efectos negativos de tu propio consumo son mayores que los positivos, y al decidir dejar de consumir.

En el camino puede haber complicaciones. Sin embargo, tu fuerza y determinación tendrán sus resultados a medida que empieces a sentirte sobrio. Tienes el derecho a tener la esperanza de que la recuperación es posible. Poner en práctica las estrategias en tu plan personal de sobriedad te ayudará a alcanzar tus metas y superar los efectos que las sustancias han causado en tu vida.

Resumen de los puntos más importantes sobre el consumo de drogas y bebidas alcohólicas

- La gente consume sustancias por diferentes razones, como la socialización, mejorar el estado de ánimo, manejo de los síntomas y distracción de los problemas.
- Los problemas comunes relacionados con el consumo de sustancias son, entre otros, el aumento de los síntomas o recaídas, problemas sociales, dificultades en el trabajo o la escuela, problemas de la vida diaria, problemas legales, problemas de salud, problemas de seguridad, y dependencia psicológica o física.
- Algunas personas que padecen enfermedades mentales son sensibles a los efectos de las drogas y el alcohol y pueden experimentar problemas al consumir sustancias aun en cantidades pequeñas.
- El consumo de sustancias tiene interacciones con las medicaciones de la enfermedad mental, en general las hacen menos efectivas.
- Es importante pesar las ventajas y las desventajas de consumir sustancias y tomar una decisión informada acerca de ello.
- Si eliges dejar de consumir sustancias, el desarrollo de un plan personal de sobriedad puede ayudarte a cumplir con tus metas de recuperación.

Appendix D: IMR Toolkit Sample Progress Note

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Appendix D: IMR Toolkit Sample Progress Note

Name: _____

ID#: _____

Date: _____

Name of significant other(s) involved in session:

_____

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

_____

_____

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

_____

_____

Treatments Provided

Motivational interventions (check all that apply):

- ❒ Connect info and skills with personal goals
- ❒ Promote hope & positive expectations
- ❒ Explore pros and cons of change
- ❒ Re-frame experiences in positive light

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

- ❒ Recovery strategies
- ❒ Practical facts about mental Illness
- ❒ Stress-vulnerability model
- ❒ Social support
- ❒ Using medication
- ❒ Reducing relapses
- ❒ Coping with stress
- ❒ Coping w/symptoms & problems
- ❒ Mental health system

Cognitive-behavioral interventions (check all that apply):

- ❒ Reinforcement
- ❒ Shaping
- ❒ Modeling
- ❒ Role playing
- ❒ Cognitive restructuring
- ❒ Relaxation training

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

Coping skill for dealing with symptoms:_____

_____

_____

Relapse prevention skill: _____

_____

_____

Behavioral tailoring skill: _____

_____

_____

Homework that was agreed upon: _____

_____

_____

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

_____

_____

Plan for next session: _____

_____

_____

Person's signature: _____

Practitioner's signature: _____

Sample Modified Progress Note For IMRs

WEEKLY: Progress Note for Illness Management and Recovery

Name::_____

Track#:_____

Date/Time: _____

Personal goal that was set this session, or follow-up on prior goal:_____

_____

_____

Problem or goal that is the focus for today's group: _____

_____

_____

Comment on group:_____

_____

_____

Treatments Provided

Motivational intervention strategies (check all that apply):

- ❒ Connect info and skills with personal goals
- ❒ Promote hope & positive expectations
- ❒ Explore pros and cons of change
- ❒ Re-frame experiences in positive light
- ❒ Validate steps towards goal completion
- ❒ Break down goals into manageable steps

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

- ❒ Orientation/philosophy
- ❒ Recovery strategies
- ❒ Using medication
- ❒ Coping w/symptoms & problems
- ❒ Knowledge & skills inventory

Educational interventions/strategies (check all that apply):

- ❒ Interactive teaching
- ❒ Check for understanding
- ❒ Break down information
- ❒ Review information

Cognitive-behavioral interventions/strategies (check all that apply):

- ❒ Reinforcement
- ❒ Shaping
- ❒ Modeling
- ❒ Role playing
- ❒ Homework
- ❒ Relapse prevention
- ❒ Cognitive restructuring
- ❒ Relaxation training
- ❒ Coping skills enhancement

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

Coping skill for dealing with symptoms:_____

_____

_____

Relapse prevention skill: _____

_____

_____

Behavioral tailoring skill: _____

_____

_____

Appendix E: Recovery Assessment Scale

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Appendix E: Recovery Assessment Scale

I am going to read a list of statements that describe how people sometimes feel about themselves and their lives. Please listen carefully to each one and indicate the response that best describes the extent to which you agree or disagree with the statement. For each of these statements, please indicate whether you strongly disagree (1), disagree (2), not sure (3), agree (4), or strongly agree (5) with these statements.

Recovery Assessment Scale

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
1. I have a desire to succeed.	1	2	3	4	5	8	9
2. I have my own plan for how to stay or become well.	1	2	3	4	5	8	9
3. I have goals in life that I want to reach.	1	2	3	4	5	8	9
4. I believe I can meet my current personal goals.	1	2	3	4	5	8	9
5. I have a purpose in life.	1	2	3	4	5	8	9
6. Even when I don't care about myself, other people do.	1	2	3	4	5	8	9
7. I understand how to control the symptoms of my mental illness.	1	2	3	4	5	8	9
8. I can handle it if I get sick again.	1	2	3	4	5	8	9
9. I can identify what triggers the symptoms of my mental illness.	1	2	3	4	5	8	9
10. I can help myself become better.	1	2	3	4	5	8	9
11. Fear doesn't stop me from living the way I want to.	1	2	3	4	5	8	9
12. I know that there are mental health services that do help me.	1	2	3	4	5	8	9
13. There are things that I can do that help me deal with unwanted symptoms.	1	2	3	4	5	8	9
14. I can handle what happens in my life.	1	2	3	4	5	8	9
15. I like myself.	1	2	3	4	5	8	9
16. If people really knew me, they would like me.	1	2	3	4	5	8	9
17. I am a better person than before my experience with mental illness.	1	2	3	4	5	8	9
18. Although my symptoms may get worse, I know I can handle it.	1	2	3	4	5	8	9

Recovery Assessment Scale (cont.)

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
19. If I keep trying, I will continue to get better.	1	2	3	4	5	8	9
20. I have an idea of who I want to become.	1	2	3	4	5	8	9
21. Things happen for a reason.	1	2	3	4	5	8	9
22. Something good will eventually happen.	1	2	3	4	5	8	9
23. I am the person most responsible for my own improvement.	1	2	3	4	5	8	9
24. I'm hopeful about my future.	1	2	3	4	5	8	9
25. I continue to have new interests.	1	2	3	4	5	8	9
26. It is important to have fun.	1	2	3	4	5	8	9
27. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5	8	9
28. My symptoms interfere less and less with my life.	1	2	3	4	5	8	9
29. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5	8	9
30. I know when to ask for help.	1	2	3	4	5	8	9
31. I am willing to ask for help.	1	2	3	4	5	8	9
32. I ask for help when I need it.	1	2	3	4	5	8	9
33. Being able to work is important to me.	1	2	3	4	5	8	9
34. I know what helps me get better.	1	2	3	4	5	8	9
35. I can learn from my mistakes.	1	2	3	4	5	8	9
36. I can handle stress.	1	2	3	4	5	8	9
37. I have people I can count on.	1	2	3	4	5	8	9
38. I can identify the early warning signs of becoming sick.	1	2	3	4	5	8	9
39. Even when I don't believe in myself, other people do.	1	2	3	4	5	8	9
40. It is important to have a variety of friends.	1	2	3	4	5	8	9
41. It is important to have healthy habits.	1	2	3	4	5	8	9

Key to Scoring Recovery Assessment Scale

- **Factor 1: Personal Confidence and Hope**
  Add together questions: 11, 14, 15, 20, 22, 24, and 36.
- **Factor 2: Willingness to ask for Help**
  Add together questions: 30, 31, and 32
- **Factor 3: Goal and Success Oriented**
  Add together questions: 1, 2, 3, 4 and 5
- **Factor 4: Rely on Others**
  Add together questions: 6, 37, 39, and 40
- **Factor 5: Not Dominated by Symptoms**
  Add together questions: 27, 28, and 29

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Appendix F: Illness Management And Recovery Program Sample Group Facilitator Evaluation Form

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Appendix F: Illness Management And Recovery Program Sample Group Facilitator Evaluation Form

Staff Facilitator:_____

Date: _____

IM & R Module: _____

Rating Key: 1 = Strongly Disagree
2 = Disagree
3 = Partially Agree
4 = Agree
5 = Strongly Agree
N/A = Not Applicable

The staff member:

_____ 1. Presents the topic interestingly.

_____ 2. Comes to group well prepared and presents the material clearly.

_____ 3. Adjusts the pace and content of material to the needs of the group.

_____ 4. Is enthusiastic, innovative and resourceful.

_____ 5. Instills a sense of hope and belief in the capacities of the consumer.

_____ 6. Facilitates a sense of empowerment and choice in the consumer.

_____ 7. Maintains structure, discipline and interest conducive to learning.

_____ 8. Is respectful, approachable and helpful.

_____ 9. Attempts to individualize the material wherever feasible.

_____ 10. Relates the material to individualized IM & R Treatment Plan goal(s).

_____ 11. Integrates learning partners into the learning process and/or refers to same for follow up.

_____ 12. Provides individualized homework opportunities.

_____ 13. Encourages a sense of personal responsibility in the consumer's learning and recovery.

_____ 14. Encourages active use of each consumer's support system in the recovery process.

_____ 15. Provides at least one functional educational hand-out related to the material at hand.

_____ 16. Makes active use of at least one motivational-based strategy.

_____ 17. Makes active use of at least one educational technique.

_____ 18. Makes active use of at least one cognitive-behavioral technique.

_____ 19. Makes active use of at least one coping skill training technique.

_____ 20. Makes active use of behavioral tailoring as appropriate.

_____ 21. Seeks supervision/mentoring relationships with peers.

_____ 22. Is responsive to feedback in this evaluation process.

Average Score:_____

Comments: _____

_____

Recommendations: _____

_____

Staff Facilitator:_____

Staff Evaluator: _____

❒ Route to Program Director

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Appendix G: Fidelity Scale Protocol for IMR Program Implemented Within an IMD

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Appendix G: Fidelity Scale Protocol For Illness Management and Recovery Program Implemented within an IMD

Overview

Fidelity refers to the degree of implementation of an evidence-based practice. The scale items provide concrete indications that the practice is being implemented as intended. What follows is an adaptation of the Fidelity Scales developed by SAMHSA/CMS, based on the IMR program being implemented within an IMD. The IMR Fidelity Scale is intended to be a companion assessment tool used at the same time as the General Organizational Index is administered.

Why measure fidelity?

Several assumptions underlie the use of fidelity scales. First, a fidelity scale should adequately sample the critical ingredients of the IMR Program to differentiate between programs that follow the practice and those that do not. Second, fidelity scales should be sensitive enough to detect progress in the development of a program from the start-up phase to its mature development. There is some evidence that fidelity scales achieve this goal. Thus, high-fidelity programs are expected to have greater effectiveness than low-fidelity programs in achieving desired client outcomes. Several studies comparing fidelity ratings to outcomes also support this assumption.

One key use of fidelity scales is for monitoring programs over the course of their development (and even after they are fully established). Experience by implementers suggests that routine use of fidelity scales provides an objective, structured way to give feedback about program development. This is en excellent method to diagnose program weaknesses and clarify strengths for providing positive feedback on program development.

Items to be Measured

The IMR Fidelity Scale as modified for the IMD/IMR Program contains 12 items that have been developed to measure the adequacy of implementation of the IMD/IMR program. Each item on the scale is rated on a 5-point behaviorally-anchored rating scale ranging from 1 ("Not implemented") to 5 ("Fully implemented"). The standards used for establishing the anchors for the "Fully implemented" ratings were determined through a variety of sources as well as empirical research.

1. Number of People in a Session or Group

Definition

IMR is taught either individually, in groups of no more than 10 clients, or in a combination of both individual and small groups.

Rationale

IMR can be taught using either an individual or group format, each of which has it advantages. The main advantages of the individual format include individualized pacing of the teaching and increased attention. Group format, on the other hand, provides clients with more sources of feedback, support, role models, and may be more economical; however, if the group size exceeds 10 clients, individualized attention and participation by all clients are likely to be compromised.

Sources of information

Interviews with program leaders, practitioners and clients, asking about what kind of sessions are used—individual or group or combination. If groups are used, ask about numbers of staff and clients in the groups.

Item response coding

If all IMR sessions are taught individually or in groups of 10 or less clients, the item would

be coded as a "5." In some programs more than one practitioner may co-instruct a large group session. In such a case, the rating depends on the amount of individual attention given during the session. For example, if three practitioners break up a class of 21 clients into smaller groups of seven for discussion and/or exercises, then the item would be coded as a "5."

2. Program Length

Definition

To be considered as completing the IMR program, clients receive at least two to three months of weekly sessions or an equivalent number of sessions and go through the orientation, recovery, medication and coping with problems and skill modules.

Rationale

Each module can generally be covered in two to four sessions. Following completion of all modules, clients may also benefit from booster sessions or support groups aimed at using and expanding skills.

Sources of information

Interviews with program leaders, practitioners and clients about the length and numbers of sessions, as well as chart review for clients who have completed the program.

Item response coding

If 90 percent or more of IMR clients receive weekly or an equivalent number of sessions for two to three months, the item would be coded as a "5." If a client is involved in the IMR Program and is discharged before completing two to three months, this would also be coded a "5."

3. Comprehensiveness of Curriculum

Definition

Curriculum materials for each of the modules are available for IMR practitioners to use in their sessions.

Rationale

For implementation within an IMD, we have identified the orientation and four IMR modules as key topics. The more comprehensive the curriculum, the more beneficial the program is to the participating clients.

Sources of information

Interviews with program leaders and practitioners asking about the content of the curriculum and training on the curriculum. Review of educational curriculum and handouts.

Item response coding

If the IMR curriculum materials cover the orientation and the three identified modules, the item would be coded as a "5."

4. Provision of Educational Handouts

Definition

All clients participating in the IMR Program receive IMR handouts.

Rationale

An educational handout summarizes the main teaching points in plain language and includes useful forms and exercises. These handouts can be reviewed in the session as well as outside the session (e.g., for homework assignments). In addition, clients can share the handouts with significant others to inform them about IMR.

Sources of information

Chart review—look for documentation of provision of educational handouts. Review of materials—look to see if curriculum and handouts adequately cover the orientation and three designated modules. Interviews with program leaders, practitioners and clients, asking about the availability and use of educational handouts.

Item response coding

If 90 percent or more of clients receive written (or alternative) educational materials, the item would be coded a "5."

5. Involvement of Learning Partners

Definition

"Learning partners" refer to family members, friends, peers, or any other individual in the client's support network excluding professionals. "Involvement" is defined here as at least one IMR-related contact in the last month between the practitioner and the learning partner other OR the learning partner's involvement with the client in pursuit of goals identified in the IMR plan, such as assisting the client with homework assignments.

Rationale

Research has shown that social support has been found to help people generalize information and skills learned in sessions to their natural environment, leading to better social functioning. Social support also plays a critical role in reducing relapse and hospitalization in persons with serious mental illness. Because developing and enhancing natural support is one of the goals of IMR, clients are encouraged to identify and work with learning partners with whom they can share handout materials and who will support them in applying newly acquired skills. However, the decision to involve a learning partner is the client's choice.

Sources of information

Interviews with practitioners and clients asking about involvement of learning partners and the nature and frequency of contacts with the client. Chart review—look for documentation of involvement of learning partner.

Item response coding

If 50 percent or more of IMR clients involve a learning partner (i.e., at least monthly contact reported by the practitioner, or involvement reported by the client), the item would be coded a "5".

6. IMR Goal Setting

Definition

Practitioners help clients identify realistic and measurable goals. The goals should be pertinent to the recovery process and can be very individualized, but there should be linkage between the goal and the treatment plan.

Rationale

One of the objectives of the IMR Program is to help clients establish personally meaningful goals to strive towards. In addition to being teachers, practitioners are collaborators in helping the clients learn how to cope with their illness and make progress towards their goals.

Sources of information

Program leader, practitioner and client interviews asking about goals and the goal-setting process. Chart reviews—look for documentation of IMR goals and collaborative goal-setting process. (Examples are given in the IMR practitioner workbook).

7. IMR Goal Follow-up

Definition

Practitioners and clients collaboratively follow up on goal(s) identified in Item 6.

Rationale

A core value of IMR is to facilitate clients' pursuit of their goals and progress in their recovery at their own pace. Therefore, the goals and steps to be taken toward the goals need ongoing evaluation and modification.

Sources of information

Interviews with program leaders, practitioners and clients about reviewing progress towards achieving goals. Review of charts—look for documentation of follow-up on IMR goals (examples are given in the IMR practitioner workbook).

Item response coding

If more than 90 percent of IMR clients have documentation and/or report continued follow-up on their goal(s), the item would be coded a "5."

8. Motivation-based Strategies

Definition

Practitioners regularly use motivation-based strategies, which include:

- Helping the client see how learning specific information and skills could help her/him achieve short and long-term goals,
- Helping the client explore the pros and cons of change,
- Helping the client put past experiences in more positive perspectives,
- Instilling hope and increasing the belief that the client can achieve the goal.

Rationale

Motivation-based strategies reflect the understanding that unless clients view learning specific information or skills as being relevant to their own needs and desires, they will not be motivated to invest the necessary effort in learning.

Sources of information

Interviews with practitioners about the processes they use in IMR sessions. Interviews with clients about whether or not the practitioners and IMR sessions make them feel hopeful, more confident, etc.

Item response coding

If 50 percent or more of IMR sessions use at least one motivation-based strategy, the item would be coded a "5."

9. Educational Techniques

Definition

Practitioners embrace the concept of and regularly apply educational techniques, which include:

- *Interactive teaching:* Frequently pausing when presenting information to get the client's reaction and perspective, talking about what the information means, and clarifying any questions that may arise.
- *Checking for understanding:* Asking clients to summarize information in their own language rather than asking yes or no questions, such as "Do you understand?".
- *Breaking down information:* Providing information in small chunks.
- *Reviewing information:* Summarizing previously discussed information (both by the practitioner and the client).

Rationale

Educational techniques are the pillars in teaching basic information and insuring that clients understand. For example, interactive teaching not only makes learning an interesting and lively activity, but also conveys to clients that they have important contributions to make to the learning process and that the practitioner is interested in what they have to say.

Sources of information

Interviews with practitioners, asking them to describe the interactive teaching they used in a recent session. Interviews with clients asking about whether or not the practitioners check their understanding of the material during a session. Chart reviews looking for documentation of educational techniques used in a session.

Item response coding

If 50% or more of IMR sessions use at least one educational technique, the item would be coded a "5".

10. Cognitive-behavioral Techniques

Definition

Practitioners regularly use cognitive-behavioral techniques to teach IMR information and skills, which include:

- *Positive reinforcement:* Positive feedback following a skill or behavior designed to increase it or to encourage a client's efforts to use a skill
- *Shaping:* Reinforcement of successive approximations to a goal. The practitioner recognized the multiple steps and individualized pacing necessary for clients to learn complex skills, and provides frequent reinforcement as they progress toward the goal.
- *Modeling:* Demonstration of skills
- *Role playing:* A simulated interaction in which a person practices a behavior/skill.
- *Cognitive restructuring:* Practitioners help the client describe the situation leading to a negative feeling, making a link between the negative emotions and the thoughts associated with those feelings, evaluate the accuracy of those thoughts, and, if they are found to be inaccurate, identify an alternative way of looking at the situation which is more accurate.
- *Relaxation training:* Teaching strategies to help the client relax.

Rationale

There is strong evidence for the efficacy of cognitive-behavioral techniques in helping clients to develop and maintain social skills, use medication effectively, develop coping strategies for symptoms and reduce relapses.

Sources of information

Review of charts, looking for documentation of cognitive-behavioral techniques used in a session. Interviews with practitioners, asking them to describe one of these techniques used in a recent session. Interviews with clients asking them about whether or not they experienced any of these techniques (using layperson's language) in a recent session.

Item response coding

If 50 percent or more of IMR sessions use at least one cognitive-behavioral technique, the item would be coded as a "5."

11. Coping Skills Training

Definition

Practitioners embrace the concept of, and systematically provide, coping skills training that includes:

- Exploring the coping skills currently used by the client,
- Amplifying the current coping skills and/or teaching new coping strategies,
- Behavioral rehearsal of the coping skill,
- Evaluating the effectiveness of the coping skill,
- Modifying the coping skill as necessary,

Rationale

Coping skills training is used to improve the ability of clients to cope with persistent symptoms.

Sources of information

Review of charts, looking for documentation of coping skills training. Interviews with practitioners asking them to describe the methods of coping skills training used in a recent session. Interviews with clients asking them about newly learned coping skills and how confident they feel in their ability to cope with their symptoms.

Item response coding

If all practitioners are familiar with and regularly practice coping skills training, the item would be coded as a "5."

12. Behavioral Tailoring for Medication

Definition

Practitioners embrace the concept of and use behavioral tailoring for medication. Behavioral tailoring includes developing strategies tailored to each individual's needs, motives and resources so that they will be able to maintain their medication regiment when they leave the facility.

Rationale

Behavioral tailoring is especially effective in helping clients manage their medication regime as prescribed.

Sources of information

Review of charts, looking for documentation of behavioral tailoring in a session. Interviews with practitioners asking about methods of behavioral tailoring for medication that they have used in a recent session. Interviews with clients asking if they have discussed with their practitioner what they can do when they leave to make taking their medication as prescribed easier for them.

IMR Fidelity Scale

	1	2	3	4	5
1. # of people in a Session or Group IMR is taught individually or in groups of 8 or less clients	Some sessions taught with over 15 clients and only one practitioner	Some sessions taught with 15 clients and only one practitioner	Some sessions taught with 13 or 14 clients and only one practitioner	Some sessions taught with 11 or 12 clients and only one practitioner	All IMR sessions taught individually or in groups of 10 or less
2. Program Length Clients receive at least 2-3 months of weekly sessions or an equivalent number of sessions. If a client is discharged while participating in the IMR Program, this would be coded a "5".	Less than 20% of IMR clients receive at least 2 months of weekly sessions or equivalent	20% to 39% of IMR clients receive at least 2 months of weekly sessions or equivalent	40% to 69% of IMR clients receive at least 2 months of weekly sessions or equivalent	70% to 89% of IMR clients receive at least 2 months of weekly sessions or equivalent	90% or more of IMR clients receive at least 2 months of weekly sessions or equivalent
3. Comprehensiveness of the curriculum • Orientation • Recovery Strategies • Using Medication • Coping with problems and symptoms • Drug and Alcohol Use	Curriculum contains only one topic, educational handouts are not available	Curriculum contains one or two topics, complete curriculum is not followed	Curriculum contains three modules; orientation and knowledge and skills inventory are not covered	Curriculum contains all four modules; orientation and/ or knowledge and skills inventory are not covered	Curriculum contains all four modules and orientation and knowledge and skills inventory are covered
4. Provision of Educational Handouts All clients participating in IMR receive IMR handouts	Less than 20% of IMR clients receive educational handouts	20% to 39% of IMR clients receive educational handouts	40% to 69% of IMR clients receive educational handouts	70% to 89% of IMR clients receive educational handouts	90% or more of IMR clients receive educational handouts
5. Involvement of Learning Partners At least one IMR-related contact in the last month OR involvement with the client in pursuit of goals (e.g., assisting with homework assignments).	Less than 20% of IMR clients have learning partner(s) involved	20% to 29% of IMR clients have learning partner(s) involved	30% to 39% of IMR clients have learning partner(s) involved	40% to 49% of IMR clients have learning partner(s) involved	50% or more of IMR clients have learning partner(s) involved
6. IMR Goal Setting Goals are: • Realistic and measurable • Individualized • Pertinent to the recovery process • Linked to the treatment plan	Less than 20% of IMR clients have at least 1 personal goal in their chart	20% to 39% of IMR clients have at least 1 personal goal in their chart	40% to 69% of IMR clients have at least 1 personal goal in their chart	70% to 89% of IMR clients have at least 1 personal goal in their chart	90% or more of IMR clients have at least 1 personal goal in their chart

IMR Fidelity Scale (cont.)

	1	2	3	4	5
7. IMR Goal Follow-Up Practitioners and clients collaboratively follow-up on goal (s). (See examples in the IMR Practitioner Workbook)	Less than 20% of IMR clients have follow-up on goal(s) documented in chart	20% to 39% of IMR clients have follow-up on goal(s) documented in chart	40% to 69% of IMR clients have follow-up on goal(s) documented in chart	70% to 89% of IMR clients have follow-up on goal(s) documented in chart	90% or more of IMR clients have follow-up on goal(s) documented in chart
8. Motivation-Based Strategies • New info & skills • Positive perspectives • Pros & cons of change • Hope & the belief that goals can be achieved	Less than 20% of IMR sessions use at least 1 motivation-based strategy	20% to 29% of IMR sessions use at least 1 motivation-based strategy	30% to 39% of IMR sessions use at least 1 motivation-based strategy	40% to 49% of IMR sessions use at least 1 motivation-based strategy	50% or more of IMR sessions use at least 1 motivation-based strategy
9. Educational Techniques • Interactive teaching • Checking for understanding • Breaking down info • Reviewing info	Less than 20% of IMR sessions use at least 1 educational technique	20% to 29% of IMR sessions use at least 1 educational technique	30% to 39% of IMR sessions use at least 1 educational technique	40% to 49% of IMR sessions use at least 1 educational technique	50% or more of IMR sessions use at least 1 educational technique
10. Cognitive-Behavioral Techniques • Reinforcement • Shaping • Modeling • Role playing • Cognitive restructuring • Relaxation training	Less than 20% of IMR sessions use at least 1 cognitive-behavioral technique	20% to 29% of IMR sessions use at least 1 cognitive-behavioral technique	30% to 39% of IMR sessions use at least 1 cognitive-behavioral technique	40% to 49% of IMR sessions use at least 1 cognitive-behavioral technique	50% or more of IMR sessions use at least 1 cognitive-behavioral technique
11. Coping Skills Training • Review current coping • Amplify current coping or develop new coping skills • Behavioral rehearsal • Review effectiveness • Modify as necessary	Few or none of the practitioners are familiar with the principles of coping skills training	Some of the practitioners are familiar with the principles of coping skills training with a low level of use	Some of the practitioners are familiar with the principles of coping skills training, with a moderate level of use	The majority of the practitioners are familiar with the principles of coping skills training and use it regularly	All practitioners are familiar with the principles of coping skills training and use it regularly
12. Behavioral Tailoring for Medication Developing strategies tailored to each individual's needs, motives and resources so that they will be able to maintain their medication regiment when they leave the facility	Few or none of the practitioners are familiar with the concept of behavioral tailoring	Some of the practitioners are familiar with the concept of behavioral tailoring, with a low level of use	Some of the practitioners are familiar with the concepts of behavioral tailoring, with a moderate level of use	The majority of the practitioners are familiar with the concepts of behavioral tailoring and use it regularly	All practitioners are familiar with the concepts of behavioral tailoring and use it regularly

Appendix H: General Organizational Index for Illness Management and Recovery Program Implemented within an IMD

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Appendix H: General Organizational Index for Illness Management And Recovery Program Implemented within an IMD

Overview

The General Organizational Index (GOI) measures a set of general operating characteristics of an organization, related to its overall capacity to implement and sustain evidence-based practices, such as the Illness Management and Recovery (IMR) Program. What follows is an adaptation of the GOI developed by SAMHSA/CMS, based on the IMR program being implemented within an IMD. The GOI is intended to be a companion assessment tool used at the same time as the IMR Fidelity Scale is administered.

Why measure general organization characteristics?

The rationale for the use of the GOI is similar for the one given for fidelity scales. Clinical experience suggests that agencies that generally do an excellent job in implementing a practice have the GOI elements in place within the organization. Programs scoring high on the GOI are expected to be more effective in implementing an evidence-based practice (EBP) and in achieving desired outcomes.

Principles to be Measured

G1. Program Philosophy

Definition

The program is committed to a clearly articulated philosophy consistent with the IMR Program, based on the following five sources:

- Program leader
- Senior staff
- Practitioner providing IMR
- Clients
- Written materials

Rationale

In programs that truly endorse the IMR, staff members at all levels embrace the program philosophy and practice it in their daily work

Sources of information

Interviews with program leaders, senior staff, practitioners, and clients. Review of program materials about program philosophy and IMR.

G2. Assessment

Definition

All clients in the IMR Program receive standardized, high-quality, comprehensive and timely assessments.

- *Standardization* refers to a reporting format that is easily interpreted and consistent across clients.
- *High quality* refers to assessments that provide concrete, specific information that differentiates between clients. If most clients are assessed using identical words, or if the assessment consists of broad, non-informative checklists, then this would be considered lower quality.
- *Comprehensive* assessments include: history and treatment of medical, psychiatric, and substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of bio-psychosocial risk factors.
- *Timely* assessments are those updated at least annually.

Rationale

Comprehensive assessment/re-assessment is indispensable in identifying target domains of functioning that may need intervention, in addition to the clients' progress toward recovery.

Sources of information

Interviews with program leader, senior staff and practitioners, as well as sample chart review.

G3. Individualized Treatment Plan

Definition

For all clients in the IMR Program, there is an explicit, individualized treatment plan (even if it is not called this) related to the IMR Program that is consistent with assessment and updated every 3 months. "Individualized" means that goals and steps to reaching the goals are identified and unique to this client.

Rationale

Core values of IMR include individualization of services and supporting clients' pursuit of their goals and progress in their recovery at their own pace. Therefore, the treatment plan needs ongoing evaluation and modification.

Sources of information

Chart reviews, interviews with program leaders, practitioners, and clients. Observation of treatment plan meeting, if possible.

G4. Individualized Treatment

Definition

All clients in the IMR Program receive treatment that includes steps, strategies, services/ interventions and intensity of involvement that are focused on specific clients goals that are unique for each clients.

Rationale

The key to success of the IMR Program is implementing a plan that is individualized and addresses the client's defined goals.

Sources of information

Chart review of the treatment plan, practitioner and clients' interviews.

G5. Training

Definition

All new practitioners receive standardized training in the IMR Program within two months of hiring. Existing practitioners receive annual refresher training.

Rationale

Practitioner training and retraining are warranted to ensure that the IMR Program is implemented in a standardized manner, across practitioners and over time.

Sources of information

Interviews with program leader, senior staff and practitioners. Review of training curriculum and schedule.

G6. Supervision

Definition

All IMR group facilitators are evaluated at least every six months, by having someone observe them in their IMR groups. An evaluation form, including recommendations for improvement is completed and shared with the group facilitator.

Rationale

Regular evaluation and feedback is critical, not only for providing quality service, but also for ensuring the standardized provision of evidence-based services.

Sources of information

Interviews with program leader, evaluators and practitioners about the evaluation process. Review of group facilitator evaluation forms.

G7. Process Monitoring

Definition

Program leaders monitor the process of implementing the IMR program every six months and use the data to improve the program.

Process monitoring uses a standardized approach such as a fidelity scale.

Rationale

Systematic and regular collection of process data is imperative in evaluating program fidelity.

Sources of information

Program leader, senior staff and practitioner interview to assess whether fidelity scales are used, data is collected on clients' service utilization and attendance and how this data impacts programs and services.

G8. Outcome Monitoring

Definition

Supervisors/program leaders monitor the outcomes of clients enrolled in the IMR Program when they have completed the series of modules being implemented and/or at discharge. The program monitors client's length of stay and recidivism. Program outcomes are monitored at least yearly. Client outcomes monitoring involves a standardized approach to assessing clients.

Rationale

Systematic and regular collection of outcome data is imperative in evaluating program effectiveness. Effective programs also analyze data to ascertain what is working and what is not working, and use the results to improve the quality of services provided.

Sources of information

Interviews with program leaders, senior staff and practitioners. Review of internal reports and outcome documentation.

G9. Quality Assurance

Definition

The program's QA Committee and/or the IMR Implementation Committee has an explicit plan to review the components of the IMR Program every six months. Good Implementation/ QA Committees help guide and sustain the implementation by reviewing fidelity reports, making recommendations for improvement, advocating/promoting IMR within the facility and in the community, and deciding on and keeping track of key outcomes relevant to the IMR Program

Rationale

Research has shown that programs that most successfully implement EBPs have better outcomes. Systematic and regular collection of process and outcome data is imperative in evaluating program effectiveness.

Sources of information

Interviews with program leaders and QA/ Implementation Committee members.

G10. Clients' Choices

Definition

Clients in the IMR Program are offered a reasonable range of choices whenever possible, such as:

- Selection of a learning partner,
- Choices of issues/problems to work on,
- Specific self management goals,
- Nature of behavioral tailoring.

Rationale

A major premise in the IMR program is that clients are capable of playing a vital role in the management of their illnesses and making progress towards achieving their goals. Although choices for clients in IMDs are limited, it is important to provide the opportunity for client choice whenever possible. Providers accept the responsibility of getting information to clients so that they can become more effective participants in the treatment process.

Sources of information

Interviews with program leaders, practitioners and clients. Participation in team meeting (when possible) and chart review (especially treatment plan).

General Organizational Index

	1	2	3	4	5
G1. Prog. Philosophy The program is committed to a clearly articulated philosophy consistent with the IMR program, based on interviews and written materials	No more that 1 of the 5 sources shows clear understanding of the program philosophy OR All sources have numerous major areas of discrepancy	2 of the 5 sources shows clear understanding of the program philosophy OR All sources have several major areas of discrepancy	3 of the 5 sources shows clear understanding of the program philosophy OR Sources mostly aligned to program philosophy, but have several one major area of discrepancy	4 of the 5 sources shows clear understanding of the program philosophy OR Sources mostly aligned to program philosophy, but have one or two minor areas of discrepancy	All 5 sources display a clear understanding and commitment to the program philosophy for IMR
G2. Assessment Each clients receives a full standardized assessment including the factors listed in the definition	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in two of the following: Standardization, Quality of assessments, Timeliness, Comprehensiveness	Pervasive deficiencies in one of the following: Standardization, Quality of assessments, Timeliness, Comprehensiveness	61%-80% of clients receive standardized, high quality assessments at least annually OR Information is deficient for one or two assessment domains	More than 80% of clients receive standardized, high quality assessments, the information is comprehensive across all assessment domains and updated at least annually
G3. Individualized Treatment Plan All clients have an explicit, individualized treatment plan related to the IMR program that is consistent with assessment and updated every three months	Less than 20% of clients in IMR program have an explicit, individualized treatment plan related to the IMR program, updated every 3 months	21% to 40% of clients in IMR program have an explicit, individualized treatment plan related to the IMR program, updated every 3 months	41% to 60% of clients in IMR program have an explicit, individualized treatment plan related to the IMR program, updated every 3 months OR Individualized treatment plan is updated every six months for all clients	61 to 80% of clients in IMR program have an explicit, individualized treatment plan related to the IMR program, updated every 3 months	More than 80% of clients in IMR program have an explicit, individualized treatment plan related to the IMR program, updated every 3 months

General Organizational Index (cont.)

	1	2	3	4	5
G4. Individualized Treatment All clients receive individualized treatment meeting the goals of IMR	Less than 20% of clients in IMR program receive individualized services meeting the goals of IMR	21% to 40% of clients in IMR program receive individualized services meeting the goals of IMR	41% to 60% of clients in IMR program receive individualized services meeting the goals of IMR	61% to 80% of clients in IMR program receive individualized services meeting the goals of IMR	More than 80% of clients in IMR program receive individualized services meeting the goals of IMR
G5. Training All new practitioners receive standardized training in IMR within two months of hiring. Existing practitioners receive annual refresher training	First Rating: Less than 20% of new practitioners receive training within two months Second Rating: Less than 20% of existing practitioners receive standardized training at least annually	First Rating: 21% to 40% of new practitioners receive training within two months Second Rating: 21% to 40% of existing practitioners receive standardized training at least annually	First Rating: 41% to 60% of new practitioners receive training within two months Second Rating: 41% to 60% of existing practitioners receive standardized training at least annually	First Rating: 62% to 80% of new practitioners receive training within two months Second Rating: 61% to 80% of existing practitioners receive standardized training at least annually	First Rating: More than 80% of new practitioners receive training within two months Second Rating: More than 80% of existing practitioners receive standardized training at least annually
G6. Supervision/Evaluation IMR group facilitators are evaluated every six months and given feedback on their performance	Less than 20% of group facilitators are evaluated as scheduled and given feedback	21% to 40% of group facilitators are evaluated as scheduled and given feedback	41% to 60% of group facilitators are evaluated as scheduled and given feedback	61% to 80% of group facilitators are evaluated as scheduled and given feedback	More than 80% of group facilitators are evaluated as scheduled. They are given feedback about how they are applying the IMR model and they are given suggestions for improvement

General Organizational Index (cont.)

	1	2	3	4	5
G7. Process Monitoring Supervisors and program leaders monitor the process of implementing IMR at least every 6 months using a standardized approach, and use the data to improve the program	No attempt at monitoring the process is made	Informal process monitoring is used at least annually	Process monitoring is deficient on 2 of these 3 criteria: 1. Comprehensive and standardized 2. Completed every six months 3. Used to guide program improvements OR Standardized monitoring done annually only	Process monitoring is deficient on 1 of these 3 criteria: 1. Comprehensive and standardized 2. Completed every six months 3. Used to guide program improvements	Standardized comprehensive process monitoring occurs at least every 6 months and is used to guide program improvements
G8. Outcome Monitoring Supervisors/program leaders monitor the outcomes of clients enrolled in the IMR program when they have completed the series of modules being implemented and/or at discharge. The program monitors client's length of stay and recidivism. Program outcomes are monitored at least yearly. Client's outcomes monitoring involves a standardized approach to assessing clients.	No outcome monitoring occurs	Some outcome monitoring occurs at least once a year, but results are not shared with practitioners	Some outcome monitoring occurs at least once a year, and results are shared with practitioners	Defined annual monitoring occurs and some individual clients monitoring occurs as defined, and results are shared with practitioners	All outcome monitoring occurs as specified and results are shared with practitioners and clients
G9. Quality Assurance The facility has a QA Committee or IMR Implementation Committee with an explicit plan to review the IMR every six months	No review or no committee	Committee exists, but no reviews have been completed	Explicit IMR review occurs less than annually OR IMR review is superficial	Explicit IMR review occurs at least annually	Explicit review occurs every six months by the QA Committee or IMR Implementation Committee
G10. Clients Choices Clients in the IMR program are offered a reasonable range of choices whenever possible.	Clients do not make any choices, all decisions are made by staff	Few sources agree that clients have any meaningful choices	Most sources agree that clients have some limited meaningful choices	Most sources agree that clients are given choices whenever possible and that choices are meaningful	All sources agree that the program reflects meaningful client choices to a great degree.

Appendix I: Crosswalk Between the Title XXII STP Service Requirements and the IMR Program

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Appendix I: Crosswalk Between the Title XXII STP Service Requirements and the IMR Program

Title XXII, Section 72445 – Special Treatment Program Service Unit – Services

(a) The program objective shall be to provide a program aimed at improving the adaptive functioning of chronic mentally disordered patients to enable some patients to move into a less restrictive environment and prevent other patients from regressing to a lower level of functioning. **THE IMR PROGRAM MEETS THIS OBJECTIVE.**

(b) The facility shall have the capability of providing all of the following special rehabilitation program services. Individual programs shall be provided based on the specific needs identified through patient assessments. **THE FOLLOWING TABLE IDENTIFIES WHICH PARTS.**

TITLE XXII	IMR
1. Self-Help Skills Training	**Recovery Strategies**
A. Personal Care/Meds	Using Medications Effectively
B. Money Management*	
C. Use of Public Transportation*	
D. Use of Community Resources*	
E. Behavior & Impulse Control	Coping with Problems and Symptoms
F. Frustration Tolerance	Coping with Problems and Symptoms
G. Mental Health Education	All parts of IMR
H. Physical Fitness	
2. Behavioral Intervention Training	**Coping with Problems and Symptoms**
A. Behavior Modification Modalities	Coping with Problems and Symptoms
B. Remotivation Therapy	All parts of IMR
C. Patient Government Activities	
D. Group Counseling	All parts of IMR
E. Individual Counseling	Individual work as appropriate is encouraged in the IMR Program
3. Interpersonal Relationships	**All parts of IMR**
A. Social Counseling	All parts of IMR
B. Educational and Recreational Therapy	Educational – All parts of IMR
C. Social Activities	
4. Prevocational Preparation Services	
A. Homemaking	
B. Work Activity	
C. Vocational Counseling	
5. Prerelease Planning	All parts of IMR
A. Out-of-home placement	

Any client could choose to work on these areas as part of the IMR program.

(c) The facility program plan shall include provisions for accomplishing the following:

(1) In conjunction with the local mental health director shall make an initial individual assessment of each patient to identify the current level of functioning and program needs of the patient. The assessment shall be standardized and recorded on forms approved by the Department. **THE IMR PROGRAM REQUIRES AN INDIVIDUAL CLIENT ASSESSMENT. THE KNOWLEDGE AND SKILLS INVENTORY THAT IS PART OF THE PROGRAM CAN BE HELPFUL IN DEVELOPING AND REFINING THE ASSESSMENT. THE FACILITY'S CURRENT FORM CAN BE MAINTAINED ALTHOUGH SOME FACILITIES MAY WANT TO ADD ONE OR TWO RECOVERY ORIENTED ITEMS TO THEIR CURRENT ASSESSMENT.**

(2) At least every four months, the facility, in conjunction with the local mental health director or designee shall reassess each patient to determine the need for continue certification of the patient in the special treatment program. **UNDER THE IMR PROGRAM THE FACILITY'S CURRENT PROCEDURES FOR MEETING THIS REQUIREMENT CAN AND SHOULD BE MAINTAINED**

(3) A minimum average of 27 hours per week of direct group or individual program service for each patient. **ALL IMR GROUPS CAN BE COUNTED IN MEETING THIS REQUIREMENT.**

Note: This information was developed as part of the IMR/IMD training project. It is based upon a review of the Title XXII requirements and familiarity with the IMR Program. It has not been formally authorized or approved by the CA State Department of Mental Health.

Appendix J: Article on the Effectiveness of the IMR Program

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Illness Management and Recovery: A Review of the Research

Focusing on Evidence-Based Practices

Kim T. Mueser, Ph.D.
Patrick W. Corrigan, Psy.D.
David W. Hilton, M.A.
Beth Tanzman, M.S.W.
Annette Schaub, Ph.D.
Susan Gingerich, M.S.W.
Susan M. Essock, Ph.D.
Nick Tarrier, Ph.D.
Bodie Morey, A.B.
Suzanne Vogel-Scibilia, M.D.
Marvin I. Herz, M.D.

Illness management is a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce their susceptibility to the illness, and cope effectively with their symptoms. Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of identity that allows them to grow beyond their mental illness. The authors discuss the concept of recovery from psychiatric disorders and then review research on professional-based programs for helping people manage their mental illness. Research on illness management for persons with severe mental illness, including 40 randomized controlled studies, indicates that psychoeducation improves people's knowledge of mental illness; that behavioral tailoring helps people take medication as prescribed; that relapse prevention programs reduce symptom relapses and rehospitalizations; and that coping skills training using cognitive-behavioral techniques reduces the severity and distress of persistent symptoms. The authors discuss the implementation and dissemination of illness management programs from the perspectives of mental health administrators, program directors, people with a psychiatric illness, and family members. (*Psychiatric Services* 53:1272–1284, 2002)

Dr. Mueser is with the departments of psychiatry and community and family medicine at the Dartmouth Medical School and the New Hampshire–Dartmouth Psychiatric Research Center, Main Building, 105 Pleasant Street, Concord, New Hampshire 03301 (e-mail, kim.t.mueser@dartmouth.edu). Dr. Corrigan is with the University of Chicago Center for Psychiatric Rehabilitation in Tinley Park, Illinois. Mr. Hilton is with the Office of Policy and Planning of the New Hampshire Division of Behavioral Health in Concord. Ms. Tanzman is director of Adult Community Mental Health Services at the Vermont Department of Developmental and Mental Health Services in Waterbury. Dr. Schaub is with the department of psychiatry and psychotherapy at the University of Munich. Ms. Gingerich is a social worker in Narberth, Pennsylvania. Dr. Essock is with the Division of Health Services Research of the Mount Sinai School of Medicine of New York University in New York City. Dr. Tarrier is with the School of Psychiatry and Behavioural Sciences at the the University of Manchester in England. Ms. Morey resides in Blacksburg, Virginia. Dr. Vogel-Scibilia is with the Western Psychiatric Institute and Clinic in Pittsburgh. Dr. Herz is with the department of psychiatry at the University of Rochester in New York.

In recent years, interest in identifying and implementing evidence-based practices for mental health services has been growing (1,2). Criteria used to determine whether a practice is supported by research typically include all of the following: standardized interventions examined in studies that use experimental designs, similar research findings obtained from different investigators, and objective assessment of broadly accepted important outcomes, such as reducing symptoms and improving social and vocational functioning (3,4). On the basis of these criteria, several psychosocial treatments for persons with severe mental illness are supported by evidence, including assertive community treatment (5), supported employment (6), family psychoeducation (7), and integrated treatment for mental illness and concomitant substance abuse (8). The standardization and dissemination of evidence-based practices is expected to improve outcomes for the broader population of people who use mental health services (9).

In this article, we examine the research that supports interventions for helping people collaborate with professionals in managing their mental illness while pursuing their personal recovery goals. We begin by defining illness management. Next, we discuss

the concept of recovery and the role of illness management in aiding the recovery process. We then review research on illness management programs, and we conclude by considering issues involved in the dissemination and implementation of these programs.

Defining illness management

The practice in medicine of professionals teaching persons with medical diseases and their families about the diseases in order to improve adherence to recommended treatments and to manage or relieve persistent symptoms and treatment side effects has a long history (10–12). Education-based approaches are especially common in the treatment of chronic illnesses such as diabetes, heart disease, and cancer. In the mental health field, didactic methods for educating people have been referred to as psychoeducation (13–15). Other methods, especially cognitive-behavioral strategies, have also been used to help people learn how to manage their mental illnesses more effectively.

People with psychiatric disorders can be given information and taught skills by either professionals or peers to help them take better care of themselves. Although the goals of professional-based and peer-based teaching are similar, we distinguish between them for practical reasons. Professional-based intervention is conducted in the context of a therapeutic relationship in which the teacher—or the organization to which the teacher belongs, such as a community mental health center—is responsible for the overall treatment of the individual's psychiatric disorder. In contrast, peer-based intervention is conducted in the context of a relationship in which the teacher—or the organization to which the teacher belongs, such as a peer support center—usually does not have formal responsibility for the overall treatment of the individual's disorder. Given this distinction, the relationship between a professional and the person with a mental illness may be perceived as hierarchical, because the professional assumes responsibility for the person's treatment, whereas the relationship between a peer and the person with a mental illness is less likely to be perceived as hierarchical, because the peer does not assume such responsibility. This distinction is crucial among individuals with psychiatric disorders who have advocated for self-help and peer-based services as alternatives to, or in addition to, traditional professional-based services (16–18).

Another reason for distinguishing interventions delivered by professionals from those provided by peers is that most professionals do not have serious psychiatric disorders—in contrast, by definition, to peers. Thus when teaching others how to manage their mental illness, peers are able to convey the lessons they have learned from personal experience, whereas professionals cannot. This places peers in a unique position of being able to teach "self" management skills to other persons with a mental illness.

To recognize these differences, we propose a distinction between professional-based services and peer-based services aimed at helping people deal with their psychiatric disorders. We define illness management as professional-based interventions designed to help people collaborate with professionals in the treatment of their mental illness, reduce their susceptibility to relapses, and cope more effectively with their symptoms. We suggest that illness self-management be used to refer to peer-facilitated services aimed at helping people cope more effectively with their mental illness and facilitating people's ability to take care of themselves. In this article we focus on the substantial body of controlled research addressing the effectiveness of illness management. Although a variety of illness self-management programs have been developed (19–22), rigorous controlled research evaluating the effects of these programs has not been completed.

Recovery

Illness management programs have traditionally provided information and taught strategies for adhering to treatment recommendations and minimizing symptoms and relapses. However, many programs go beyond this focus on psychopathology and strive to improve self-efficacy and self-esteem and to foster skills that help people pursue their personal goals. Enhanced coping and the ability to formulate and achieve goals are critical aspects of rehabilitation and are in line with the recent emphasis on recovery in the mental health self-help movement. We briefly address the relevance of illness management to recovery here.

According to Anthony (23), "Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." Recovery refers not only to short-term and long-term relief from symptoms but also to social success and personal accomplishment in areas that the person defines as important (24–26). Recovery has been conceptualized as a process, as an outcome, and as both (27–30). What is critical about recovery is the personal meaning that each individual attaches to the concept. Common themes of recovery are the development of self-confidence, of a self-concept beyond the illness, of enjoyment of the world, and of a sense of well-being, hope, and optimism (31–34).

Critical to people's developing hope for the future and formulating personal recovery goals is helping them gain mastery over their symptoms and relapses. Basic education about mental illness facilitates their ability to regain control over their lives and to establish more collaborative and less hierarchical relationships with professionals (16,35–37). Although relapses and rehospitalizations are important learning opportunities (38–40), prolonged periods of severe symptoms can erode a person's sense of well-being, and avoiding the disruption associated with relapses is a common recovery goal (30,41). Improvement in coping with symptoms and the stresses of daily life is another a common theme of recovery, because such improvement allows people to spend less time on their symptoms and more time pursuing their goals (27,30,42). Thus illness management and recovery are closely related, with illness management focused primarily on minimizing people's symptoms and relapses and recovery focused primarily on helping people develop and pursue their personal goals.

Research on illness management

Although illness management and recovery are intertwined, almost all the available treatment research pertains to illness management. Thus we confined our research review to studies of illness management programs. Because extensive research has been conducted on illness management, we confined our review to randomized clinical trials. We also limited our review to programs that addressed schizophrenia, bipolar disorder, and the general group of severe or serious mental illnesses, excluding studies that focused on major depression or borderline personality disorder. Studies included in this review were identified through a combination of strategies, including literature searches on PsycINFO and MEDLINE, inspection of previous reviews, and identification of studies presented at conferences.

With respect to outcomes, we examined the effects of different interventions on two proximal outcomes and three distal outcomes. The proximal outcomes are knowledge of mental illness and using medication as prescribed. The distal outcomes are relapses and rehospitalizations, symptoms, and social functioning or other aspects of quality of life. Distal outcomes are of inherent interest because they are defined in terms of the nature of the mental illness and associated problems. Proximal outcomes are of interest because they are related to important distal outcomes. Specifically, knowledge of mental illness is critical to the involvement of people with psychiatric disorders as informed decision makers in their own treatment (14,15). Using medication as prescribed is important because medications are effective for preventing symptom relapses and rehospitalizations for persons with severe mental illness (43,44), yet many people do not take medications (45), and nonadherence accounts for a significant proportion of relapses and inpatient treatment costs (46). Although adherence to medication regimens is important in and of itself, illness management approaches involve forming partnerships between clinicians and persons with a mental illness in order to determine the services each person needs, including medication, and respecting patients' rights to make decisions about their own treatment (36).

The literature review was divided into five areas: broad-based psychoeducation programs, medication-focused programs, relapse prevention, coping skills training and comprehensive programs, and cognitive-behavioral treatment of psychotic symptoms.

Broad-based psychoeducation programs

Most broad-based programs, summarized in Table 1, provided information to people about their mental illness, including symptoms, the stress-vulnerability model, and treatment. Among the four controlled studies, all but one (47) provided at least eight sessions of psychoeducation. Follow-up periods ranged from ten days (15) to two years (48). Three of the controlled studies found that psychoeducation improved knowledge about mental illness (15,47,48); one did not (49). In two studies, improved knowledge had no effect on taking medication as prescribed (47,49); one study reported improved adherence (48).

In summary, research on broad-based psychoeducation indicates that it increases participants' knowledge about mental illness but does not affect the other outcomes studied. This finding may not be surprising: similar didactic information given to families of persons with schizophrenia has been found to increase their knowledge but not to affect their behavior (50,51). The reason for this may be that didactic information does not consider beliefs and illness representations already held by recipients (52). Nevertheless, psychoeducation remains important because access to information about mental illness is crucial to people's ability to make informed decisions about their own treatment, and psychoeducation is the foundation for more comprehensive programs (as reviewed below).

Medication-focused programs

Studies that strove to foster collaboration between people with a mental illness and professionals regarding taking medication used psychoeducational or cognitive-behavioral approaches or a combination of the two.

Psychoeducation about medication involves providing information about the benefits and the side effects of medication and teaching strategies for managing side effects, so that people can make informed decisions about taking medication. These programs, summarized in Table 2, tended to be brief, with only two of eight programs (53,54) lasting more than one or two sessions. Three studies conducted posttreatment-only follow-up assessments (55–57), and five studies conducted follow-ups after the end of treatment (53,54,58–60). Most of the studies reported that participants increased their knowledge about medication. However, three studies reported no group differences in taking medication as prescribed (56,59,60); a fourth study reported improvements (53); and a fifth study reported deterioration in taking medication (54). The three studies that found no differences in taking medication as prescribed compared different psychoeducational methods (56,59,60). Only one study that assessed medication adherence included a no-treatment control group (54); this study found that clients who received psychoeducation were more likely than clients who received no psychoeducation to discontinue medication. A somewhat disconcerting finding was reported in the only other study with a no-treatment control group (58). This study found that psychoeducation increased clients' insight into their illness but also increased clients' suicidality; psychoeducation had no influence on other symptoms or on relapse rates. In summary, research on the effects of psychoeducation about medication indicates that it improves knowledge about medication, but little evidence indicates that it improves taking medication as prescribed or affects other areas of functioning.

Cognitive-behavioral programs that focused on medication used one of several techniques: behavioral tailoring, simplifying the medication regimen, motivational interviewing, or social skills training. Behavioral tailoring involves working with people to develop strategies for incorporating medication into their daily routine—for example, placing medica-

Table 1

Randomized controlled trials of broad-based psychoeducation programs

Reference	Patients	Treatment and duration	Outcomes			Comments
			Knowledge	Not taking medication as prescribed	Other	
Goldman and Quinn (15)	N=60, all with schizophrenia	Psychoeducation and standard care; 25 hours a week for three weeks	Psychoeducation better than standard care	—	Psychoeducation better than standard care for negative symptoms; no group differences in distress	Highly comprehensive educational program
Bäuml et al. (48)	N=163, all with schizophrenia	Psychoeducation and standard care; eight sessions over three months	Psychoeducation better than standard care	Psychoeducation better than standard care	Psychoeducation better than standard care in hospitalizations	Separate psychoeducation groups for relatives
MacPherson et al. (47)	N=64, all with schizophrenia	Three sessions of psychoeducation; one session of psychoeducation; standard care; one or three weekly psychoeduction sessions	Three sessions of psychoeducation better than one session of psychoeducation better than standard care	No group differences	Three sessions of psychoeducation better than one session of psychoeducation and better than standard care for insight	Participants were hospitalized Separate psychoeducation groups for relatives
Merinder et al. (49)	N=46, all with schizophrenia	Psychoeducation and standard care; eight sessions	No group differences	No group differences	—	

tion next to one's toothbrush so it is taken before brushing one's teeth (61). Behavioral tailoring may also include simplifying the medication regimen, such as taking medication once or twice a day instead of more often. Motivational interviewing, based on the approach developed for the treatment of substance abuse (62), involves helping people articulate personally meaningful goals and exploring how medication may be useful in achieving those goals. Social skills training involves teaching people skills to improve their interactions with prescribers, such as how to discuss medication side effects (63).

Cognitive-behavioral programs for medication are summarized in Table 3. All four studies of behavioral tailoring found improvements in taking medication as prescribed (61,64–66), as did the one study that evaluated the effect of simplifying the medication regimen (67). One study of motivational interviewing (68) also reported an increase in taking medication as prescribed, as well as fewer symptoms and relapses and improved social functioning. One broad-based cognitive-behavioral program also reported lower rates of rehospitalization (69). The two studies that examined social skills training were limited. One of these studies found that skills training had no effect on knowledge about medication, but medication adherence was not directly assessed (70). The other study showed that psychoeducation and skills training improved knowledge and social skills in medication-related interactions, but it did not assess taking medication as prescribed (71).

Thus controlled research, which has focused mainly on individuals with schizophrenia, provides the strongest support for the effects of cognitive-behavioral methods (chiefly, behavioral tailoring) for increasing their taking of medication as prescribed, whereas psychoeducation alone has limited, if any, impact. The strong effects of behavioral tailoring on taking medication, compared with the weak effects of psychoeducation, suggest that memory problems, which are common in schizophrenia (72), may interfere with taking medication as prescribed and that behavioral tailoring may work by helping people develop their own cues to take medication, thereby compensating for cognitive impairments.

Most of the programs reviewed were response-based, with little effort made to understand the psychology of why people did not take medication as prescribed. This is very different from the theoretical position in health psychology, in which complex models such as the health belief model and the theory of planned action have been developed to understand health-related behavior. Preliminary studies investigating medication self-administration have used the concept of psychological reactance, which is a motivational state that can develop when a person perceives a threat to his or her personal freedom (73). In an analogue study, reactance-prone individuals rated themselves as being less likely to take medication if their freedom of choice was restricted, whereas no effect of freedom of choice was seen in non–reactance-prone participants (74). In a study of

Table 2

Randomized controlled trials of psychoeducation programs focused on medication

Reference	Patients	Treatment and duration	Follow-up	Outcomes			Comments
				Knowledge	Not taking medication as prescribed	Other	
Seltzer et al. (53)	N=100, 66% with schizophrenia	Psychoeducation and standard care; nine sessions	Five months	No group differences	Psychoeducation better than standard care	Psychoeducation better than standard care on fear about medication	Both groups had high levels of knowledge
Munetz and Roth (60)	N=25, 88% with schizophrenia	Formal (written) psychoeducation and informal (oral) psychoeducation; one session	Two months	Informal psychoeducation better than formal psychoeducation	No group differences	No group differences in relapses	Brief intervention. Younger participants retained more information than older ones
Streicker et al. (54)	N=75, "mostly schizophrenia"	Psychoeducation and standard care; ten sessions	35 weeks	Psychoeducation better than standard care	Psychoeducation better than standard care	No group differences in hospitalizations	Peer counseling included in program
Brown et al. (56)	N=30, all with schizophrenia	Oral psychoeducation on medication and oral and written psychoeducation on medication; oral psychoeducation on medication and side effects; and oral and written psychoeducation on medication and side effects; two sessions	Posttreatment assessment only	All groups improved. No group differences	No group differences	All groups reported fewer side effects at posttreatment	Brief intervention
Kleinman et al. (59)	N=40, all with schizophrenia	Psychoeducation with and without a review session; one or two sessions	Six months	Both groups improved. No group differences	No group differences	No group differences in hospitalizations	Brief intervention
Kuipers et al. (57)	N=60, 55% with schizophrenia	Structured psychoeducation and unstructured psychoeducation; one session	Posttreatment assessment only	Both groups improved. No group differences	—	—	Brief intervention
Angunawela and Mullee (55)	N=249, 21% with schizophrenia	Information leaflets and standard care; one session	Four weeks after distribution of leaflets	Information leaflets and standard care	—	—	Brief intervention. People with schizophrenia learned less than people with affective and personality disorders
Owens et al. (58)	N=114, all with schizophrenia	Psychoeducation and standard care; 15-minute video and information booklets	One year	—	—	No group differences in relapse rates. Psychoeducation better than standard care for insight, but psychoeducation not better than standard care for suicidality	Very brief intervention

people with schizophrenia or schizoaffective disorder, individuals with higher psychological reactance who perceived taking medication as a threat to their freedom of choice were less likely to have taken medication as prescribed in the past (75). Motivational interviewing may provide one strategy for improving peo-

Table 3

Randomized controlled trials of cognitive-behavioral programs focused on medication

Reference	Patients	Treatment and duration	Follow-up	Outcomes			Comments
				Knowledge	Not taking medication as prescribed	Other	
Boczkowski et al. (61)	N=36, all with schizophrenia	Psychoeducation; behavioral tailoring and standard care; one session	Three months	—	Behavioral tailoring better than psychoeducation and equal to standard care		Brief treatment
Dekle and Christensen (70)	N=18, 55% with schizophrenia	Psychoeducation and social skills training; general health instruction; and standard care; 12 weekly sessions	Post-treatment assessment only	Psychoeducation and social skills training equal to general health instruction and better than standard care	—		Small sample size
Kelly and Scott (66)	N=414, 64% with schizophrenia	Home psychoeducation and behavioral tailoring; clinic psychoeducation and behavioral tailoring; home and clinic psychoeducation and behavioral tailoring; and standard care; home three sessions, clinic two	Six months	—	Psychoeducation and behavioral tailoring better than standard care	Psychoeducation and behavioral tailoring better than standard care in symptoms and rehospitalizations	Three experimental groups combined into one group for analysis
Eckman et al. (1)	N=41, all with schizophrenia	Psychoeducation and social skills training; supportive group therapy; two weekly sessions for six months	One year	Psychoeducation and social skills training better than supportive group therapy	—	Psychoeducation and social skills training better than supportive group therapy in social skills	Social skills training addressed medication-related issues and symptom management
Razali and Yahya (67)	N=165, all with schizophrenia	Psychoeducation and simplifying regimen; and standard care; one session	One year	—	—	Psychoeducation and simplifying regimen better than standard care in rehospitalizations	Families included when available. Participants selected for nonadherence
Lecompte and Pele (69)	N=64, all with schizophrenia	Cognitive-behavioral therapy versus unstructured conversation	One year	—	Cognitive-behavioral therapy superior in aftercare appointments	Cognitive-behavioral therapy superior in rehospitalizations	
Azrin and Teichner (64)	N=39, 54% with schizophrenia	Psychoeducation; behavioral tailoring; and behavioral tailoring with client and family; one session	Two months	—	Both medication guidelines groups better than psychoeducation	—	Guidelines included psychoeducation, behavioral therapy, and other advice on taking medication. Brief treatment
Kemp et al. (68)	N=74, 58% with schizophrenia	Psychoeducation, motivational interviewing, and nonspecific counseling; four to six sessions	18 months	— —	Psychoeducation and motivational interviewing better than nonspecific counseling	Psychoeducation and motivational interviewing superior in relapses and symptoms	Better social functioning for psychoeducation and motivational interviewing group
Cramer and Rosenheck (65)	N=60, 32% with schizophrenia	Behavioral tailoring and standard care; one session plus monthly checks	Six months		Behavioral tailoring better than standard care	—	Brief treatment

Table 4

Randomized controlled trials of relapse prevention programs

Reference	Patients	Treatment and duration	Follow-up	Outcomes: Relapse or rehospitalization	Outcomes: Other	Comments
Buchkramer et al. (76,77)	N=66, all with schizophrenia	Relapse prevention; social skills training; standard care; ten weekly sessions	Two to five years	Relapse prevention better than social skills training but equal to standard care	—	Relatives' groups provided
Herz et al. (78)	N=82, all with schizophrenia	Relapse prevention and standard care; weekly groups for 18 months	Post-treatment assessment only	Relapse prevention better than standard	—	Relatives' groups provided
Perry et al. (79)	N=69, all with bipolar disorder	Relapse prevention and standard care; seven to 12 sessions	18 months	Relapse prevention better than standard care in manic relapses	Relapse prevention better than standard care in social adjustment and work	Participants selected after manic episode
Lam et al. (80)	N=25, all with bipolar disorder	Relapse prevention and standard care; six months, 12 to 20 sessions	One year	Relapse prevention better than standard care	Relapse prevention better than standard care in social functioning and coping strategies	Fewer antipsychotics prescribed at follow-up for relapse prevention group
Scott et al. (81)	N=42, all with bipolar disorder	Relapse prevention and standard care; six months	Six months, weekly sessions	Relapse prevention better than standard care	Relapse prevention better than standard care in symptoms and functioning	

ple's understanding of medication and addressing their concerns about taking medication, while respecting their decision about whether or not to use medication. However, only one controlled study has evaluated the effects of motivational interviewing on taking medication as prescribed, and this study is in need of replication.

Relapse prevention

Controlled studies of relapse prevention programs are summarized in Table 4. Relapse prevention programs focus on teaching people how to recognize environmental triggers and early warning signs of relapse and taking steps to prevent further symptom exacerbations (76–81). These programs also teach stress management skills. Because a person may not be fully aware that a relapse is happening (82,83), two of the five relapse prevention programs included groups to train relatives to help in the identification of early warning signs of relapse (76,78).

The five studies of relapse prevention programs all showed decreases in relapse or rehospitalization. These findings are consistent with the findings of a large, uncontrolled study of 370 people with severe mental illness in which teaching the early warning signs of relapse was associated with better outcomes, including fewer relapses and rehospitalizations and lower treatment costs (84). This benefit of involving relatives in relapse prevention programs is consistent with research that shows that family intervention is effective in preventing relapses (7).

Coping skills training and comprehensive programs

Controlled studies of coping skills training and comprehensive programs are summarized in Table 5. Coping programs aim to increase people's ability to deal with symptoms or stress or with persistent symptoms (85–90). Comprehensive programs incorporate a broad array of illness management strategies, including psychoeducation, relapse prevention, stress management, coping strategies, and goal setting and problem solving (91–94).

The four studies of coping skills were quite different, both in the methods employed and in the targets of the intervention. Leclerc and colleagues (85) taught an integrative coping skills approach based on Lazarus and Folkman's model of coping (95,96), which emphasizes the importance of cognitive appraisal in perceiving threat. Lecomte and colleagues (86) addressed general coping skills through building up participants' sense of empowerment. Schaub (87) and Schaub and Mueser (88) taught skills for managing stress and persistent symptoms, combined with basic psychoeducation about schizophrenia. Despite the differences in the programs, all the coping skills programs employed cognitive-behavioral techniques and produced uniformly positive results in reducing symptom severity. Thus research evidence shows that coping skills training is effective.

Table 5

Randomized controlled trials of coping skills training and comprehensive programs

Reference	Patients	Treatment and duration	Follow-up	Outcomes: Relapse or rehospitalization	Outcomes: Other	Comments
Leclerc et al. (85)	N=99, all with schizophrenia	Coping skills and problem solving and standard care; 24 sessions over 12 weeks	Six months	—	Coping skills and problem solving better than standard care in delusions, hygiene, self-esteem. No group differences in negative symptoms	60% of participants were from long-stay wards
Lecomte et al. (86)	N=95, all with schizophrenia	Self-esteem and empowerment group and standard care; 12 weeks	Six months	—	Self-esteem and empowerment group better than standard care in psychotic symptoms. No group differences in negative symptoms	Self-esteem and empowerment group improved more in coping skills
Schaub (87)	N=20, all with schizophrenia	Coping-oriented therapy and unstructured discussion group; 24 sessions over 2.5 months	Post-treatment assessment only	No group differences	Coping-oriented therapy better than unstructured discussion group in knowledge of illness, social contacts, well-being, self-confidence, hospitalization. Coping-oriented therapy equal to unstructured discussion group in symptoms, leisure time, coping	
Schaub and Mueser (88)	N=156, all with schizophrenia	Coping-oriented therapy and supportive therapy; 16 sessions over three months	One year	—	Coping-oriented therapy better than supportive therapy in symptom severity, negative symptoms, anxiety-depression	Relatives' groups provided. Two-year follow-up under way
Atkinson et al. (91)	N=146, all with schizophrenia	Psychoeducation and problem solving and standard care; 20 weeks	Three months	—		Psychoeducation and problem solving better than standard care in social functioning, social networks, quality of life
Hogarty et al. (92,93)	N=151, all with schizophrenia	Personal therapy and supportive therapy; 94 sessions over three years	Post-treatment assessment only	Participants living with families: personal therapy better than supportive therapy. Participants living independently equal to supportive therapy and better than personal therapy	Personal therapy better than supportive therapy in social adjustment	Half of participants living at home received family therapy
Hornung et al. (94)	N=191, all with schizophrenia	Psychoeducation; psychoeducation and problem solving; psychoeducation and key person counseling; psychoeducation, problem solving, and key person counseling; and standard care; psychoeducation, ten sessions; problem solving, 15 sessions; key person counseling, 20 sessions	Five years	Psychoeducation, problem solving, and key person counseling better than other groups in hospitalizations	—	

The three studies of comprehensive programs—that is, those using a broad range of techniques—are somewhat difficult to compare because they differed in the clinical methods used. Atkinson and coworkers (91) evaluated a program that combined morning educational presentations and afternoon sessions in which problem solving was applied to the educational topics. Hogarty and associates (92,93) evaluated the effects of personal therapy, a broad-based approach incorporating psychoeducation, stress management, and development of adaptive coping skills to promote social reintegration, and compared these effects with the effects of supportive therapy. They found that personal therapy prevented relapses only for people living with families. However, people receiving personal therapy improved in social functioning, whether they were living at home or not. Hornung and colleagues (94) examined the effects of different combinations of psychoeducation, problem-solving training, and key-person counseling (such as counseling family members) and found that people who received all three had fewer relapses over five years. These three studies suggest that comprehensive programs improve the outcome of schizophrenia, but the differences between programs preclude any definitive conclusions about which approaches may be most effective.

Cognitive-behavioral treatment of psychotic symptoms

Over the past 50 years, since the early work of Beck (97), cognitive-behavioral therapy has been used to help clients with psychotic symptoms cope more effectively with the distress associated with symptoms or to reduce symptom severity. Cognitive-behavioral approaches to psychosis include teaching coping skills, such as distraction techniques to reduce preoccupation with symptoms (98), and modifying clients' dysfunctional beliefs about the illness, the self, or the environment (99). In recent years, several manuals have been developed for cognitive-behavioral therapy for psychosis (100–102).

Over the past decade, eight controlled studies of time-limited cognitive-behavioral therapy for psychosis have been conducted—six in England (89,90,103–112), one in Canada (113), and one in Italy (114). Because several comprehensive reviews of this research (115), including two meta-analyses (116,117), have recently been published, we do not review the results of these studies in detail here. The consistent finding across these studies has been that cognitive-behavioral treatment is more effective than supportive counseling or standard care in reducing the severity of psychotic symptoms. Furthermore, studies that assess negative symptoms, such as social withdrawal and anhedonia, also report beneficial effects from cognitive-behavioral therapy on these symptoms.

Summary of research

The results of controlled research indicate that when illness management is conceptualized as a group of specific interventions, it is an evidence-based practice. The core components of illness management and the evidence supporting them can be summarized as follows. With respect to the more proximal outcomes, three studies (15,47, 48) found that psychoeducation was effective at increasing knowledge about mental illness, and a fourth (49) did not. Similarly, all four studies of behavioral tailoring found that it was effective in improving the taking of medication as prescribed (61,64–66). In terms of the more distal outcomes, all five studies of training in relapse prevention found that it reduced relapses and rehospitalizations (76–81), all four studies of teaching coping skills found that it reduced the severity of symptoms (85–88), and all eight studies of cognitive-behavioral treatment of persistent psychotic symptoms reported that it reduced the severity of psychotic symptoms (89,103,107–109,112–114). Although some studies of coping skills training differed in the symptoms they targeted, they all employed time-limited, cognitive-behavioral interventions. Thus psychoeducation, behavioral tailoring for medication, training in relapse prevention, and coping skills training employing cognitive-behavioral techniques are strongly supported components of illness management. Confidence in these findings is bolstered by the fact that the majority of the studies cited above were based on treatment manuals, and all except the studies by Schaub (87) and Schaub and Mueser (88) and the study by Tarrier and colleagues (89,112) were conducted by different groups of investigators.

The three studies of comprehensive illness management (91–94) suggest emerging evidence of the effectiveness of such programs. Improvements were seen in several important areas, such as social adjustment (92,93) and quality of life (91). However, the differences between the components of the programs and their target outcomes preclude the drawing of any definitive conclusions about them.

Although the results of these studies support several components of illness management, the studies' limitations should be acknowledged. First, most research has focused on persons with schizophrenia, which limits the findings' generalizability. Second, few replications of standardized interventions have been published. Third, most research examines the effects of teaching illness management, with less attention paid to recovery. Although coping and symptom relief are important aspects of recovery (27,30,42), little controlled research has examined the effect of interventions on the broader dimensions of recovery, such as developing hope, meaning, and a sense of purpose in one's life.

Implementation and dissemination issues

Strategies for implementing and disseminating evidence-based practices are critical to keeping these practices from languishing on the academic shelf and yielding little effect in routine mental health settings. Some illness management strategies, including psychoeducation, behavioral tailoring to address willingness to take medication as prescribed, relapse prevention skills, and cognitive-behavioral treatment of persistent symptoms, are available in some settings, but no empirically supported programs are in widespread use. Generic strategies for implementing new psychiatric treatment and rehabilitation programs have been described elsewhere (118). We consider implementation and dissemination issues from the perspec-

tives of four stakeholders: mental health system administrators, program directors, people with mental illness, and family members of people with mental illness. As virtually no controlled data are available on specific strategies for disseminating and implementing new programs, the recommendations provided below are based on the experiences of the authors and other reports in the literature.

Mental health system administrators

Several issues are relevant for administrators attempting to implement illness management approaches, including the selection or development of manuals, monitoring adherence to the model, policies and procedures, and funding.

Although the research supports several practices for teaching illness management, the specific components have not previously been conceptualized and standardized as a unitary package or manual, except in the context of comprehensive programs that go well beyond what the evidence supports. The availability of a treatment manual is critical for broad-scale implementation of a practice. The identification of critical practice components for illness management, supported by research, may facilitate the development of such a manual.

Policies supporting illness management as a core capacity in a service system are important for implementing such programs (119). These policies include the development of program standards that identify illness management as a specific service modality and require it as a necessary capacity in contracts with service providers and managed care entities. Compared with other evidence-based practices, illness management services are not expensive, nor do they require major organizational restructuring to implement. In fact, clinicians routinely work to help people with mental illness improve their capacity to manage their illness and achieve their personal goals. The identification and standardization of core ingredients of illness management will allow clinicians to do what they are already trying to do in a more organized, systematic, and effective manner.

Both the clinic and the rehabilitation options in state Medicaid plans can be used to support illness management services if the services are led by traditionally credentialed staff. When partnerships are sought between clinical staff and peer facilitators as leaders in teaching illness management skills, available resources must support curriculum development and implementation must include ways to accomplish this expansion. Although research has not examined the effects of partnerships between professionals and peers in providing illness management skills, the overlap in curriculum between the programs reviewed here and peer-based illness self-management programs (20) suggests that such collaborations should be considered. Many states that have implemented these initiatives have used combinations of federal block grant funds, Community Action Grants from the Center for Mental Health Services, and legislatively appropriated county and state funds.

The continuity of an illness management program is strengthened by the development of a leadership group that meets regularly and is composed of people with mental illness, their family members, mental health service providers, and mental health service administrators. Such a group can review the progress of the program, develop evaluation plans, assist in addressing system barriers, and create policies as needed to support the program. Finally, such a group can facilitate the regular meeting of providers of illness management training to share teaching experiences, provide mutual support, and assist in curriculum refinement.

Mental health program directors

Program directors need to select a curriculum that successfully integrates psychosocial and medical approaches to illness management. If the approach that is adopted involves people with psychiatric disorders as peer educators, a variety of policies and procedures need to be in place. These include supporting the employment of peers, practices that support reasonable accommodations for employees with disabilities, and supervision to help ensure appropriate boundaries between staff, peer-staff, and the people with mental illness who are the focus of treatment.

Another consideration is whom to target for illness management. Many program directors extend the opportunity to anyone who wants to attend, regardless of symptoms or rehabilitation status, on the grounds that desire to participate is the most important criterion for selection.

Program directors may find it helpful to integrate illness management principles throughout their organization. Case managers, therapists, crisis clinicians, and prescribing psychiatrists all have important roles in helping people use skills and in reinforcing management concepts. As with other service initiatives, the effect of illness management education is enhanced when the organization adopts its principles widely. Offering ongoing training rather than one-time courses can enhance the impact of illness management education. In addition, teaching a curriculum in short segments that are often repeated can be successful.

People with mental illness and their family members

The potential effect of illness management initiatives on people with mental illness is significant. Although the benefits of learning how to manage one's illness and make progress toward recovery are compelling, people report that recovery is hard work (26,120). The switch from being a passive recipient of care to an active partner is very challenging. People with psychiatric disorders and their relatives may feel justifiably ambivalent about these approaches (121). For example, a person learning about ways that others cope with symptoms may consider it a personal failure if he or she uses these methods but continues to experience symptoms. Programs that adopt fail-safe principles, such as unconditional support, zero exclusion, and easy reentry, support individuals' own recoveries and prevent people from internalizing a sense of failure.

Family members may be concerned that educational approaches will be used in lieu of established medical and psychosocial treatments. Family members may consider the

idea of recovery unrealistic, or they may be concerned that their relative is not ready to assume a more responsible role in treatment. Whether or not the person lives with relatives, relatives are likely to have a significant, although perhaps a subtly perceived, role in their family member's attitude toward recovery. Thus it is critical that the family understand and be involved in illness management education and that they appreciate its relevance to recovery.

Conclusions

It is now widely recognized that people with mental illness can participate actively in their own treatment and can become the most important agents of change for themselves. Illness management skills, ranging from greater knowledge of psychiatric illness and its treatment to coping skills and relapse prevention strategies, play a critical role in people's recovery from mental illness. Research on illness management has thus far focused on programs developed and run by professionals. This research provides support for illness management programs and guidance on their effective components. Similar research on peer-based illness self-management programs may inform professional-based services and lead to collaborative efforts. ♦

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