Individual Resiliency Training (IRT)

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A Part of the NAVIGATE Program for First Episode Psychosis

Clinician Manual

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The NAVIGATE Program for First Episode Psychosis
Authorship of Manuals

NAVIGATE Psychopharmacological Treatment Manual

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Please Read First:

NAVIGATE is a comprehensive intervention program for people who have experienced a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and recovery. More broadly, the NAVIGATE program helps consumers navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, on the job, at school, and in the social world. The NAVIGATE program includes four different treatments, each of which has a manual: NAVIGATE Psychopharmacological Treatment Manual, Supported Employment and Education, Individual Resiliency Training (IRT), and Family Education. There is also a Team Members' Guide that describes the overall NAVIGATE structure and how team members work together, and a manual for the Director of the NAVIGATE team.

The manual you are reading now describes the NAVIGATE Individual Resiliency Training (IRT) Program and how to implement it.

INTRODUCTION TO IRT: OVERVIEW, LOGISTICS, AND IMPLEMENTATION

This manual describes Individual Resiliency Training (IRT), a psychosocial treatment for individuals recovering from an initial episode of psychosis that is part of the larger, team-based NAVIGATE program. Due to the fact that the recovery rate following an initial psychotic episode is variable, IRT addresses multiple domains of impairment, any of which can contribute to future relapse and/or poor long-term outcome. These domains are: 1) illness self-management; 2) substance use; 3) residual and/or emerging symptoms; 4) trauma and PTSD; 5) health; and 6) functional difficulties. In addition, IRT focuses on client strengths and resiliency factors, including both how to capitalize on them and make them stronger in order to help clients meet their personal goals and overcome their problems.

In the following section we provide an overview of IRT and the logistics of providing it. We then discuss clinical issues that may arise during the implementation of IRT. Clinicians are referred to the NAVIGATE Team Members' Guide for background and a description of the NAVIGATE program. In addition, the NAVIGATE Team Members' Guide describes core competencies required by all clinicians on the NAVIGATE team, as well as information about collaborative treatment planning and issues related to applying for disability benefits in persons who have recently experienced a first episode of psychosis.

Overview of IRT

What is IRT?

IRT is a modular-based intervention for individuals recovering from a first episode of non-affective psychosis. Its primary aims are to promote recovery by identifying client

strengths and resiliency factors, enhancing illness management, teaching skills to facilitate functional recovery (and to achieve and maintain personal wellness).

Fourteen modules comprise IRT:

Outline of IRT

Module	Standard or Individualized?
1. Orientation	Standard
2. Assessment/Initial Goal Setting	Standard
3. Education about Psychosis	Standard
4. Relapse Prevention Planning	Standard
5. Processing the Psychotic Episode	Standard
6. Developing Resiliency-Standard Sessions	Standard
7. Building a Bridge to Your Goals	Standard
8. Dealing with Negative Feelings	Individualized
9. Coping with Symptoms	Individualized
10. Substance Use	Individualized
11. Having Fun and Developing Good Relationships	Individualized
12. Making Choices about Smoking	Individualized
13. Nutrition and Exercise	Individualized
14. Developing Resiliency-Individualized Sessions	Individualized

The recommended flow of IRT is described below.

All clients should receive the first seven modules, as they represent the foundation of individual treatment for first episode psychosis. After these modules, progress should be formally evaluated, and based on collaborative decision-making, the direction of the next step in the IRT program is determined. For example, for clients with current substance use problems, the Substance Use module will be pursued. Some clients may have several problem areas that they want to address. For example, a client who continues to experience auditory hallucinations, lacks friends, and is dealing with significant weight gain might choose to work with his or her IRT clinician on the "Coping with Symptoms," "Having Fun and Developing Good Relationships," and "Nutrition and Exercise" modules. In essence, the client and clinician jointly determine which problem areas are creating obstacles to recovery (and personal wellness) and use the IRT program as a means to addressing them.

In the next section, we provide a thumbnail sketch of IRT. A more detailed description of IRT and the interventions that comprise them are provided in the clinical guidelines and handouts for each module. We refer to the initial seven modules as "standard modules" and the remaining modules, collaboratively selected based on the individual's goals, problems, and areas of concern, as "individualized modules."

Module #1: Orientation (1-2 sessions)

The Orientation module is designed to familiarize clients and their relatives (or other supporters) with the NAVIGATE program and with IRT. For this reason, it is ideal if the client and family can meet together with the IRT clinician in the orientation session. The IRT clinician and Family Education Program clinician may want to meet jointly with the client and relatives to orient them together and may also want to use the orientation session as an opportunity to introduce them to other NAVIGATE staff, such as the Supported Employment and Education specialist.

The Orientation module has the following goals: 1) provide information about the different components of the NAVIGATE program, IRT, and an overview of the topics in IRT; 2) set positive expectations for active participation in IRT; 3) address immediate concerns from client and relatives; and 4) teach relaxed breathing as a strategy for clients and relatives who are feeling anxious, stressed, or overwhelmed. This module serves to orient the client to the NAVIGATE program, in general, and to the IRT program, in particular. At this point, the clinician provides basic information about session logistics (frequency, duration, involvement of relatives or other supportive individuals), the content of IRT (i.e., the standard and individualized modules), and if necessary, addresses any family/client needs (e.g., via problem solving). It is also important to set expectations regarding attendance, home practice, and the client's role in being an active participant in the IRT process. It is also during the orientation that background information is obtained from the client and relatives in terms of the problems that brought them into treatment. Finally, for clients and relatives who feel overwhelmed by the illness or even the treatment process, relaxed breathing is taught.

Module #2: Assessment/Initial Goal Setting (2-4 sessions)

The goals of this module are to: 1) help client to define what recovery means to him or her; 2) define resiliency and help client think about his or her resilient qualities; 3) assess client strengths and areas for improvement; 4) review the steps of setting a goal; and 5) help the client set a long-term meaningful goal that is broken down into 1 to 3 short-term goals.

This module helps the client get oriented to what recovery is and to the concept of resilience. The client is asked to consider the concept of resilience and how he or she defines it. The goal is to instill hope and have the client realize that resilience is a characteristic that can help him or her overcome an initial psychotic episode.

A few sessions are then devoted to assessment of client strengths. We have included both structured assessment measures (e.g. the Brief Strengths Test) as well as unstructured assessments (e.g., open-ended questions) to elicit information from the client.

The heart of IRT is the setting and pursuing of personally meaningful goals. Therefore, we spend a few sessions helping clients identify long-term goals, and break down these goals into shorter-term goals. To aid in this process, we have provided a goal-planning sheet (to track progress on goals). As some clients may not be ready to set goals at this point, we

revisit goal setting/tracking at the end of the standard module set (in Module #7, Building a Bridge to Your Goals).

Module #3: Education about Psychosis (7-11 sessions)

The Education about Psychosis module is designed to teach clients and their relatives (or other supporters) basic information about psychosis and the principles of its treatment. For this reason, it is ideal if the client and relatives can meet together for educational sessions with the Family Education Program (FEP) clinician. If possible, the FEP clinician will provide the bulk of the education to both relatives and clients concurrently. However, if there are no relatives available or if they choose not to participate, the IRT clinician will be the principle provider of education about psychosis to the client. In some situations, the client and relatives may attend FEP sessions together, but the client may also need to process the information independently with the IRT clinician. Or the client may miss some FEP sessions, and the IRT clinician can help him or her to catch up.

The goals of the Education about Psychosis module are to: 1) elicit information about the client's and relatives' understanding of symptoms, causes, course, medications, and the impact of stress on his or her life; 2) provide psychoeducation that addresses gaps in the client's and relative's knowledge about psychosis, substance use, medication, and strategies to cope with stress; and 3) discuss strategies to build resilience. Education about Psychosis should facilitate informed decision-making by clients, help them to develop strategies to foster medication adherence, and contribute to their understanding of how stress can affect symptoms. The client is also taught a variety of relaxation techniques for managing stress.

In addition to basic education about psychosis, this module revisits the concept of resilience. The client is asked to define resilience in his or her own words and to consider how resilience can be incorporated into his or her treatment. Finally, the client is introduced to "resiliency stories," which refer to difficult experiences that people have been able to overcome, and the client's own resilience in the face of challenges is explored. Such stories help clients to discover resilient qualities within themselves, how these qualities have enabled them deal with problems in the past, and how they may help them overcome the challenges they currently face.

Module #4: Relapse Prevention Planning (2-4 sessions)

The Relapse Prevention Planning module is designed to teach clients and their relatives (or other supporters) basic information about relapses and how to prevent them. For this reason, it is ideal if the client and relatives can meet together for Relapse Prevention Planning sessions with the FEP clinician. If possible, the FEP clinician will provide the bulk of the education about this topic to both relatives and clients concurrently. However, if there are no relatives available or if they choose not to participate, the IRT clinician will be the principal provider of education about relapse prevention to the client. In some situations, the client and relatives may attend FEP sessions together, but the client may also need to process the information independently with the IRT clinician. Or the client may miss some FEP sessions, and the IRT clinician can help him or her to catch up.

This module has two primary goals: 1) provide information on the factors that contribute to set backs or relapses, such as early warning signs and triggers; and 2) help the client develop and implement a relapse prevention plan.

Relapse is defined with the client and he or she is introduced to the idea that relapses can be prevented, which in turn, can facilitate progress towards personal goals. In addition, common early warning signs of relapse are defined and described and the concept of relapse triggers is introduced. The relationship between early warning signs and triggers is explored in preparation for developing a relapse prevention plan. Finally, clients are walked through the steps of completing their own personal relapse prevention plan, in collaboration with supportive people in their life.

Module #5: Processing the Psychotic Episode (3-5 sessions)

The goals of this module are to: 1) help the client process the psychotic episode—that is, to understand how it has affected his or her life; 2) help the client identify positive coping strategies used and resiliency demonstrated during this period; 3) help the client identify and challenge self-stigmatizing beliefs about the experience of psychosis; and 4) develop a positive attitude towards facing life's challenges ahead.

As this is a sensitive area for many clients, this module begins with talking with the client about how to discuss the topic of his or her psychotic episode, as well as the pace of this discussion. For clients who are reticent to discuss their experience, personal accounts of other individuals with first episode psychosis are reviewed and discussed. Clients are encouraged to "tell their story" and to create a narrative that helps them process all aspects of their psychotic episode (i.e., precursors, triggers, and effects of the episode).

In order to better understand some of the ways that self-stigmatization may contribute to the client's distress, symptoms, and problems in social functioning, the second half of this module involves the assessment and challenging of commonly-endorsed beliefs related to self-stigma that people sometimes develop following a first episode of psychosis. Self-stigmatizing beliefs are assessed using a brief standardized questionnaire before and after the psychotic episode has been processed to evaluate change. For those clients who continue to endorse stigmatizing beliefs, a brief introduction to and practice of cognitive restructuring is provided. At the end of the module, if self-stigmatizing beliefs continue to be present and cause distress, the clinician encourages the client to continue onto the individualized module Dealing with Negative Feelings (#8) for further work with cognitive restructuring.

Module #6: Developing Resiliency--Standard Sessions (3-4 sessions)

This module has the following goals: 1) to provide information about resiliency and help client identify with the resiliency process; and 2) to help the client build resiliency through using strengths and paying attention to the good things that happen.

This module is broken down into two sections that include topics for both the standard sessions and the individualized sessions. In the standard resiliency sessions, the following three topics will be covered with all clients: "Exploring your Resilience," "Using Your Strengths," and "Finding the Good Things Each Day." During the standard sessions, the process of developing resiliency is reviewed. In addition, the client is helped to identify personal qualities that he or she sees as resilient and reviews personal resiliency stories. The client is asked to review the top character strengths that represent him or her the most, which were originally identified in the Assessment/goal setting module. By finding new ways to use their strengths in their daily life, clients can learn to capitalize on their strengths more in different situations. In the home assignment follow-up, clients reflect on how it felt to use their strengths and how they may use their strengths more often in the future.

The client is also introduced to strategies for paying attention to the good things that happen in his or her life. This is designed to help clients' notice, pay more attention to, and remember positive events that occur throughout their day. Clients also are prompted to think about why good things happen to them and who is responsible for the good things that happen.

Module #7: Building a Bridge to Your Goals (2-3 sessions)

This module has the following goals: 1) help the client identify a personal goal (if one was not been set earlier) or review the goal that was set in Module 2; 2) review progress towards his or her goal and make modifications if necessary; and 3) help the client decide whether he or she will continue in treatment, and if so, which individualized modules she or he will follow.

This module provides a structure to use collaborative decision-making to help the client decide how to proceed in his or her treatment. The clinician discusses the client's progress towards goals, barriers the client has faced or could potentially face when working towards goals, strengths, and helpful strategies from the standard modules. The clinician also works with the client to identify areas of functioning or distress that the client can address in the Individualized modules. At the end of the module, the clinician helps the client develop a Personalized Treatment Plan in which the client decides what modules he or she wants to learn, and the next steps in making progress towards his or her goal(s).

Module #8: Dealing with Negative Feelings (7-12 sessions)

This module has two general goals: 1) teach the skill of cognitive restructuring (CR) as a self-management tool to help the client deal with negative feelings; and 2) help the client use this skill to deal with negative feelings (such as depression and anxiety), including negative feelings related to self-stigmatizing beliefs, psychotic symptoms, non-psychotic symptoms, suicidal thinking and behavior, and PTSD symptoms. Incorporated within the self-management model for conducting cognitive restructuring is a step-by-step approach to developing "action plans" for addressing problems in which a careful evaluation of the client's concerns indicates that they have realistic basis.

In this module, the clinician provides information about different areas of emotional distress and specific approaches to targeting and decreasing emotional distress (i.e., cognitive restructuring). The client is first taught about the relationship between thoughts and feelings (i.e., emotional responses to different situations are mediated by the person's thoughts or beliefs about those situations, themselves, other people, and the world in general). Clients are then taught how to recognize when they are engaging in "Common Styles of Thinking," or common, inaccurate ways that people reach conclusions that lead to negative feelings (such as catastrophizing" or "all-or-nothing thinking"), and how to examine, challenge, and change these beliefs. Teaching clients how to recognize and change Common Styles of Thinking serves as an introduction to the skill of cognitive restructuring, and provides a basis for beginning to practice the skill for dealing with negative feelings.

The client is then taught the "5 Steps of Cognitive Restructuring (CR)," which is a step-by-step approach to dealing with and resolving any negative feeling. Negative feelings based on thoughts or beliefs that are judged to be inaccurate after a close examination of the evidence are modified, leading to a reduction in the negative feeling. Negative feelings based on thoughts that are judged to be accurate are followed up by developing an action plan for dealing with and resolving the problem situation. The client is given opportunities to practice the 5 Steps of CR in session and at home. Clients are encouraged to continue to use the 5 Steps of CR on a regular basis as a self-management tool for dealing with negative feelings.

The 5 Steps of CR are used to address negative feelings that the client has. This includes negative feelings related to specific persistent symptoms, including depression, suicidal thinking or behavior, anxiety, paranoia, auditory hallucinations, posttraumatic stress disorder (PTSD) due to either the experience of the psychotic episode and upsetting treatment experiences, or due to lifetime traumatic experiences (e.g., sexual abuse or assault, sudden and unexpected loss of a loved one), and self-stigmatizing beliefs that have persisted despite completing the Processing the Psychotic Episode module.

Module #9: Coping with Symptoms (2-4 sessions for each symptom selected)

This module has the following goals, to: 1) assist clients in identifying persistent symptoms that interfere with activities or their enjoyment of life; 2) help the client identify the symptoms that interfere the most, and select relevant handouts to address these symptoms; 3) assist the client in selecting coping strategies that he or she is most interested in learning; 4) teach coping strategies in sessions, using modeling and role playing whenever possible; and 5) assist clients in practicing coping strategies in their own environment, using home practice assignments, and, in some instances, conducting sessions at off-site locations.

This module is recommended for clients who experience persistent symptoms that interfere with activities, goals, or enjoyment, but who do not report significant distress, or for clients who have completed the "Dealing with Negative Feelings" module and have learned the 5 Steps of CR model of cognitive restructuring, but continue to experience significant distress from specific symptoms. The symptoms that are addressed in this module include depression, anxiety, hallucinations, sleep problems, low stamina and energy, and worrisome or troubling thoughts (e.g., thoughts related to paranoid ideation or delusions of reference). A range of coping strategies is taught for each symptom, including such strategies as relaxation techniques, cognitive restructuring, distraction, exercise, and mindfulness. Clients are encouraged to learn to use at least two coping strategies for each of their targeted symptoms.

Module #10: Substance Use (11-20 sessions)

This module does not require that the client be motivated to become sober—only that he or she is willing to talk about substance use and to explore its effects. The module is recommended for clients whose substance use has resulted in significant problems, such as precipitating symptoms, problems in social or role functioning (e.g., school, work), money problems, legal problems, family conflict, or victimization. In addition, because clients with a

first episode of psychosis are vulnerable to developing a substance use disorder, the module is recommended for clients who use substances regularly but have not yet developed a clear substance abuse problem. The goals of this module are to: 1) provide basic information about substances, common reasons for using, and negative effects of substances on psychosis and personal goals; 2) enhance motivation to reduce or stop using substances; 3) teach skills for managing urges to use substances, coping with symptoms that precipitate substance use, and dealing with social situations involving substances; and 4) develop a personal substance abuse relapse prevention plan.

In this module, clinicians provide an open and accepting atmosphere for clients to discuss substance use and whether or not the client is comfortable sharing that information with his or her family. In addition, information is provided about the effects of using different psychoactive substances, common reasons for using substances, and negative effects of using substances. Clients are also asked to share their experiences with using substances. Next, clients are engaged in a decisional balance to weigh the advantages and disadvantages of using vs. not using substances in order to increase the person's motivation to quit or cut down substance use. Clients are taught strategies to increase social support for not using substances and skills for avoiding use in high risk situations. Lastly, for clients who have achieved abstinence, the clinician helps the client develop a substance abuse relapse prevention plan.

Module #11: Having Fun and Developing Good Relationships (composed of three sub-modules: Having Fun [3-6 sessions], Connecting with People [5-9 sessions] and Improving Relationships [5-9 sessions])

This module is recommended for clients who are looking for fun activities and experiences and/or who would like to form new connections with people or improve current relationships. The goals of this module are to: 1) help the client renew old fun activities and develop new fun activities; 2) get the most enjoyment out of fun activities by learning how to appreciate the "3 Stages of Fun"; 3) connect with people by contacting old friends and meeting new people; 4) improve the quality of relationships by developing skills to better understand other people, communicate more effectively, manage disclosure, and understand social cues.

This module is broken into 3 sub-modules: Having Fun, Connecting with People and Improving Relationships. The Introduction to the module provides an overview of the sub-modules and includes questions designed to help the client decide which sub-modules he or she would like to work on and in what order. Clients can choose one, two, or all three of the sub-modules, which can be done in any order. If a clear preference does not emerge for which sub-module to start on, Having Fun is recommended as the one to begin with. Helping clients renew old interests and develop new ones often provides natural social opportunities to meet people with similar interests. By working on increasing the fun in the their life, clients often encounter new social situations that they are motivated to be successful in. This can lead to moving from the Having Fun sub-module to one or both of the two other sub-modules, which focus more directly on social relationships.

In all three sub-modules, there is a strong emphasis on actively practicing skills, using methods such as role plays in and out of the session to help clients get familiar with the skills, and helping clients understand the relevance in their life and feel more comfortable using the skills.

Module #12: Making Choices about Smoking (2-4 sessions)

This module walks clients through the steps of identifying their personal benefits and concerns about smoking and quitting. Concerns about quitting are normalized and suggestions are provided for coping with these concerns throughout the handouts. Clients are presented with information about available treatment options. The clinician then helps clients take stock of their willingness to make changes to their smoking behavior. Clients who are willing then work with the clinician collaboratively to develop a plan for tobacco reduction or abstinence.

Module #13: Nutrition and Exercise (2-4 sessions)

This module provides a rationale for and identifies skills to improve nutrition and increase exercise. Concerns about changing diet and increasing activity level are addressed and some possible solutions identified. Clients are presented with information about specific ways of increasing activity and improving diet. The clinician then helps the client take stock of his willingness to make changes to his eating and exercise behavior. Clients who are willing then work with the clinician to collaboratively develop a plan for making some changes in diet and activity level.

Module #14: Developing Resiliency--Individualized Sessions (2-10 sessions)

This module helps clients learn additional skills to build resiliency with the following goals: 1) learn strategies to build positive emotions and facilitate resiliency; and 2) help the client build resiliency through the skills of gratitude, savoring, active/constructive communication, and practicing acts of kindness.

In addition to information about resiliency and its characteristics, there are a variety of exercises in this module. These exercises (e.g., a gratitude visit; savoring; practicing acts of kindness) are meant to increase positive mood, well-being, and a sense of purpose, factors which should facilitate recovery and strengthen resilience. Such exercises may also help clients “get back on track” in terms of helping them achieve important personal goals.

This module can be used either as a stand-alone module or as a source of single resiliency exercises that can be integrated into the first session or two of each of the individualized modules chosen by the client. In Module #7, clinicians should discuss with the client his or her preference for resiliency exercises available in the individualized Developing Resiliency module. When clients have chosen to complete one or more individualized modules they should also complete one resiliency exercise at the beginning of each module. For example, if a client chooses to complete the “Substance Use” module, he or she would be encouraged to do a resiliency exercise of his or her choice at the beginning of that

module. If the client chooses not to complete any of the individualized modules, he or she has the option of doing Developing Resiliency as an individualized stand-alone module, including the opportunity to do all of the resiliency exercises.

Logistics

Implementing the Modules: Topics and Clinical Guidelines

As described later in this manual, each module includes a set of "topics", which are summarized in handouts and reviewed/discussed with the client in session, and a corresponding set of "clinical guidelines", which provide instructions for the clinician on the administration of a given topic area.

Topics provide basic information about a specific subject within a module (e.g., "Basic Facts about Alcohol and Drugs" is a topic in the Substance Use module), as well as checklists for the client to complete, worksheets (such as the 5 Steps of Cognitive Restructuring worksheet found in the Dealing with Negative Feelings module), standard assessment measures as well as home practice options. Thus, for each topic area, there is a handout, which includes text, worksheets, checklists, home practice options, etc. Review and use of these handouts in session may vary depending on the clinician's and client's style and circumstances. For example, you can take turns reading a handout aloud with the client, or you can summarize sections for the client and have him or her review the handout as a home assignment. In addition, there are summary points for review that are both in boxes and at the end of the handouts, and questions throughout each handout designed to facilitate discussion as it is reviewed. You do not have to use handout materials in every session, although with most clients they are useful. Some clients with very poor reading skills may find the handouts daunting, and clinicians can teach the information using the handout as a guide for himself or herself.

The clinical guidelines provide instructions and tips on how to teach the client the information and skills in a given module. For example, the Education about Psychosis module covers four different topics: 1) What is psychosis? 2) Medications for Psychosis; 3) Coping with Stress; and 4) Strategies to Build Resilience. The clinical guidelines begin with a listing of the general goals for this module, followed by a listing of the four topic areas, an overview of the session structure, general teaching strategies, and instructions. This is meant to orient the clinician to the module in general. Then, clinical guidelines are provided for each topic area, covering the following information: A) overview of the topic area; B) goals for that topic area; C) materials needed (e.g. what handouts are needed for that topic area); D) suggested pacing of the sessions (broken down into a "slow" and "medium" pace); E) teaching strategies (e.g., connecting information to the client's goal); F) tips for common problems; G) suggestions for evaluating gains; and H) a summary table that clinicians can use to remind themselves of the goals for that topic and therapeutic techniques to help meet them (including suggested probe questions).

We strongly suggest that you read both the handouts and guidelines prior to the session, although it is fine to have the clinical guidelines in front of you during the session as a reminder.

Session Frequency and Duration

You should expect the client to take approximately 4-6 months to complete the seven IRT standard modules, depending on the frequency of sessions and the learning pace of the client. Each IRT session should be approximately 45-60 minutes (depending on client functioning, motivation, etc), with sessions preferably conducted on a weekly or biweekly basis. However, if scheduling less frequent sessions is critical to keeping the client engaged in IRT, you are encouraged to accommodate to the client's preferences.

Depending on client need, goals, and motivation, one or more of the individualized IRT modules may be taught, which differ in length. Clients may also vary in their motivation for treatment and ability to process information at different points in their illness. Thus, both the frequency of sessions and duration of time that IRT is provided will vary considerably between clients, with some participating in the program for up to two years. IRT does not impose a fixed number of sessions or time limit on treatment, but rather leaves this open as a matter to be determined collaboratively between you, the client, family members, and the other members of the NAVIGATE team.

The goals of each module are not necessarily fully achieved when the module is completed. Therefore, it is often necessary to continue working with the client on practicing skills taught in the module, or reviewing progress towards goals relevant to that module, even after moving onto a new IRT module. For example, clients with substance use difficulties may improve during the substance use module, but nevertheless still be at high risk for relapsing back into using substances following completion of this module. In order to minimize the chances of such a relapse, it is important to routinely check in about the client's substance use, his or her relapse prevention plan, and any other related issues that may need attention, such as symptoms that precipitate use. If ongoing difficulty persists or re-emerges, it may be necessary to re-visit earlier therapeutic techniques and strategies, as alluded to earlier in this section. Clearly, the clinician should always attend to issues that are in the best interest of the client when they arise.

For another example, teaching skills such as cognitive restructuring (Dealing with Negative Feelings module), coping skills (Coping with Symptoms module), and interpersonal skills (Having Fun and Developing Good Relationships module) often requires extended practice and honing of the skill over time for clients to develop real competence. Practice of targeted skills naturally takes place when you are teaching the material in a particular module, but this practice can be continued for a few minutes in each session even after you move onto another module. Thus, it is important to be aware that learning the requisite skills covered in a particular module may require ongoing practice after the module has been completed.

One challenge for you, the client and the NAVIGATE treatment team is deciding when to end treatment. Of course, if clients have completed the standard modules and the individualized modules of their choice, have met their goals (which should be tracked weekly), and are satisfied with their progress, then this would be a natural stopping point. For clients who continue to work on goals, have persistent or emerging problems to address after completing the standard modules and individualized modules of their choice, then you and the clients will collaboratively determine which areas to address, which modules to review, and which additional individualized modules that might be helpful.

Location of Sessions

IRT is not merely an office-based treatment. As an IRT clinician, you will need to liaise with other important individuals in the client's life, including members of the NAVIGATE treatment team and family members and other "indigenous supporters" (with the client's permission; see below for procedures). In addition, a number of the areas addressed by IRT modules, such as Coping with Symptoms, and Having Fun and Developing Good Relationships, may only be effectively targeted via activities conducted outside of the office, such as *in vivo* exercises (e.g., having the client practice a particular social skill with a friend or family member). The ultimate goal of any intervention, including IRT, is that the skills learned in-session generalize to the rest of the client's life and have positive lasting impacts.

Session Organization

Typically, the IRT session is structured in the following manner:

- Greeting and check-in, including any ongoing areas of difficulty (e.g., substance use)
- Setting of an agenda
- Reviewing previous session
- Reviewing home practice
- Following up on goals
- Covering new material or reviewing material as needed, taking advantage of opportunities to role play and practice skills
- Asking client to summarize and provide feedback about the session
- Developing a new home practice assignment and identifying ways that indigenous supporters can assist

As noted in the first step of the session structure, you should briefly check in regarding any significant problem areas for the client, such as weight gain, substance use or medication non-adherence (regardless of current treatment phase). If any pressing concerns emerge, it may be necessary to include those as agenda items (see below).

The setting of an agenda involves you and the client setting up a plan for what will be worked on in the session. Although this is done in a collaborative manner, it is your job to make sure that the agenda addresses issues related to the client's goals. Generally, the first agenda items are reviewing the past session and completion of the home practice assignment, as this helps the client understand that home practice is a critical component of

treatment. Also, this helps to connect work conducted in the previous session with the current session. It's also helpful at this time to review progress towards goals because this is a key component of treatment that needs to be followed up on a regular basis.

Both you and the client cover the remaining agenda items in order of importance as identified. Note that you need to be very responsive to "emergency" agenda items by addressing them immediately if they clearly represent a crisis. "*Indeed, you should always prioritize pressing concerns that the client may bring in.*" However, for clients who regularly present with a "crisis of the week," it is important that you demonstrate understanding of the client's concerns, while adopting a problem-focused approach to prevent the session from becoming derailed. An example of such an approach is provided below:

Clinician: It's good to see you. How are you? How have things been going since we last talked?

Client: My psychiatrist wants to increase my medication. She won't ever listen to me. She just treats me like a nut. What does she care? I'm just a number to her. Those meds make me really sleepy, I can't do my job, I can't stay awake…

Clinician: You sound really upset. I wonder…

Client: (interrupting) I am upset, she just wants to hold me back. She's trying to make money for the drug companies.

Clinician: So, you feel like your doctor doesn't have your best interests in mind when it comes to your medication? Well, is it fair to say that this should be a top agenda item today, maybe after we cover your home practice and progress towards your goal?

After new material is discussed in session, you and the client should collaboratively determine an appropriate home practice assignment, and should also try to identify ways that the client's indigenous supporter(s) may assist over the coming week. The session should end with you checking in with the client to get his or her perspective on how the session went. Also, we strongly recommend asking clients, particularly those with attention problems, to share what they got out of the session. It may be helpful for you to jot down a few notes based on the client's recollection of the main points of the session (in the client's own words) that can be referred to by the client between sessions.

Home Practice

Home practice is an essential part of IRT, and is something that you need to attend to in every session. There are two major reasons why home practice is a critical component of treatment. First, it builds in generalization of skills from the session to the client's social environment. For example, a client who has difficulty initiating conversations may work with the clinician in-session on developing appropriate social skills. Home practice then allows the client to practice starting conversations in situations that he or she encounters in daily life. Second, there is empirical support for the use of home practice. Kazantzis et al. (2000) conducted a meta-analysis (i.e., a statistical review and summary of many studies), and found that home practice assignment and compliance had a moderate impact on treatment

outcome. In other words, clients who completed home practice were more likely to improve following treatment than clients who did not complete home practice.

Suggested home practice assignments are provided in most handouts. For example, in the Relapse Prevention Planning module, the client is asked to consider practicing one strategy to help him or her cope with the early warning signs of a relapse. Other home practice assignments might involve completing a checklist (e.g., The Triggers of Relapse Checklist found in the same module) either alone or with a family member or friend. No matter what the assignment, it is important that the home practice assignment be developed collaboratively (even if it is an assignment not listed on the handout) and that the client sees a benefit for doing the home practice. Clients are more motivated to complete home practice assignments that have clear relevance to their lives and current situations (e.g., a client with a goal of getting a job develops a home assignment to practice a coping strategy dealing with low stamina and energy that he or she can use while working).

You should be prepared for times when the client does not complete the assignment. Do not assume that the client doesn't want to complete it. Rather, you need to assess what prevented the client from doing the assignment. Potential challenges to home practice assignment completion includes:

- Client did not understand the assignment
- Client lost the assignment
- Client was not comfortable with practicing his or her new skills outside the session
- Client did not have the opportunity to do the assignment
- The assignment was too complex or difficult
- There was inadequate opportunity to practice the skills needed for the assignment in session
- The client forgot to do the assignment
- The client did not see how the assignment could be helpful in his or her situation or attainment of goals

If poor follow-though on home assignments is a persistent problem, you need to ask the client why. If the client has trouble coming up with an answer, develop a hypothesis of why the client does not complete home practice assignments, and then problem solve with the client to rectify this problem. In other words, what are the factors that are contributing to and maintaining home practice non-adherence? Make sure that you provide sufficient praise to the client upon completing the assignments. The most effective praise is specific, genuine, and not patronizing. Positive feedback makes the client feel good for completing the project, but can also help the client identify how he or she felt when using the skill outside of the session. For clients who have significant cognitive difficulties, or persistent symptoms, poor follow-though on homework may be related to difficulties with memory or being easily distracted. Working to involve the client's natural supports, such as family members, in helping the client follow through on home assignments in IRT is often an effective strategy for compensating for cognitive or symptom problems that interfere with completion of home assignments.

Coordinating IRT with the Family Education Program

NAVIGATE is a comprehensive team-based intervention, and it is important to coordinate IRT with the other components of the program: Family Education Program (FEP), Supported Employment and Education (SEE), and Medication Management. Coordination with FEP is especially important, because it is recommended that Module 1 (Orientation), Module 3 (Education about Psychosis) and Module 4 (Relapse Prevention) be done in joint sessions with clients and their relatives (or other supporters). If possible, the FEP clinician will conduct joint sessions for these modules, using handouts from the FEP manual, which were designed to be applicable to both relatives and clients. Joint sessions will usually be conducted by the FEP clinician alone, but the IRT clinician could also co-facilitate one or more sessions.

It may not always be feasible for the FEP clinician to provide joint sessions with relatives and clients, for a variety of reasons such as the following: no relatives are available, relatives are available but the client does not give permission for their involvement, relatives are available but cannot attend sessions, the client is unwilling or unable to attend joint sessions. In such situations, the IRT clinician will provide Module 3 and Module 4 to the client in IRT sessions. Also, the client may benefit from reviewing and processing the information independently in IRT sessions after attending joint sessions. Finally, in some instances, the client may miss some FEP sessions, and the IRT clinician can help him or her to catch up.

After completing Module 4 (Relapse Prevention Planning), there is no more substantial overlap between the curriculum in IRT and FEP. The IRT clinician will continue to meet with the client, and provide the FEP clinician and other members of the NAVIGATE periodic updates on the client progress, and how relatives can continue to provide support to the client and help him or her make progress towards goals. Some additional FEP sessions that focus on educational topics such as effective communication and developing a collaborating relationship with professionals may continue to involve the client. In addition, depending on the client's and family's needs, FEP sessions including the client may continue to be provided to the family to address high levels of stress and tension by providing training in communication and problem solving skills using in-session practice and home assignments, or family consultation may be provided to address specific concerns on an as-needed basis. In such cases, similar to the role of the IRT clinician, the FEP clinician regularly updates the NAVIGATE team on progress in the family work, and explores with the team how IRT and SEE can complement or facilitate the goals of FEP. Over the course of IRT, relatives may join sessions as requested by the client. For example, the client might choose to ask relatives to sit in on some portions of Module 2 (assessment/goal setting) sessions so that they are informed of his or her goals and how they can be helpful. Or the client might ask relatives to join some sessions of Module 5 (Processing the Psychotic Episode) to share their experiences.

Case Management

One of the challenges of doing IRT is coordinating it with case management. This issue can be addressed in a few ways: 1) Dividing the session into IRT and case management components. This can occur when a client brings in a crisis, such as being in danger of losing his or her apartment, and needs to address this problem. In that case, you might spend half of your time on case management issues, and the remaining on the IRT topic. 2) Integrating IRT into case management. For example, in the aforementioned example, you could prompt the client to use relevant skills learned in IRT to ask for help from his or her family. In essence, situations that arise during case management can be used as a "natural laboratory" to reinforce and practice skills learned during IRT.

Miscellaneous Clinical Elements in IRT

1. Collaboration with Natural Supports

Natural supports are non-mental health professionals who by virtue of their relationship and regular contact with the client are potentially in a position to help that person manage his or her psychiatric illness or make progress towards personal goals. Examples of natural supports include family members, friends, employers, self-help group members, and other members of a community organization. We consider these natural supports a type of "indigenous supporter;" that is, an individual in the client's home, work or community environment who can help the client pursue their goals. For example, because of their contact with clients in "real world" settings, natural supports are often in an ideal position to support illness self-management behaviors and steps towards goals. In addition, engaging natural supports can help the clinician make new resources available to the client that would otherwise not have been tapped (e.g., a job lead).

While clients are not required to have indigenous supporters, they are highly encouraged to identify somebody who can serve in this role. This approach of enlisting external assistance and support has also been encouraged in other treatment approaches for individuals with schizophrenia and other severe mental illnesses (e.g., Illness Management and Recovery and Integrated Treatment for Dual Disorders; Gingerich & Mueser, 2010; Mueser et al., 2003).

There are a number of individuals who can be included as indigenous supporters during IRT:

- Family members
- Spouse
- Boyfriend/girlfriend
- Roommate(s)
- Friends

It is ideal to enlist the assistance of an individual who either lives with, or is in close regular contact with, the client. For most clients, family members will probably be ideal candidates. The clinician should obtain the client's written permission to contact any potential indigenous supporter before doing so.

There are many ways that indigenous supporters can be involved in treatment. An indigenous supporter may:

- Review handouts and other material from IRT with the client
- Assist the client with home practice assignments
- Help the client practice a new skill or reinforce one that the client uses spontaneously
- Help the client with practical assistance, such as transportation or locating resources
- Take an active role in helping the client achieve goals
- Take an active role in the client's relapse prevention plan
- Stay informed about the progress of IRT through regular contact with the clinician and/or the NAVIGATE team

2. Suicide Risk and Prevention in Early Psychosis

Approximately 5-10% of people with schizophrenia will commit suicide. Further, there is a particularly high risk of suicidality among individuals recovering from their first episode of psychosis. At least 50% of individuals with first episode psychosis have experienced suicidal thoughts and approximately 25% have made a suicide attempt by the time of first contact with treatment services (Power, 2004). Indeed, while the acute phase of the illness represents a risky period regarding suicidality, it is the early recovery phase following remission of psychotic symptoms when most suicides actually occur. Individuals during this phase are beginning to experience the psychological and social impact of the illness, and many are likely to experience "post-psychotic depression" (Birchwood et al., 2000). Depression and suicidal ideation is especially common among individuals who feel engulfed and trapped by their illness, and who become hopeless about the future, predicting a loss of social status and limited potential for improvement (Birchwood, 2003). Specifically, suicide risk in early psychosis is highest during the following periods:

- During emerging psychosis (i.e., prodromal phase)
- Immediately prior to hospitalization and immediately following discharge
- Several months following symptom remission (early recovery period)
- After first relapse (i.e., when realization occurs that illness is recurrent)

Given the heightened risk of suicide following a first episode of psychosis, you are strongly encouraged to consider all IRT clients as being "high risk" and to regularly monitor their clients for suicide risk. Risk factors for suicide in early psychosis include:

- Male gender
- Single
- Unemployed

- Suicidal ideation and/or previous suicide attempt(s)
- Good premorbid functioning with high personal expectations
- High premorbid IQ
- Good insight
- Depression and/or hopelessness
- Substance abuse
- Large degree of illness-related deterioration
- Command hallucinations
- Grandiose or persecutory delusions (may result in self-destructive behavior)
- Family history of suicide

Additional factors that may increase the risk of suicidality include:

- Recent loss of social support
- Isolation/reduced supervision
- Treatment non-adherence
- Environmental stress/conflict (e.g., family conflict or criticism)

You should be mindful of the above risk factors, and identify clients who may be at increased risk of suicide. On the NAVIGATE team, the psychiatrist routinely assesses for suicidal ideation. Family members may also bring information about their relative's suicidal thinking to their family clinician on the NAVIGATE team, and thus you may know that this is a significant clinical issue from your work on the team. If a client expresses suicidal thoughts to you, in order to evaluate it further obtain the following information: "frequency of thoughts", "presence of active intent and plan", "lethality and availability/feasibility of the plan", and "potential obstacles to implementation of the plan". If clients express active suicidal ideation, hospitalization may be required. If clients express suicidal thoughts without active intent (e.g., "I'd be better off dead"), ensure that they are willing to contract for safety and be certain that they will be closely monitored. **In any case, the presence of any suicidal ideation in clients must be communicated immediately to the rest of the NAVIGATE team**. If a client is actively suicidal and other healthcare providers are unavailable, you should contact his or her local emergency department and ask for the psychiatrist or crisis worker on call. You should document in the client's chart: all risk assessment and safety plans, all supervision and consultative contacts, all contacts with outside providers, current disposition of client, and any other action taken on behalf of the client.

After attending to the steps described above, you should try to engage clients who experience suicidal ideation in Module 8 (Dealing with Negative Feelings), Module 9 (Coping with Symptoms), or both. Module 8 teaches cognitive restructuring as a self-management skill reducing negative feelings, which can be especially helpful in addressing mood-related symptoms, including suicidal thinking, depression, anxiety, paranoia, distress related to hallucinations, PTSD, or self-stigmatizing beliefs. This module also includes assessment measures for tracking the effects of teaching cognitive restructuring on reducing symptoms that are associated with suicidality, including hopelessness, depression, anxiety, PTSD symptoms, and self-stigmatizing beliefs. Module 9 is aimed at teaching a range of coping strategies for dealing with persistent symptoms, including depression, anxiety, hallucinations,

and delusions, all of which can be related to suicidal thinking (coping strategies for other symptoms are taught as well, including sleeping difficulties and lack of stamina or energy). Those symptoms that are most strongly associated with the client's suicidal thinking can be targeted for teaching coping strategies.

Although Modules 8 and 9 are Individualized IRT modules, and not Standard modules, they can be taught at any point that suicidal thinking is recognized as a significant symptom that must be addressed immediately, even before the Standard modules have been completed. There are two general approaches to addressing suicidal thinking using Modules 8 or 9 during the provision of the Standard modules. First, you can devote part of each Standard module session that you are working on to teaching information and skills from Module 8 or 9 (e.g., 15 or 20 minutes). Second, you can temporarily suspend work on the Standard modules in order to focus exclusively on Module 8 or 9 in order to maximize the intensity of your focus on the suicidal thinking.

There are a number of other ways that you can minimize suicide risk or address emerging suicidality in clients. One fundamental way is to assure that clients are continually engaged with treatment services. Other specific strategies include: boosting self-esteem, fostering hope, and training clients in problem-solving, interpersonal effectiveness, distress tolerance, and emotion regulation skills.

For additional information on suicide risk assessment and prevention in early psychosis, consult the following references:

- Power, P. (2004). Suicide prevention in early psychosis. In J. Gleeson & P.D. McGorry (Eds.), *Psychological interventions in early psychosis: A treatment handbook* (pp. 175-189). Chichester, England: John Wiley & Sons.

- Clinical materials available from EPPIC at http://www.eppic.org.au/
  - Case management handbook (EPPIC, 2001, pp. 63-66)
  - Managing the acute phase of early psychosis (ORYGEN Youth Health, 2004, pp. 32-34)

3. Flexibility

IRT is intended to be flexible, both in terms of the areas it targets as well as in terms of treatment frequency, intensity, and duration. We have built this flexibility into the treatment so as to be able to best address the heterogeneity of first episode psychosis. In addition, we realize that for many NAVIGATE clients, this will be their first exposure to mental health treatment. Thus, their motivation to engage in treatment may wax and wane, requiring IRT to be delivered in a manner that meets the client where he or she is at (e.g. weekly; biweekly; monthly). We feel that it is paramount to continually engage, and re-engage clients in treatment (while they are in need of services), which ultimately should facilitate recovery and reduce the likelihood of relapse.

At times, the client's needs may necessitate providing IRT modules out of order, as described above for individuals experiencing significant suicidal ideation. For another example, if a client experiences distressing symptoms such as hallucinations or delusions, it is most helpful to shift as soon as possible to Module 8 (Dealing with Negative Feelings) to learn cognitive restructuring or to Module 9 (Coping with Symptoms) to learn further coping strategies. As another example, if a client experiences problems with weight gain, he or she could be guided to Module 13 (Nutrition and Exercise), which provides strategies for nutrition and exercise. After a few sessions learning some of the strategies in Module 13, the IRT clinician could shift back to the other IRT modules, but check in for a few minutes every session with the client on progress and troubleshoot any difficulties he or she is experiencing in the area of weight.

Flexibility in the delivery of IRT increases its effectiveness and is helpful in reducing the likelihood of clients dropping out of treatment. As different agencies might have different protocols for dealing with client drop-outs (or poor or intermittent attendance), we feel that being flexible in the delivery of IRT is something that should cut across most settings in helping keep clients engaged in treatment.

4. Clinical Supervision

For the most effective IRT implementation, weekly group supervision for one hour is recommended for all clinicians involved in IRT. It is important that supervision time be protected for clinicians (i.e., that participation in supervision be considered as a part of any productivity quotas or expectations placed on clinicians) in order to ensure their active involvement. Supervision should support clinicians' continued IRT work, and help them problem solve challenges that can arise with clients as well as with the agency. These weekly clinical supervision meetings can also help sustain the practice of IRT after the initial training and implementation. IRT clinical supervision will help with the following:

1) Monitoring the delivery of IRT to clients
2) Providing feedback about the implementation of IRT within the agency
3) Providing opportunities for clinicians to practice IRT skills
4) Increasing competence with these skills
5) Offering clinicians support while implementing IRT

Clinical supervision is most helpful when there is a specific structure that guides the meetings. After individual IRT sessions have begun, there is a simple structure that the IRT supervisor can follow during clinical supervision. First, the IRT supervisor conducts a brief check-in with clinicians about the current status of IRT individual cases. As part of the check-in, the IRT supervisor generally asks a series of seven questions to update progress in IRT, identify problems early, and track the implementation of IRT. The check-in questions include:

1) What module is the client working on?
2) What is the client's recovery goal(s)?
3) What steps have been taken towards achieving the recovery goal(s)?
4) What is the client's attendance rate?

5) Are home assignments being completed?
6) Are there any problems that currently need to be addressed?
7) How is IRT being coordinated with other elements of the NAVIGATE program (e.g., Family Education, Supported Employment and Education, and Psychiatry)?

After answering these questions with clinicians, IRT supervisors have four different options for the remainder of the clinical supervision session:

1. Planning for the next module with clinicians
2. Problem solving or giving suggestions for a problem or challenge identified during the check-in
3. Asking a clinician to give a case presentation
4. Reviewing an IRT skill or strategy for advanced training

The IRT supervisor can help clinicians plan for the next module by reviewing the goals of the module, discussing the motivational, educational, and cognitive-behavioral teaching strategies that could be used during that module, brainstorming ideas for home assignments, and linking the goals of the module to the client's recovery goal.

A second option involves problem-solving a challenge that was identified during the check-in. All of the clinicians are encouraged to offer suggestions for solutions, and the supervisor can suggest role-playing one of the strategies as a practice. Supervisors often use the following steps for problem solving during IRT supervision:

1. Defining the problem or challenge
2. Eliciting possible strategies/solutions from all clinicians
3. Evaluating strategies/solutions
4. IRT clinician chooses strategy/solution (or combination) to try
5. IRT clinician makes a specific plan to try out the strategy or solution
6. IRT clinician plans to follow up how the strategy/solution worked in supervision in the next week or two

As a third option, the IRT supervisor can ask a clinician to review a case presentation, usually focused on a client who is having difficulty making progress towards recovery. In this situation, it is important for the clinician presenting the case to provide some background information about the client, including the client's recovery goal(s) and any progress made towards recovery, IRT modules that have been completed, examples of motivational, educational, and cognitive-behavioral teaching strategies that the clinician has used, examples of home assignments, and one or two specific issues with which the clinician needs assistance. Problem solving can be used to address the issues identified by the clinician, with the supervisor and other clinicians offering suggestions for solutions.

The fourth possibility is to use the clinical supervision time for continued training. The purpose of the training can be to focus on a specific teaching strategy, module, or component of IRT such as setting goals, developing home assignments, or teaching advanced IRT skills. The IRT supervisor begins by reviewing how and when to use a skill or strategy, models how to use it, has the clinicians practice how to use it, and provides feedback. This process

mirrors the use of role-plays to practice skills in IRT. For example, if reviewing how to develop home assignments during the session, the IRT supervisor would start by asking what difficulties clinicians have had and how clinicians are currently developing home assignments. The IRT supervisor reviews additional strategies for helping clients to come up with home assignments and then models in a role-play how he or she would use one or more of these strategies in a session. The supervisor then elicits the clinicians' feedback at the end of the role play. The clinicians then pair up and practice developing home assignments and make a plan to try the strategy that they practiced with an individual client over the next week or two.

In addition to the structure for IRT supervision suggested above, there are some strategies that supervisors can use to engage clinicians in the supervision process and assess clinical competence with IRT. When discussing IRT cases, whether during the brief check-in or during a case presentation, the IRT supervisor should involve all clinicians in problem solving. This creates an active process and promotes the learning and sharing of ideas among IRT clinicians. The focus of the discussion should always return to the client's recovery goal by linking the goal to information and skills throughout the modules. As IRT supervisors provide additional training during clinical supervision, they have opportunities to observe the skills of their clinicians when practicing skills during supervision and asking them to demonstrate in role plays the skills that they used with their clients. It is also extremely helpful for supervisors to listen to sessions that have been recorded to see how clinicians are using the IRT skills in practice.

5. IRT Contact Sheets and Fidelity

Each session should be documented using the IRT contact sheet (see Appendix 1). The purpose of the contact sheet is to help IRT clinicians and supervisors keep track of the client's progress in treatment and the kinds of interventions that are provided (motivational, educational, or cognitive-behavioral), and whether or not the client is completing home practice assignments.

IRT clinicians can tape a number of IRT sessions in order to monitor treatment fidelity. Supervisors can listen to the tapes, provide ratings based on the IRT fidelity scale (see Appendix 2), and provide feedback to the IRT clinician.

The fidelity ratings are based upon the key ingredients of IRT, which include items such as setting an agenda, goal setting and follow-up, developing and reviewing of home assignments, use of motivational enhancement and educational strategies, cognitive restructuring, and taking a recovery/resiliency focus. The fidelity scale uses a 5 point scale from 1 = unsatisfactory to 5 = excellent. The purpose of monitoring fidelity is to measure the extent to which IRT clinicians are implementing the treatment as intended by the model and to provide IRT clinicians with ongoing feedback about the implementation of IRT with their clients. Feedback from listening to the IRT sessions and measuring fidelity can be used during supervision to help clinicians stay faithful to the model. The feedback also can help IRT clinicians assess weaknesses and strengths that can be addressed during supervision leading to better client outcomes.

6. Clinician Resources

Additional resources for clinicians can be found in Appendix 3. These include more detailed resources related to first episode psychosis and the therapeutic techniques comprising IRT (e.g. cognitive behavioral therapy).

References

Birchwood, M. (2003). Pathways to emotional dysfunction in first-episode psychosis. *British Journal of Psychiatry, 182*, 373-375.

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Appendix 1

Clinician Contact & Progress Note For Individual Resiliency Treatment (IRT)

☐ No Contact

If you have had NO CONTACT with the client in the past month, please check off the box in the upper right hand corner and return form to the PRC.

Participant ID #:________ Date:____________ Clinician ID#: __________

Other Staff Attending:_______________ Secondary Staff ID:____

TO BE COMPLETED FOR EACH CONTACT WITH OR ON BEHALF OF CLIENT FOLLOWING CONSENT (with the exception of "reminder calls")

---

1. Type of contact: (Choose the one with majority of time spent on)

- ☐ IRT Session
- ☐ Family / Other Support Contact
- ☐ Crisis Intervention
- ☐ Case Management Only
- ☐ Non – NAVIGATE professional contact (e.g. clinician, teacher)
- ☐ Other (specify) ____

2. People present: (check all that apply)

- ☐ Client
- ☐ Nurse
- ☐ Significant Other/Family/Friend
- ☐ Doctor
- ☐ Additional NAVIGATE Team Member Present
  - ☐ Family Worker
  - ☐ Supported Employment Specialist
  - ☐ Physician
  - ☐ Director
- ☐ Other Please describe:____________________________________

3. **Total number of persons who participated in contact:** ☐☐

4. **Length of Actual Contact:** Record Minutes ☐☐☐ Travel Time ☐☐☐

5. **Location of contact:**

- ☐ Agency
- ☐ Community
- ☐ Telephone
- ☐ Other (specify) ________________________________

THE FOLLOWING QUESTIONS SHOULD BE COMPLETED AFTER EACH IRT SESSION

6. **Did the client complete the home practice option from the previous session:**

   ☐ Yes ☐ Partially ☐ No ☐ NA

7. **Motivational Teaching Strategies:**

- ☐ Connect info and skills with personal goals.
- ☐ Promote hope and positive expectations.
- ☐ Explore pros and cons of change.
- ☐ Re-frame experiences in positive light.

8. **Educational Teaching Strategies:**

- ☐ Review of written material/education
- ☐ Relate information to client's experience
- ☐ Ask questions to check comprehension
- ☐ Break down information into small chunks
- ☐ Adopt client's language

9. **CBT Teaching Strategies:**

- ☐ Reinforcement and shaping (positive feedback for steps towards goals, gains in knowledge & skills, follow-through on home assignments)
- ☐ Social skills training (rationale for skill, modeling, role play practice, feedback, plan home practice)

- [ ] Relapse prevention planning (review of stressors, early warning signs, written plan to respond to signs, rehearse plan)
- [ ] Coping skills training (review current coping skills, increase currently used skills, model new skill, role play new skill, feedback, plan home practice)
- [ ] Relaxation training (model relaxation technique, practice technique, feedback, plan home practice)
- [ ] Cognitive restructuring (identify thoughts related to negative feelings, examine the evidence, change thought or form action plan)
- [ ] Behavioral tailoring (fit taking medication into client's daily routine)

10. Module(s) Addressed:

- [ ] **Module 1 – Orientation**
- [ ] **Module 2 – Assessment/Initial Goal Setting**
- [ ] **Module 3 – Education about Psychosis**
- [ ] **Module 4 – Relapse Prevention Planning**
- [ ] **Module 5 – Processing the Psychotic Episode**
- [ ] **Module 6 – Developing Resiliency - Standard Sessions**
- [ ] **Module 7 – Building a Bridging to Your Goals**
- [ ] **Module 8 – Dealing with Negative Feelings**
- [ ] **Module 9 – Coping with Symptoms**
- [ ] **Module 10 – Substance Use**
- [ ] **Module 11 – Having Fun and Developing Good Relationships**
- [ ] **Module 12 – Making Choices about Smoking**
- [ ] **Module 13 – Nutrition and Exercise**
- [ ] **Module 14 – Developing Resiliency - Individualized Sessions**

11. Techniques utilized: (choose all that apply)

- [ ] Agenda announced at beginning of session
- [ ] Review of homework
- [ ] Review of goal
- [ ] Review of previous meeting
- [ ] Present new material
- [ ] Role-play
- [ ] Problem-solving practice
- [ ] Help client choose a home practice option
- [ ] Summarize progress made in current session
- [ ] Other techniques (please specify) ____

Appendix 2

IRT Fidelity Scale (4/1/14)

Fidelity ratings are based on observation of an IRT session or listening to an audiotape of a session.

Clinician: ________________________ Clinic:______________________________
Date of Session:____________________Module & Topic ____________________
Date of Rating:_____________________Name of Rater:______________________
Client ID: ______________ **Overall Session #** ______________

General Guidelines for Scale

1	**2**	**3**	**4**	**5**	**NA**
Unsatisfactory or not Observed	Needs Improvement	Satisfactory	Very Good	Excellent	Not Applicable

.

____ 1. Agenda Setting
- Set specific agenda at the beginning of session
- Elicit other issues from client for agenda (e.g., "Is there anything specific/any particular issue you would like to talk about today?")
- Agree on order of agenda items
- Implement specific agenda

____ 2. Goal-setting and Goal Follow-up
- Explore client's desired areas of change or possible goals
- Help client set a personally meaningful goal
- Help client beak down goal into smaller sub-goals and steps
- Reinforce steps taken towards goal
- Problem-solve obstacles to steps, including need for other skills/supports

____ 3. Review of Home Assignment
- Review prior home assignment
- Reinforce any efforts to complete home assignment
- Identify and problem solve obstacles to completing home assignment
- Complete Home Assignment in session with client if needed

____ 4. Use of IRT Educational Materials
- Utilize handouts and worksheets to guide the session
- Answer and elicits questions
- Stay focused on topic

____ 5. Motivational Enhancement Strategies
- Connect material and session content to client's goals
- Promote hope and positive expectations

- Explore pros and cons of change
- Reinforce “change” talk
- Reframe experiences in a positive light

____ 6. Educational Strategies
- Provide information
- Elicit client’s experience related to presented material
- Adapt language to client’s preferences
- Break down information into manageable chunks
- Provide interim summaries
- Ask questions to check for understanding

____ 7. Positive Reinforcement and Shaping
- Praise successive approximations (small steps) towards completion of home assignments, progress towards goals, and learning of skills
- Give positive, specific feedback about learning information or skills
- Celebrate completion of modules
- Reinforce on-topic comments and ignore off-topic comments

____ 8. Cognitive Restructuring
- Explain relationship between thoughts and feelings
- Teach Common Styles of Thinking to help client catch and change inaccurate thinking related to upsetting feelings
- Teach clients how to identify thoughts relating to upsetting feelings
- Discuss nature of “evidence”
- Teach clients how to evaluate evidence supporting and/or not supporting upsetting thoughts and beliefs
- Help client identify more accurate thoughts or beliefs when one is not supported by evidence
- In “Dealing with Negative Feelings Module,” teach the 5 Steps of Cognitive Restructuring to examine accuracy of thoughts/beliefs underlying upsetting feelings: 1) identify troubling situation, 2) identify upsetting feeling, 3) identify upsetting thought underlying the feeling, 4) examine evidence for and against the thought, 4) take action (if evidence does not support the thought, develop a more accurate thought; if evidence does support the thought, make an action plan to address situation

____ 9. Skills Training Strategies
- Establish/elicit rationale for skill
- Discuss steps of skill
- Model (demonstrate) the skill
- Help client practice the skill in one or more role plays (or other exercise, such as deep breathing)
- Provide feedback, starting with positive

- Help client develop plan to practice skill outside the session, including anticipation of obstacles and problem-solving around those obstacles

____ 10. Developing Home Assignment
- Help client develop specific home assignment to practice or review material covered in session or take steps towards personal goal
- Help client identify specific days, times, and places for completing the assignment
- Identify and problem solve potential obstacles
- Practice assignment in session if indicated
- Enlist help of significant others if indicated

____ 11. Structuring the Session and Using Time Efficiently
- Follow standard structure for IRT session (informal socializing, identification of major problems, set agenda, follow up on goals, review previous session, discuss past home assignment, teach new material, summarize progress in current session, develop home assignment collaboratively)
- Cover the content of the session at a pace that's comfortable for the client
- Tactfully limit peripheral or unrelated discussion
- Direct session appropriately

____ 12. Therapeutic Relationship
- Convey warmth and empathy
- Express understanding and compassion about unpleasant experiences
- Show flexibility in responding to client's concerns

____ 13. Recovery/Resiliency Focus
- Express hope and optimism for the future
- Support or enhance client's self-efficacy
- Use of recovery and resiliency language when appropriate
- Help client take an active role in shared decision-making
- Expression of confidence client can make progress towards recovery goals
- Help client identify and build own resiliency skills

____ 14. Overall Quality of Session
- Materials taught effectively using combination of motivational, educational and cognitive behavioral strategies
- Flexible and responsive to emergent needs, issues or unexpected challenges
- Reduces client distress as needed

Appendix 3 - Additional Resources for Clinicians

Case Management

Rapp, C. A., & Goscha, R. J. (2006). *The Strengths Model: Case Management with People with Psychiatric Disabilities* (Second ed.). New York: Oxford University Press.

Cognitive Behavior Therapy

Beck, Judith (1995). *Cognitive Behavior Therapy: Basics and Beyond.* New York: Guilford Press. Pages 248-268 describe homework strategies.

Chadwick, P. (2006). *Person-Based Cognitive Therapy for Distressing Psychosis*. Chichester, England: Wiley.

Chadwick, P., Birchwood, M., & Trower, P. (1996). *Cognitive Therapy for Delusions, Voices and Paranoia*. Chichester, West Sussex, England: John Wiley & Sons.

Fowler, D., Garety, P., & Kuipers, E. (1995). *Cognitive Behaviour Therapy for Psychosis: Theory and Practice*. Chichester, West Sussex, England: John Wiley & Sons.

Kingdon, D. G., & Turkington, D. (2004). *Cognitive Therapy of Schizophrenia*. New York: Guilford Press.

Morrison, A. P., Renton, J. C., Dunn, H., Williams, S., & Bentall, R. P. (2004). *Cognitive Therapy for Psychosis: A Formulation-Based Approach*. New York: Brunner-Routledge.

Morrison, A. P., Renton, J. C., French, P., & Bentall, R. P. (2008). *Think You're Crazy? Think again: A Resource Book for Cognitive Therapy for Psychosis*. London: Routledge.

Mueser, K. T., Rosenberg, S. D., & Rosenberg, H. J. (2009). *Treatment of Posttraumatic Stress Disorder in Special Populations: A Cognitive Restructuring Program*. Washington, DC: American Psychological Association.

Persons, J. (1989). *Cognitive Therapy in Practice: A Case Formulation Approach*. New York: Norton. Although this book does not focus on severe mental illness, pages 141-157 provide a good description of the role of home assignments.

Praxis CBT for Psychosis webinar training program: http://www.praxiscbtonline.co.uk/

Tarrier, N. (1992). Management and modification of residual positive psychotic symptoms. In M. Birchwood & N. Tarrier (Eds.), *Innovations in the Psychological Management of*

Schizophrenia (pp. 147-169). Chichester, England: John Wiley & Sons.

Wright, J. H., Turkington, D., & Kingdon, D. G. (2009). *Cognitive-behavioral therapy for severe mental illness: An illustrated guide.* Washington, DC: American Psychiatric Publishing, Inc.

First Episode Psychosis

Compton, M. T., & Broussard, B. (2009). *The First Episode of Psychosis: A Guide for Patients and Their Families*. New York: Oxford University Press.

Jackson, H.J., & McGorry, P.D. (2009). *The Recognition and Management of Early Psychosis: A Preventive Approach.* Cambridge: Cambridge University Press.

First Person Accounts

Hartman, B. (2005). *Hammerhead 84: A Memoir of Persistence*: Graphite Press.

McLean, R. (2003). *Recovered, Not Cured: A Journey Through Schizophrenia*. Crows Nest, New South Wales, Australia: Allen & Unwin.

Miller, B. W. (2002). *Sex, Violence, and Schizophrenia: A Gen-xer's Tale of Psychosis & Recovery*. Bloomington, IN: Xlibris Corporation.

Saks, E. R. (2007). *The Center Cannot Hold*. New York: Hyperion.

Snyder, K., Gur, R. E., & Andrews, L. W. (2007). *Me, Myself, and Them: A Firsthand Account of One Young Person's Experience with Schizophrenia*. New York: Oxford University Press.

Goal Setting

Clarke, S. P., Oades, L. G., Crowe, T. P., & Deane, F. P. (2006). Collaborative goal technology: theory and practice. *Psychiatric Rehabilitation Journal, 30*(2), 129-136.

Corrigan, P. W., McCracken, S. G., & Holmes, E. P. (2001). Motivational interviews as goal assessment for persons with psychiatric disability. *Community Mental Health Journal, 37*, 113-122.

Home Practice

Rector, N. (2007). Homework use in cognitive therapy for psychosis: A case formulation approach. *Cognitive and Behavioral Practice, 14,* 303-316.

Illness Self-Management Training

Copeland, M. E. (1999). *Winning Against Relapse: A Workbook of Action Plans for Recurring Health and Emotional Problems*. Oakland, CA: New Harbinger Publications.

Gingerich, S., & Mueser, K. T. (2005). *Coping Skills Group: A Session-by-Session Guide*. Plainview, NY: Wellness Reproductions.

Gingerich, S., & Mueser, K. T. (2010). *Illness Management and Recovery Implementation Resource Kit* (Revised ed.). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Available from: http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/

Mueser, K. T., & Gingerich, S. (2006). *The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life*. New York: Guilford Press.

Motivational Interviewing

Arkowitz, H., Westra, H. A., Miller, W. R., & Rollnick, S. (Eds.). (2008). *Motivational Interviewing in the Treatment of Psychological Problems*. New York: Guilford Press.

Miller, W. R., & Rollnick, S. (Eds.). (2002). *Motivational Interviewing: Preparing People for Change* (Second ed.). New York: Guilford Press.

Recovery

Davidson, L., Tondora, J., Lawless, M. S., O'Connell, M. J., & Rowe, M. (2009). *A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care*. New York: Oxford University Press

Liberman, R. P. (2008). *Recovery from Disability: Manual of Psychiatric Rehabilitation*. Washington, DC: American Psychiatric Press.

Ralph, R. O., & Corrigan, P. W. (Eds.). (2005). *Recovery in Mental Illness: Broadening Our Understanding of Wellness*. Washington, DC: American Psychological Association.

Slade, M. (2009). *Personal Recovery and Mental Illness: A Guide for Mental Health Professionals*. Cambridge: Cambridge University Press.

Resiliency

Brooks, R., & Gldstein, S. (2004). *The Power of Resilience: Achieving Balance, Confidence, and Personal Strength in Your Life*. New York: McGraw-Hill.

Bryant, F. B., & Veroff, J. (2007). *Savoring: A new model of positive experience*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: The Penguin Press.

Neenan, M. (2009). *Developing resilience: A cognitive-behavioural approach*. New York, NY US: Routledge/Taylor & Francis Group.

Reivich, K., & Shatt.é. (2002). *The Resiliency Factor: 7 Keys to Finding Your Inner Strength and Overcoming Life's Hurdles*. New York: Broadway Books.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York, NY US: Free Press.

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist, 61*, 774-788.

Reivich, K., & Shatt.é. (2002). *The Resiliency Factor: 7 Keys to Finding Your Inner Strength and Overcoming Life's Hurdles*. New York: Broadway Books.

Social Skills Training

Bellack, A. S., Mueser, K. T., Gingerich, S., & Agresta, J. (2004). *Social Skills Training for Schizophrenia: A Step-by-Step Guide* (Second ed.). New York: Guilford Press.

Substance Abuse in Severe Mental Illness

Bellack, A. S., Bennet, M. E., & Gearon, J. S. (2007). *Behavioral Treatment for Substance Abuse in People with Serious and Persistent Mental Illness: A Handbook for Mental Health Professionals*. New York: Taylor and Francis.

Graham, H. L., Copello, A., Birchwood, M. J., Mueser, K. T., Orford, J., McGovern, D., Atkinson, E., Maslin, J., Preece, M. M., Tobin, D., & Georgion, G. (2004). *Cognitive-Behavioural Integrated Treatment (C-BIT): A Treatment Manual for Substance Misuse in People with Severe Mental Health Problems*. Chichester, England: John Wiley & Sons.

Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: Guilford Press.

Stigma

Corrigan, P. W. (Ed.). (2005). *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change*. Washington, DC: American Psychological Association.

Corrigan, P., & Lundin, R. (2001). *Don't Call Me Nuts! Coping with the Stigma of Mental Illness*. Chicago: Recovery Press.

Thornicroft, G. (2006). *Shunned: Discrimination against People with Mental Illness*. Oxford: Oxford University Press.

Wahl, O. F. (1999). *Telling is Risky Business: Mental Health Consumers Confront Stigma*. New Brunswick, NJ: Rutgers University Press.

Please Read First:

NAVIGATE is a comprehensive intervention program for people who have experienced a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and recovery. More broadly, the NAVIGATE program helps consumers navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, on the job, at school, and in the social world. The NAVIGATE program includes four different treatments, each of which has a manual: NAVIGATE Psychopharmacological Treatment Manual, Supported Employment and Education, Individual Resiliency Training (IRT), and Family Education. There is also a Team Members' Guide that describes the overall NAVIGATE structure and how team members work together, and a manual for the Director of the NAVIGATE team.

The manual you are reading now describes the NAVIGATE Individual Resiliency Training (IRT) Program and how to implement it.

INTRODUCTION TO IRT: OVERVIEW, LOGISTICS, AND IMPLEMENTATION

This manual describes Individual Resiliency Training (IRT), a psychosocial treatment for individuals recovering from an initial episode of psychosis that is part of the larger, team-based NAVIGATE program. Due to the fact that the recovery rate following an initial psychotic episode is variable, IRT addresses multiple domains of impairment, any of which can contribute to future relapse and/or poor long-term outcome. These domains are: 1) illness self-management; 2) substance use; 3) residual and/or emerging symptoms; 4) trauma and PTSD; 5) health; and 6) functional difficulties. In addition, IRT focuses on client strengths and resiliency factors, including both how to capitalize on them and make them stronger in order to help clients meet their personal goals and overcome their problems.

In the following section we provide an overview of IRT and the logistics of providing it. We then discuss clinical issues that may arise during the implementation of IRT. Clinicians are referred to the NAVIGATE Team Members' Guide for background and a description of the NAVIGATE program. In addition, the NAVIGATE Team Members' Guide describes core competencies required by all clinicians on the NAVIGATE team, as well as information about collaborative treatment planning and issues related to applying for disability benefits in persons who have recently experienced a first episode of psychosis.

Overview of IRT

What is IRT?

IRT is a modular-based intervention for individuals recovering from a first episode of non-affective psychosis. Its primary aims are to promote recovery by identifying client

strengths and resiliency factors, enhancing illness management, teaching skills to facilitate functional recovery (and to achieve and maintain personal wellness).

Fourteen modules comprise IRT:

Outline of IRT

Module	Standard or Individualized?
1. Orientation	Standard
2. Assessment/Initial Goal Setting	Standard
3. Education about Psychosis	Standard
4. Relapse Prevention Planning	Standard
5. Processing the Psychotic Episode	Standard
6. Developing Resiliency-Standard Sessions	Standard
7. Building a Bridge to Your Goals	Standard
8. Dealing with Negative Feelings	Individualized
9. Coping with Symptoms	Individualized
10. Substance Use	Individualized
11. Having Fun and Developing Good Relationships	Individualized
12. Making Choices about Smoking	Individualized
13. Nutrition and Exercise	Individualized
14. Developing Resiliency-Individualized Sessions	Individualized

The recommended flow of IRT is described below.

All clients should receive the first seven modules, as they represent the foundation of individual treatment for first episode psychosis. After these modules, progress should be formally evaluated, and based on collaborative decision-making, the direction of the next step in the IRT program is determined. For example, for clients with current substance use problems, the Substance Use module will be pursued. Some clients may have several problem areas that they want to address. For example, a client who continues to experience auditory hallucinations, lacks friends, and is dealing with significant weight gain might choose to work with his or her IRT clinician on the “Coping with Symptoms,” “Having Fun and Developing Good Relationships,” and “Nutrition and Exercise” modules. In essence, the client and clinician jointly determine which problem areas are creating obstacles to recovery (and personal wellness) and use the IRT program as a means to addressing them.

In the next section, we provide a thumbnail sketch of IRT. A more detailed description of IRT and the interventions that comprise them are provided in the clinical guidelines and handouts for each module. We refer to the initial seven modules as “standard modules” and the remaining modules, collaboratively selected based on the individual’s goals, problems, and areas of concern, as “individualized modules.”

Module #1: Orientation (1-2 sessions)

The Orientation module is designed to familiarize clients and their relatives (or other supporters) with the NAVIGATE program and with IRT. For this reason, it is ideal if the client and family can meet together with the IRT clinician in the orientation session. The IRT clinician and Family Education Program clinician may want to meet jointly with the client and relatives to orient them together and may also want to use the orientation session as an opportunity to introduce them to other NAVIGATE staff, such as the Supported Employment and Education specialist.

The Orientation module has the following goals: 1) provide information about the different components of the NAVIGATE program, IRT, and an overview of the topics in IRT; 2) set positive expectations for active participation in IRT; 3) address immediate concerns from client and relatives; and 4) teach relaxed breathing as a strategy for clients and relatives who are feeling anxious, stressed, or overwhelmed. This module serves to orient the client to the NAVIGATE program, in general, and to the IRT program, in particular. At this point, the clinician provides basic information about session logistics (frequency, duration, involvement of relatives or other supportive individuals), the content of IRT (i.e., the standard and individualized modules), and if necessary, addresses any family/client needs (e.g., via problem solving). It is also important to set expectations regarding attendance, home practice, and the client's role in being an active participant in the IRT process. It is also during the orientation that background information is obtained from the client and relatives in terms of the problems that brought them into treatment. Finally, for clients and relatives who feel overwhelmed by the illness or even the treatment process, relaxed breathing is taught.

Module #2: Assessment/Initial Goal Setting (2-4 sessions)

The goals of this module are to: 1) help client to define what recovery means to him or her; 2) define resiliency and help client think about his or her resilient qualities; 3) assess client strengths and areas for improvement; 4) review the steps of setting a goal; and 5) help the client set a long-term meaningful goal that is broken down into 1 to 3 short-term goals.

This module helps the client get oriented to what recovery is and to the concept of resilience. The client is asked to consider the concept of resilience and how he or she defines it. The goal is to instill hope and have the client realize that resilience is a characteristic that can help him or her overcome an initial psychotic episode.

A few sessions are then devoted to assessment of client strengths. We have included both structured assessment measures (e.g. the Brief Strengths Test) as well as unstructured assessments (e.g., open-ended questions) to elicit information from the client.

The heart of IRT is the setting and pursuing of personally meaningful goals. Therefore, we spend a few sessions helping clients identify long-term goals, and break down these goals into shorter-term goals. To aid in this process, we have provided a goal-planning sheet (to track progress on goals). As some clients may not be ready to set goals at this point, we

revisit goal setting/tracking at the end of the standard module set (in Module #7, Building a Bridge to Your Goals).

Module #3: Education about Psychosis (7-11 sessions)

The Education about Psychosis module is designed to teach clients and their relatives (or other supporters) basic information about psychosis and the principles of its treatment. For this reason, it is ideal if the client and relatives can meet together for educational sessions with the Family Education Program (FEP) clinician. If possible, the FEP clinician will provide the bulk of the education to both relatives and clients concurrently. However, if there are no relatives available or if they choose not to participate, the IRT clinician will be the principle provider of education about psychosis to the client. In some situations, the client and relatives may attend FEP sessions together, but the client may also need to process the information independently with the IRT clinician. Or the client may miss some FEP sessions, and the IRT clinician can help him or her to catch up.

The goals of the Education about Psychosis module are to: 1) elicit information about the client's and relatives' understanding of symptoms, causes, course, medications, and the impact of stress on his or her life; 2) provide psychoeducation that addresses gaps in the client's and relative's knowledge about psychosis, substance use, medication, and strategies to cope with stress; and 3) discuss strategies to build resilience. Education about Psychosis should facilitate informed decision-making by clients, help them to develop strategies to foster medication adherence, and contribute to their understanding of how stress can affect symptoms. The client is also taught a variety of relaxation techniques for managing stress.

In addition to basic education about psychosis, this module revisits the concept of resilience. The client is asked to define resilience in his or her own words and to consider how resilience can be incorporated into his or her treatment. Finally, the client is introduced to "resiliency stories," which refer to difficult experiences that people have been able to overcome, and the client's own resilience in the face of challenges is explored. Such stories help clients to discover resilient qualities within themselves, how these qualities have enabled them deal with problems in the past, and how they may help them overcome the challenges they currently face.

Module #4: Relapse Prevention Planning (2-4 sessions)

The Relapse Prevention Planning module is designed to teach clients and their relatives (or other supporters) basic information about relapses and how to prevent them. For this reason, it is ideal if the client and relatives can meet together for Relapse Prevention Planning sessions with the FEP clinician. If possible, the FEP clinician will provide the bulk of the education about this topic to both relatives and clients concurrently. However, if there are no relatives available or if they choose not to participate, the IRT clinician will be the principal provider of education about relapse prevention to the client. In some situations, the client and relatives may attend FEP sessions together, but the client may also need to process the information independently with the IRT clinician. Or the client may miss some FEP sessions, and the IRT clinician can help him or her to catch up.

This module has two primary goals: 1) provide information on the factors that contribute to set backs or relapses, such as early warning signs and triggers; and 2) help the client develop and implement a relapse prevention plan.

Relapse is defined with the client and he or she is introduced to the idea that relapses can be prevented, which in turn, can facilitate progress towards personal goals. In addition, common early warning signs of relapse are defined and described and the concept of relapse triggers is introduced. The relationship between early warning signs and triggers is explored in preparation for developing a relapse prevention plan. Finally, clients are walked through the steps of completing their own personal relapse prevention plan, in collaboration with supportive people in their life.

Module #5: Processing the Psychotic Episode (3-5 sessions)

The goals of this module are to: 1) help the client process the psychotic episode—that is, to understand how it has affected his or her life; 2) help the client identify positive coping strategies used and resiliency demonstrated during this period; 3) help the client identify and challenge self-stigmatizing beliefs about the experience of psychosis; and 4) develop a positive attitude towards facing life's challenges ahead.

As this is a sensitive area for many clients, this module begins with talking with the client about how to discuss the topic of his or her psychotic episode, as well as the pace of this discussion. For clients who are reticent to discuss their experience, personal accounts of other individuals with first episode psychosis are reviewed and discussed. Clients are encouraged to "tell their story" and to create a narrative that helps them process all aspects of their psychotic episode (i.e., precursors, triggers, and effects of the episode).

In order to better understand some of the ways that self-stigmatization may contribute to the client's distress, symptoms, and problems in social functioning, the second half of this module involves the assessment and challenging of commonly-endorsed beliefs related to self-stigma that people sometimes develop following a first episode of psychosis. Self-stigmatizing beliefs are assessed using a brief standardized questionnaire before and after the psychotic episode has been processed to evaluate change. For those clients who continue to endorse stigmatizing beliefs, a brief introduction to and practice of cognitive restructuring is provided. At the end of the module, if self-stigmatizing beliefs continue to be present and cause distress, the clinician encourages the client to continue onto the individualized module Dealing with Negative Feelings (#8) for further work with cognitive restructuring.

Module #6: Developing Resiliency--Standard Sessions (3-4 sessions)

This module has the following goals: 1) to provide information about resiliency and help client identify with the resiliency process; and 2) to help the client build resiliency through using strengths and paying attention to the good things that happen.

This module is broken down into two sections that include topics for both the standard sessions and the individualized sessions. In the standard resiliency sessions, the following three topics will be covered with all clients: "Exploring your Resilience," "Using Your Strengths," and "Finding the Good Things Each Day." During the standard sessions, the process of developing resiliency is reviewed. In addition, the client is helped to identify personal qualities that he or she sees as resilient and reviews personal resiliency stories. The client is asked to review the top character strengths that represent him or her the most, which were originally identified in the Assessment/goal setting module. By finding new ways to use their strengths in their daily life, clients can learn to capitalize on their strengths more in different situations. In the home assignment follow-up, clients reflect on how it felt to use their strengths and how they may use their strengths more often in the future.

The client is also introduced to strategies for paying attention to the good things that happen in his or her life. This is designed to help clients' notice, pay more attention to, and remember positive events that occur throughout their day. Clients also are prompted to think about why good things happen to them and who is responsible for the good things that happen.

Module #7: Building a Bridge to Your Goals (2-3 sessions)

This module has the following goals: 1) help the client identify a personal goal (if one was not been set earlier) or review the goal that was set in Module 2; 2) review progress towards his or her goal and make modifications if necessary; and 3) help the client decide whether he or she will continue in treatment, and if so, which individualized modules she or he will follow.

This module provides a structure to use collaborative decision-making to help the client decide how to proceed in his or her treatment. The clinician discusses the client's progress towards goals, barriers the client has faced or could potentially face when working towards goals, strengths, and helpful strategies from the standard modules. The clinician also works with the client to identify areas of functioning or distress that the client can address in the Individualized modules. At the end of the module, the clinician helps the client develop a Personalized Treatment Plan in which the client decides what modules he or she wants to learn, and the next steps in making progress towards his or her goal(s).

Module #8: Dealing with Negative Feelings (7-12 sessions)

This module has two general goals: 1) teach the skill of cognitive restructuring (CR) as a self-management tool to help the client deal with negative feelings; and 2) help the client use this skill to deal with negative feelings (such as depression and anxiety), including negative feelings related to self-stigmatizing beliefs, psychotic symptoms, non-psychotic symptoms, suicidal thinking and behavior, and PTSD symptoms. Incorporated within the self-management model for conducting cognitive restructuring is a step-by-step approach to developing "action plans" for addressing problems in which a careful evaluation of the client's concerns indicates that they have realistic basis.

In this module, the clinician provides information about different areas of emotional distress and specific approaches to targeting and decreasing emotional distress (i.e., cognitive restructuring). The client is first taught about the relationship between thoughts and feelings (i.e., emotional responses to different situations are mediated by the person's thoughts or beliefs about those situations, themselves, other people, and the world in general). Clients are then taught how to recognize when they are engaging in "Common Styles of Thinking," or common, inaccurate ways that people reach conclusions that lead to negative feelings (such as catastrophizing" or "all-or-nothing thinking"), and how to examine, challenge, and change these beliefs. Teaching clients how to recognize and change Common Styles of Thinking serves as an introduction to the skill of cognitive restructuring, and provides a basis for beginning to practice the skill for dealing with negative feelings.

The client is then taught the "5 Steps of Cognitive Restructuring (CR)," which is a step-by-step approach to dealing with and resolving any negative feeling. Negative feelings based on thoughts or beliefs that are judged to be inaccurate after a close examination of the evidence are modified, leading to a reduction in the negative feeling. Negative feelings based on thoughts that are judged to be accurate are followed up by developing an action plan for dealing with and resolving the problem situation. The client is given opportunities to practice the 5 Steps of CR in session and at home. Clients are encouraged to continue to use the 5 Steps of CR on a regular basis as a self-management tool for dealing with negative feelings.

The 5 Steps of CR are used to address negative feelings that the client has. This includes negative feelings related to specific persistent symptoms, including depression, suicidal thinking or behavior, anxiety, paranoia, auditory hallucinations, posttraumatic stress disorder (PTSD) due to either the experience of the psychotic episode and upsetting treatment experiences, or due to lifetime traumatic experiences (e.g., sexual abuse or assault, sudden and unexpected loss of a loved one), and self-stigmatizing beliefs that have persisted despite completing the Processing the Psychotic Episode module.

Module #9: Coping with Symptoms (2-4 sessions for each symptom selected)

This module has the following goals, to: 1) assist clients in identifying persistent symptoms that interfere with activities or their enjoyment of life; 2) help the client identify the symptoms that interfere the most, and select relevant handouts to address these symptoms; 3) assist the client in selecting coping strategies that he or she is most interested in learning; 4) teach coping strategies in sessions, using modeling and role playing whenever possible; and 5) assist clients in practicing coping strategies in their own environment, using home practice assignments, and, in some instances, conducting sessions at off-site locations.

This module is recommended for clients who experience persistent symptoms that interfere with activities, goals, or enjoyment, but who do not report significant distress, or for clients who have completed the "Dealing with Negative Feelings" module and have learned the 5 Steps of CR model of cognitive restructuring, but continue to experience significant distress from specific symptoms. The symptoms that are addressed in this module include depression, anxiety, hallucinations, sleep problems, low stamina and energy, and worrisome or troubling thoughts (e.g., thoughts related to paranoid ideation or delusions of reference). A range of coping strategies is taught for each symptom, including such strategies as relaxation techniques, cognitive restructuring, distraction, exercise, and mindfulness. Clients are encouraged to learn to use at least two coping strategies for each of their targeted symptoms.

Module #10: Substance Use (11-20 sessions)

This module does not require that the client be motivated to become sober—only that he or she is willing to talk about substance use and to explore its effects. The module is recommended for clients whose substance use has resulted in significant problems, such as precipitating symptoms, problems in social or role functioning (e.g., school, work), money problems, legal problems, family conflict, or victimization. In addition, because clients with a

first episode of psychosis are vulnerable to developing a substance use disorder, the module is recommended for clients who use substances regularly but have not yet developed a clear substance abuse problem. The goals of this module are to: 1) provide basic information about substances, common reasons for using, and negative effects of substances on psychosis and personal goals; 2) enhance motivation to reduce or stop using substances; 3) teach skills for managing urges to use substances, coping with symptoms that precipitate substance use, and dealing with social situations involving substances; and 4) develop a personal substance abuse relapse prevention plan.

In this module, clinicians provide an open and accepting atmosphere for clients to discuss substance use and whether or not the client is comfortable sharing that information with his or her family. In addition, information is provided about the effects of using different psychoactive substances, common reasons for using substances, and negative effects of using substances. Clients are also asked to share their experiences with using substances. Next, clients are engaged in a decisional balance to weigh the advantages and disadvantages of using vs. not using substances in order to increase the person's motivation to quit or cut down substance use. Clients are taught strategies to increase social support for not using substances and skills for avoiding use in high risk situations. Lastly, for clients who have achieved abstinence, the clinician helps the client develop a substance abuse relapse prevention plan.

Module #11: Having Fun and Developing Good Relationships (composed of three sub-modules: Having Fun [3-6 sessions], Connecting with People [5-9 sessions] and Improving Relationships [5-9 sessions])

This module is recommended for clients who are looking for fun activities and experiences and/or who would like to form new connections with people or improve current relationships. The goals of this module are to: 1) help the client renew old fun activities and develop new fun activities; 2) get the most enjoyment out of fun activities by learning how to appreciate the "3 Stages of Fun"; 3) connect with people by contacting old friends and meeting new people; 4) improve the quality of relationships by developing skills to better understand other people, communicate more effectively, manage disclosure, and understand social cues.

This module is broken into 3 sub-modules: Having Fun, Connecting with People and Improving Relationships. The Introduction to the module provides an overview of the sub-modules and includes questions designed to help the client decide which sub-modules he or she would like to work on and in what order. Clients can choose one, two, or all three of the sub-modules, which can be done in any order. If a clear preference does not emerge for which sub-module to start on, Having Fun is recommended as the one to begin with. Helping clients renew old interests and develop new ones often provides natural social opportunities to meet people with similar interests. By working on increasing the fun in the their life, clients often encounter new social situations that they are motivated to be successful in. This can lead to moving from the Having Fun sub-module to one or both of the two other sub-modules, which focus more directly on social relationships.

In all three sub-modules, there is a strong emphasis on actively practicing skills, using methods such as role plays in and out of the session to help clients get familiar with the skills, and helping clients understand the relevance in their life and feel more comfortable using the skills.

Module #12: Making Choices about Smoking (2-4 sessions)

This module walks clients through the steps of identifying their personal benefits and concerns about smoking and quitting. Concerns about quitting are normalized and suggestions are provided for coping with these concerns throughout the handouts. Clients are presented with information about available treatment options. The clinician then helps clients take stock of their willingness to make changes to their smoking behavior. Clients who are willing then work with the clinician collaboratively to develop a plan for tobacco reduction or abstinence.

Module #13: Nutrition and Exercise (2-4 sessions)

This module provides a rationale for and identifies skills to improve nutrition and increase exercise. Concerns about changing diet and increasing activity level are addressed and some possible solutions identified. Clients are presented with information about specific ways of increasing activity and improving diet. The clinician then helps the client take stock of his willingness to make changes to his eating and exercise behavior. Clients who are willing then work with the clinician to collaboratively develop a plan for making some changes in diet and activity level.

Module #14: Developing Resiliency--Individualized Sessions (2-10 sessions)

This module helps clients learn additional skills to build resiliency with the following goals: 1) learn strategies to build positive emotions and facilitate resiliency; and 2) help the client build resiliency through the skills of gratitude, savoring, active/constructive communication, and practicing acts of kindness.

In addition to information about resiliency and its characteristics, there are a variety of exercises in this module. These exercises (e.g., a gratitude visit; savoring; practicing acts of kindness) are meant to increase positive mood, well-being, and a sense of purpose, factors which should facilitate recovery and strengthen resilience. Such exercises may also help clients “get back on track” in terms of helping them achieve important personal goals.

This module can be used either as a stand-alone module or as a source of single resiliency exercises that can be integrated into the first session or two of each of the individualized modules chosen by the client. In Module #7, clinicians should discuss with the client his or her preference for resiliency exercises available in the individualized Developing Resiliency module. When clients have chosen to complete one or more individualized modules they should also complete one resiliency exercise at the beginning of each module. For example, if a client chooses to complete the “Substance Use” module, he or she would be encouraged to do a resiliency exercise of his or her choice at the beginning of that

module. If the client chooses not to complete any of the individualized modules, he or she has the option of doing Developing Resiliency as an individualized stand-alone module, including the opportunity to do all of the resiliency exercises.

Logistics

Implementing the Modules: Topics and Clinical Guidelines

As described later in this manual, each module includes a set of “topics”, which are summarized in handouts and reviewed/discussed with the client in session, and a corresponding set of “clinical guidelines”, which provide instructions for the clinician on the administration of a given topic area.

Topics provide basic information about a specific subject within a module (e.g., “Basic Facts about Alcohol and Drugs” is a topic in the Substance Use module), as well as checklists for the client to complete, worksheets (such as the 5 Steps of Cognitive Restructuring worksheet found in the Dealing with Negative Feelings module), standard assessment measures as well as home practice options. Thus, for each topic area, there is a handout, which includes text, worksheets, checklists, home practice options, etc. Review and use of these handouts in session may vary depending on the clinician’s and client’s style and circumstances. For example, you can take turns reading a handout aloud with the client, or you can summarize sections for the client and have him or her review the handout as a home assignment. In addition, there are summary points for review that are both in boxes and at the end of the handouts, and questions throughout each handout designed to facilitate discussion as it is reviewed. You do not have to use handout materials in every session, although with most clients they are useful. Some clients with very poor reading skills may find the handouts daunting, and clinicians can teach the information using the handout as a guide for himself or herself.

The clinical guidelines provide instructions and tips on how to teach the client the information and skills in a given module. For example, the Education about Psychosis module covers four different topics: 1) What is psychosis? 2) Medications for Psychosis; 3) Coping with Stress; and 4) Strategies to Build Resilience. The clinical guidelines begin with a listing of the general goals for this module, followed by a listing of the four topic areas, an overview of the session structure, general teaching strategies, and instructions. This is meant to orient the clinician to the module in general. Then, clinical guidelines are provided for each topic area, covering the following information: A) overview of the topic area; B) goals for that topic area; C) materials needed (e.g. what handouts are needed for that topic area); D) suggested pacing of the sessions (broken down into a “slow” and “medium” pace); E) teaching strategies (e.g., connecting information to the client’s goal); F) tips for common problems; G) suggestions for evaluating gains; and H) a summary table that clinicians can use to remind themselves of the goals for that topic and therapeutic techniques to help meet them (including suggested probe questions).

We strongly suggest that you read both the handouts and guidelines prior to the session, although it is fine to have the clinical guidelines in front of you during the session as a reminder.

Session Frequency and Duration

You should expect the client to take approximately 4-6 months to complete the seven IRT standard modules, depending on the frequency of sessions and the learning pace of the client. Each IRT session should be approximately 45-60 minutes (depending on client functioning, motivation, etc), with sessions preferably conducted on a weekly or biweekly basis. However, if scheduling less frequent sessions is critical to keeping the client engaged in IRT, you are encouraged to accommodate to the client's preferences.

Depending on client need, goals, and motivation, one or more of the individualized IRT modules may be taught, which differ in length. Clients may also vary in their motivation for treatment and ability to process information at different points in their illness. Thus, both the frequency of sessions and duration of time that IRT is provided will vary considerably between clients, with some participating in the program for up to two years. IRT does not impose a fixed number of sessions or time limit on treatment, but rather leaves this open as a matter to be determined collaboratively between you, the client, family members, and the other members of the NAVIGATE team.

The goals of each module are not necessarily fully achieved when the module is completed. Therefore, it is often necessary to continue working with the client on practicing skills taught in the module, or reviewing progress towards goals relevant to that module, even after moving onto a new IRT module. For example, clients with substance use difficulties may improve during the substance use module, but nevertheless still be at high risk for relapsing back into using substances following completion of this module. In order to minimize the chances of such a relapse, it is important to routinely check in about the client's substance use, his or her relapse prevention plan, and any other related issues that may need attention, such as symptoms that precipitate use. If ongoing difficulty persists or re-emerges, it may be necessary to re-visit earlier therapeutic techniques and strategies, as alluded to earlier in this section. Clearly, the clinician should always attend to issues that are in the best interest of the client when they arise.

For another example, teaching skills such as cognitive restructuring (Dealing with Negative Feelings module), coping skills (Coping with Symptoms module), and interpersonal skills (Having Fun and Developing Good Relationships module) often requires extended practice and honing of the skill over time for clients to develop real competence. Practice of targeted skills naturally takes place when you are teaching the material in a particular module, but this practice can be continued for a few minutes in each session even after you move onto another module. Thus, it is important to be aware that learning the requisite skills covered in a particular module may require ongoing practice after the module has been completed.

One challenge for you, the client and the NAVIGATE treatment team is deciding when to end treatment. Of course, if clients have completed the standard modules and the individualized modules of their choice, have met their goals (which should be tracked weekly), and are satisfied with their progress, then this would be a natural stopping point. For clients who continue to work on goals, have persistent or emerging problems to address after completing the standard modules and individualized modules of their choice, then you and the clients will collaboratively determine which areas to address, which modules to review, and which additional individualized modules that might be helpful.

Location of Sessions

IRT is not merely an office-based treatment. As an IRT clinician, you will need to liaise with other important individuals in the client's life, including members of the NAVIGATE treatment team and family members and other "indigenous supporters" (with the client's permission; see below for procedures). In addition, a number of the areas addressed by IRT modules, such as Coping with Symptoms, and Having Fun and Developing Good Relationships, may only be effectively targeted via activities conducted outside of the office, such as *in vivo* exercises (e.g., having the client practice a particular social skill with a friend or family member). The ultimate goal of any intervention, including IRT, is that the skills learned in-session generalize to the rest of the client's life and have positive lasting impacts.

Session Organization

Typically, the IRT session is structured in the following manner:

- Greeting and check-in, including any ongoing areas of difficulty (e.g., substance use)
- Setting of an agenda
- Reviewing previous session
- Reviewing home practice
- Following up on goals
- Covering new material or reviewing material as needed, taking advantage of opportunities to role play and practice skills
- Asking client to summarize and provide feedback about the session
- Developing a new home practice assignment and identifying ways that indigenous supporters can assist

As noted in the first step of the session structure, you should briefly check in regarding any significant problem areas for the client, such as weight gain, substance use or medication non-adherence (regardless of current treatment phase). If any pressing concerns emerge, it may be necessary to include those as agenda items (see below).

The setting of an agenda involves you and the client setting up a plan for what will be worked on in the session. Although this is done in a collaborative manner, it is your job to make sure that the agenda addresses issues related to the client's goals. Generally, the first agenda items are reviewing the past session and completion of the home practice assignment, as this helps the client understand that home practice is a critical component of

treatment. Also, this helps to connect work conducted in the previous session with the current session. It's also helpful at this time to review progress towards goals because this is a key component of treatment that needs to be followed up on a regular basis.

Both you and the client cover the remaining agenda items in order of importance as identified. Note that you need to be very responsive to "emergency" agenda items by addressing them immediately if they clearly represent a crisis. "*Indeed, you should always prioritize pressing concerns that the client may bring in.*" However, for clients who regularly present with a "crisis of the week," it is important that you demonstrate understanding of the client's concerns, while adopting a problem-focused approach to prevent the session from becoming derailed. An example of such an approach is provided below:

Clinician: It's good to see you. How are you? How have things been going since we last talked?

Client: My psychiatrist wants to increase my medication. She won't ever listen to me. She just treats me like a nut. What does she care? I'm just a number to her. Those meds make me really sleepy, I can't do my job, I can't stay awake…

Clinician: You sound really upset. I wonder…

Client: (interrupting) I am upset, she just wants to hold me back. She's trying to make money for the drug companies.

Clinician: So, you feel like your doctor doesn't have your best interests in mind when it comes to your medication? Well, is it fair to say that this should be a top agenda item today, maybe after we cover your home practice and progress towards your goal?

After new material is discussed in session, you and the client should collaboratively determine an appropriate home practice assignment, and should also try to identify ways that the client's indigenous supporter(s) may assist over the coming week. The session should end with you checking in with the client to get his or her perspective on how the session went. Also, we strongly recommend asking clients, particularly those with attention problems, to share what they got out of the session. It may be helpful for you to jot down a few notes based on the client's recollection of the main points of the session (in the client's own words) that can be referred to by the client between sessions.

Home Practice

Home practice is an essential part of IRT, and is something that you need to attend to in every session. There are two major reasons why home practice is a critical component of treatment. First, it builds in generalization of skills from the session to the client's social environment. For example, a client who has difficulty initiating conversations may work with the clinician in-session on developing appropriate social skills. Home practice then allows the client to practice starting conversations in situations that he or she encounters in daily life. Second, there is empirical support for the use of home practice. Kazantzis et al. (2000) conducted a meta-analysis (i.e., a statistical review and summary of many studies), and found that home practice assignment and compliance had a moderate impact on treatment

outcome. In other words, clients who completed home practice were more likely to improve following treatment than clients who did not complete home practice.

Suggested home practice assignments are provided in most handouts. For example, in the Relapse Prevention Planning module, the client is asked to consider practicing one strategy to help him or her cope with the early warning signs of a relapse. Other home practice assignments might involve completing a checklist (e.g., The Triggers of Relapse Checklist found in the same module) either alone or with a family member or friend. No matter what the assignment, it is important that the home practice assignment be developed collaboratively (even if it is an assignment not listed on the handout) and that the client sees a benefit for doing the home practice. Clients are more motivated to complete home practice assignments that have clear relevance to their lives and current situations (e.g., a client with a goal of getting a job develops a home assignment to practice a coping strategy dealing with low stamina and energy that he or she can use while working).

You should be prepared for times when the client does not complete the assignment. Do not assume that the client doesn't want to complete it. Rather, you need to assess what prevented the client from doing the assignment. Potential challenges to home practice assignment completion includes:

- Client did not understand the assignment
- Client lost the assignment
- Client was not comfortable with practicing his or her new skills outside the session
- Client did not have the opportunity to do the assignment
- The assignment was too complex or difficult
- There was inadequate opportunity to practice the skills needed for the assignment in session
- The client forgot to do the assignment
- The client did not see how the assignment could be helpful in his or her situation or attainment of goals

If poor follow-though on home assignments is a persistent problem, you need to ask the client why. If the client has trouble coming up with an answer, develop a hypothesis of why the client does not complete home practice assignments, and then problem solve with the client to rectify this problem. In other words, what are the factors that are contributing to and maintaining home practice non-adherence? Make sure that you provide sufficient praise to the client upon completing the assignments. The most effective praise is specific, genuine, and not patronizing. Positive feedback makes the client feel good for completing the project, but can also help the client identify how he or she felt when using the skill outside of the session. For clients who have significant cognitive difficulties, or persistent symptoms, poor follow-though on homework may be related to difficulties with memory or being easily distracted. Working to involve the client's natural supports, such as family members, in helping the client follow through on home assignments in IRT is often an effective strategy for compensating for cognitive or symptom problems that interfere with completion of home assignments.

Coordinating IRT with the Family Education Program

NAVIGATE is a comprehensive team-based intervention, and it is important to coordinate IRT with the other components of the program: Family Education Program (FEP), Supported Employment and Education (SEE), and Medication Management. Coordination with FEP is especially important, because it is recommended that Module 1 (Orientation), Module 3 (Education about Psychosis) and Module 4 (Relapse Prevention) be done in joint sessions with clients and their relatives (or other supporters). If possible, the FEP clinician will conduct joint sessions for these modules, using handouts from the FEP manual, which were designed to be applicable to both relatives and clients. Joint sessions will usually be conducted by the FEP clinician alone, but the IRT clinician could also co-facilitate one or more sessions.

It may not always be feasible for the FEP clinician to provide joint sessions with relatives and clients, for a variety of reasons such as the following: no relatives are available, relatives are available but the client does not give permission for their involvement, relatives are available but cannot attend sessions, the client is unwilling or unable to attend joint sessions. In such situations, the IRT clinician will provide Module 3 and Module 4 to the client in IRT sessions. Also, the client may benefit from reviewing and processing the information independently in IRT sessions after attending joint sessions. Finally, in some instances, the client may miss some FEP sessions, and the IRT clinician can help him or her to catch up.

After completing Module 4 (Relapse Prevention Planning), there is no more substantial overlap between the curriculum in IRT and FEP. The IRT clinician will continue to meet with the client, and provide the FEP clinician and other members of the NAVIGATE periodic updates on the client progress, and how relatives can continue to provide support to the client and help him or her make progress towards goals. Some additional FEP sessions that focus on educational topics such as effective communication and developing a collaborating relationship with professionals may continue to involve the client. In addition, depending on the client's and family's needs, FEP sessions including the client may continue to be provided to the family to address high levels of stress and tension by providing training in communication and problem solving skills using in-session practice and home assignments, or family consultation may be provided to address specific concerns on an as-needed basis. In such cases, similar to the role of the IRT clinician, the FEP clinician regularly updates the NAVIGATE team on progress in the family work, and explores with the team how IRT and SEE can complement or facilitate the goals of FEP. Over the course of IRT, relatives may join sessions as requested by the client. For example, the client might choose to ask relatives to sit in on some portions of Module 2 (assessment/goal setting) sessions so that they are informed of his or her goals and how they can be helpful. Or the client might ask relatives to join some sessions of Module 5 (Processing the Psychotic Episode) to share their experiences.

Case Management

One of the challenges of doing IRT is coordinating it with case management. This issue can be addressed in a few ways: 1) Dividing the session into IRT and case management components. This can occur when a client brings in a crisis, such as being in danger of losing his or her apartment, and needs to address this problem. In that case, you might spend half of your time on case management issues, and the remaining on the IRT topic. 2) Integrating IRT into case management. For example, in the aforementioned example, you could prompt the client to use relevant skills learned in IRT to ask for help from his or her family. In essence, situations that arise during case management can be used as a "natural laboratory" to reinforce and practice skills learned during IRT.

Miscellaneous Clinical Elements in IRT

1. Collaboration with Natural Supports

Natural supports are non-mental health professionals who by virtue of their relationship and regular contact with the client are potentially in a position to help that person manage his or her psychiatric illness or make progress towards personal goals. Examples of natural supports include family members, friends, employers, self-help group members, and other members of a community organization. We consider these natural supports a type of "indigenous supporter;" that is, an individual in the client's home, work or community environment who can help the client pursue their goals. For example, because of their contact with clients in "real world" settings, natural supports are often in an ideal position to support illness self-management behaviors and steps towards goals. In addition, engaging natural supports can help the clinician make new resources available to the client that would otherwise not have been tapped (e.g., a job lead).

While clients are not required to have indigenous supporters, they are highly encouraged to identify somebody who can serve in this role. This approach of enlisting external assistance and support has also been encouraged in other treatment approaches for individuals with schizophrenia and other severe mental illnesses (e.g., Illness Management and Recovery and Integrated Treatment for Dual Disorders; Gingerich & Mueser, 2010; Mueser et al., 2003).

There are a number of individuals who can be included as indigenous supporters during IRT:

- Family members
- Spouse
- Boyfriend/girlfriend
- Roommate(s)
- Friends

It is ideal to enlist the assistance of an individual who either lives with, or is in close regular contact with, the client. For most clients, family members will probably be ideal candidates. The clinician should obtain the client's written permission to contact any potential indigenous supporter before doing so.

There are many ways that indigenous supporters can be involved in treatment. An indigenous supporter may:

- Review handouts and other material from IRT with the client
- Assist the client with home practice assignments
- Help the client practice a new skill or reinforce one that the client uses spontaneously
- Help the client with practical assistance, such as transportation or locating resources
- Take an active role in helping the client achieve goals
- Take an active role in the client's relapse prevention plan
- Stay informed about the progress of IRT through regular contact with the clinician and/or the NAVIGATE team

2. Suicide Risk and Prevention in Early Psychosis

Approximately 5-10% of people with schizophrenia will commit suicide. Further, there is a particularly high risk of suicidality among individuals recovering from their first episode of psychosis. At least 50% of individuals with first episode psychosis have experienced suicidal thoughts and approximately 25% have made a suicide attempt by the time of first contact with treatment services (Power, 2004). Indeed, while the acute phase of the illness represents a risky period regarding suicidality, it is the early recovery phase following remission of psychotic symptoms when most suicides actually occur. Individuals during this phase are beginning to experience the psychological and social impact of the illness, and many are likely to experience "post-psychotic depression" (Birchwood et al., 2000). Depression and suicidal ideation is especially common among individuals who feel engulfed and trapped by their illness, and who become hopeless about the future, predicting a loss of social status and limited potential for improvement (Birchwood, 2003). Specifically, suicide risk in early psychosis is highest during the following periods:

- During emerging psychosis (i.e., prodromal phase)
- Immediately prior to hospitalization and immediately following discharge
- Several months following symptom remission (early recovery period)
- After first relapse (i.e., when realization occurs that illness is recurrent)

Given the heightened risk of suicide following a first episode of psychosis, you are strongly encouraged to consider all IRT clients as being "high risk" and to regularly monitor their clients for suicide risk. Risk factors for suicide in early psychosis include:

- Male gender
- Single
- Unemployed

- Suicidal ideation and/or previous suicide attempt(s)
- Good premorbid functioning with high personal expectations
- High premorbid IQ
- Good insight
- Depression and/or hopelessness
- Substance abuse
- Large degree of illness-related deterioration
- Command hallucinations
- Grandiose or persecutory delusions (may result in self-destructive behavior)
- Family history of suicide

Additional factors that may increase the risk of suicidality include:

- Recent loss of social support
- Isolation/reduced supervision
- Treatment non-adherence
- Environmental stress/conflict (e.g., family conflict or criticism)

You should be mindful of the above risk factors, and identify clients who may be at increased risk of suicide. On the NAVIGATE team, the psychiatrist routinely assesses for suicidal ideation. Family members may also bring information about their relative's suicidal thinking to their family clinician on the NAVIGATE team, and thus you may know that this is a significant clinical issue from your work on the team. If a client expresses suicidal thoughts to you, in order to evaluate it further obtain the following information: "frequency of thoughts", "presence of active intent and plan", "lethality and availability/feasibility of the plan", and "potential obstacles to implementation of the plan". If clients express active suicidal ideation, hospitalization may be required. If clients express suicidal thoughts without active intent (e.g., "I'd be better off dead"), ensure that they are willing to contract for safety and be certain that they will be closely monitored. **In any case, the presence of any suicidal ideation in clients must be communicated immediately to the rest of the NAVIGATE team**. If a client is actively suicidal and other healthcare providers are unavailable, you should contact his or her local emergency department and ask for the psychiatrist or crisis worker on call. You should document in the client's chart: all risk assessment and safety plans, all supervision and consultative contacts, all contacts with outside providers, current disposition of client, and any other action taken on behalf of the client.

After attending to the steps described above, you should try to engage clients who experience suicidal ideation in Module 8 (Dealing with Negative Feelings), Module 9 (Coping with Symptoms), or both. Module 8 teaches cognitive restructuring as a self-management skill reducing negative feelings, which can be especially helpful in addressing mood-related symptoms, including suicidal thinking, depression, anxiety, paranoia, distress related to hallucinations, PTSD, or self-stigmatizing beliefs. This module also includes assessment measures for tracking the effects of teaching cognitive restructuring on reducing symptoms that are associated with suicidality, including hopelessness, depression, anxiety, PTSD symptoms, and self-stigmatizing beliefs. Module 9 is aimed at teaching a range of coping strategies for dealing with persistent symptoms, including depression, anxiety, hallucinations,

and delusions, all of which can be related to suicidal thinking (coping strategies for other symptoms are taught as well, including sleeping difficulties and lack of stamina or energy). Those symptoms that are most strongly associated with the client's suicidal thinking can be targeted for teaching coping strategies.

Although Modules 8 and 9 are Individualized IRT modules, and not Standard modules, they can be taught at any point that suicidal thinking is recognized as a significant symptom that must be addressed immediately, even before the Standard modules have been completed. There are two general approaches to addressing suicidal thinking using Modules 8 or 9 during the provision of the Standard modules. First, you can devote part of each Standard module session that you are working on to teaching information and skills from Module 8 or 9 (e.g., 15 or 20 minutes). Second, you can temporarily suspend work on the Standard modules in order to focus exclusively on Module 8 or 9 in order to maximize the intensity of your focus on the suicidal thinking.

There are a number of other ways that you can minimize suicide risk or address emerging suicidality in clients. One fundamental way is to assure that clients are continually engaged with treatment services. Other specific strategies include: boosting self-esteem, fostering hope, and training clients in problem-solving, interpersonal effectiveness, distress tolerance, and emotion regulation skills.

For additional information on suicide risk assessment and prevention in early psychosis, consult the following references:

- Power, P. (2004). Suicide prevention in early psychosis. In J. Gleeson & P.D. McGorry (Eds.), *Psychological interventions in early psychosis: A treatment handbook* (pp. 175-189). Chichester, England: John Wiley & Sons.

- Clinical materials available from EPPIC at http://www.eppic.org.au/
  - Case management handbook (EPPIC, 2001, pp. 63-66)
  - Managing the acute phase of early psychosis (ORYGEN Youth Health, 2004, pp. 32-34)

3. Flexibility

IRT is intended to be flexible, both in terms of the areas it targets as well as in terms of treatment frequency, intensity, and duration. We have built this flexibility into the treatment so as to be able to best address the heterogeneity of first episode psychosis. In addition, we realize that for many NAVIGATE clients, this will be their first exposure to mental health treatment. Thus, their motivation to engage in treatment may wax and wane, requiring IRT to be delivered in a manner that meets the client where he or she is at (e.g. weekly; biweekly; monthly). We feel that it is paramount to continually engage, and re-engage clients in treatment (while they are in need of services), which ultimately should facilitate recovery and reduce the likelihood of relapse.

At times, the client's needs may necessitate providing IRT modules out of order, as described above for individuals experiencing significant suicidal ideation. For another example, if a client experiences distressing symptoms such as hallucinations or delusions, it is most helpful to shift as soon as possible to Module 8 (Dealing with Negative Feelings) to learn cognitive restructuring or to Module 9 (Coping with Symptoms) to learn further coping strategies. As another example, if a client experiences problems with weight gain, he or she could be guided to Module 13 (Nutrition and Exercise), which provides strategies for nutrition and exercise. After a few sessions learning some of the strategies in Module 13, the IRT clinician could shift back to the other IRT modules, but check in for a few minutes every session with the client on progress and troubleshoot any difficulties he or she is experiencing in the area of weight.

Flexibility in the delivery of IRT increases its effectiveness and is helpful in reducing the likelihood of clients dropping out of treatment. As different agencies might have different protocols for dealing with client drop-outs (or poor or intermittent attendance), we feel that being flexible in the delivery of IRT is something that should cut across most settings in helping keep clients engaged in treatment.

4. Clinical Supervision

For the most effective IRT implementation, weekly group supervision for one hour is recommended for all clinicians involved in IRT. It is important that supervision time be protected for clinicians (i.e., that participation in supervision be considered as a part of any productivity quotas or expectations placed on clinicians) in order to ensure their active involvement. Supervision should support clinicians' continued IRT work, and help them problem solve challenges that can arise with clients as well as with the agency. These weekly clinical supervision meetings can also help sustain the practice of IRT after the initial training and implementation. IRT clinical supervision will help with the following:

1) Monitoring the delivery of IRT to clients
2) Providing feedback about the implementation of IRT within the agency
3) Providing opportunities for clinicians to practice IRT skills
4) Increasing competence with these skills
5) Offering clinicians support while implementing IRT

Clinical supervision is most helpful when there is a specific structure that guides the meetings. After individual IRT sessions have begun, there is a simple structure that the IRT supervisor can follow during clinical supervision. First, the IRT supervisor conducts a brief check-in with clinicians about the current status of IRT individual cases. As part of the check-in, the IRT supervisor generally asks a series of seven questions to update progress in IRT, identify problems early, and track the implementation of IRT. The check-in questions include:

1) What module is the client working on?
2) What is the client's recovery goal(s)?
3) What steps have been taken towards achieving the recovery goal(s)?
4) What is the client's attendance rate?

5) Are home assignments being completed?
6) Are there any problems that currently need to be addressed?
7) How is IRT being coordinated with other elements of the NAVIGATE program (e.g., Family Education, Supported Employment and Education, and Psychiatry)?

After answering these questions with clinicians, IRT supervisors have four different options for the remainder of the clinical supervision session:

1. Planning for the next module with clinicians
2. Problem solving or giving suggestions for a problem or challenge identified during the check-in
3. Asking a clinician to give a case presentation
4. Reviewing an IRT skill or strategy for advanced training

The IRT supervisor can help clinicians plan for the next module by reviewing the goals of the module, discussing the motivational, educational, and cognitive-behavioral teaching strategies that could be used during that module, brainstorming ideas for home assignments, and linking the goals of the module to the client's recovery goal.

A second option involves problem-solving a challenge that was identified during the check-in. All of the clinicians are encouraged to offer suggestions for solutions, and the supervisor can suggest role-playing one of the strategies as a practice. Supervisors often use the following steps for problem solving during IRT supervision:

1. Defining the problem or challenge
2. Eliciting possible strategies/solutions from all clinicians
3. Evaluating strategies/solutions
4. IRT clinician chooses strategy/solution (or combination) to try
5. IRT clinician makes a specific plan to try out the strategy or solution
6. IRT clinician plans to follow up how the strategy/solution worked in supervision in the next week or two

As a third option, the IRT supervisor can ask a clinician to review a case presentation, usually focused on a client who is having difficulty making progress towards recovery. In this situation, it is important for the clinician presenting the case to provide some background information about the client, including the client's recovery goal(s) and any progress made towards recovery, IRT modules that have been completed, examples of motivational, educational, and cognitive-behavioral teaching strategies that the clinician has used, examples of home assignments, and one or two specific issues with which the clinician needs assistance. Problem solving can be used to address the issues identified by the clinician, with the supervisor and other clinicians offering suggestions for solutions.

The fourth possibility is to use the clinical supervision time for continued training. The purpose of the training can be to focus on a specific teaching strategy, module, or component of IRT such as setting goals, developing home assignments, or teaching advanced IRT skills. The IRT supervisor begins by reviewing how and when to use a skill or strategy, models how to use it, has the clinicians practice how to use it, and provides feedback. This process

mirrors the use of role-plays to practice skills in IRT. For example, if reviewing how to develop home assignments during the session, the IRT supervisor would start by asking what difficulties clinicians have had and how clinicians are currently developing home assignments. The IRT supervisor reviews additional strategies for helping clients to come up with home assignments and then models in a role-play how he or she would use one or more of these strategies in a session. The supervisor then elicits the clinicians' feedback at the end of the role play. The clinicians then pair up and practice developing home assignments and make a plan to try the strategy that they practiced with an individual client over the next week or two.

In addition to the structure for IRT supervision suggested above, there are some strategies that supervisors can use to engage clinicians in the supervision process and assess clinical competence with IRT. When discussing IRT cases, whether during the brief check-in or during a case presentation, the IRT supervisor should involve all clinicians in problem solving. This creates an active process and promotes the learning and sharing of ideas among IRT clinicians. The focus of the discussion should always return to the client's recovery goal by linking the goal to information and skills throughout the modules. As IRT supervisors provide additional training during clinical supervision, they have opportunities to observe the skills of their clinicians when practicing skills during supervision and asking them to demonstrate in role plays the skills that they used with their clients. It is also extremely helpful for supervisors to listen to sessions that have been recorded to see how clinicians are using the IRT skills in practice.

5. IRT Contact Sheets and Fidelity

Each session should be documented using the IRT contact sheet (see Appendix 1). The purpose of the contact sheet is to help IRT clinicians and supervisors keep track of the client's progress in treatment and the kinds of interventions that are provided (motivational, educational, or cognitive-behavioral), and whether or not the client is completing home practice assignments.

IRT clinicians can tape a number of IRT sessions in order to monitor treatment fidelity. Supervisors can listen to the tapes, provide ratings based on the IRT fidelity scale (see Appendix 2), and provide feedback to the IRT clinician.

The fidelity ratings are based upon the key ingredients of IRT, which include items such as setting an agenda, goal setting and follow-up, developing and reviewing of home assignments, use of motivational enhancement and educational strategies, cognitive restructuring, and taking a recovery/resiliency focus. The fidelity scale uses a 5 point scale from 1 = unsatisfactory to 5 = excellent. The purpose of monitoring fidelity is to measure the extent to which IRT clinicians are implementing the treatment as intended by the model and to provide IRT clinicians with ongoing feedback about the implementation of IRT with their clients. Feedback from listening to the IRT sessions and measuring fidelity can be used during supervision to help clinicians stay faithful to the model. The feedback also can help IRT clinicians assess weaknesses and strengths that can be addressed during supervision leading to better client outcomes.

6. <u>Clinician Resources</u>

Additional resources for clinicians can be found in Appendix 3. These include more detailed resources related to first episode psychosis and the therapeutic techniques comprising IRT (e.g. cognitive behavioral therapy).

References

Birchwood, M. (2003). Pathways to emotional dysfunction in first-episode psychosis. *British Journal of Psychiatry, 182*, 373-375.

Birchwood, M., Spencer, E., & McGovern, D. (2000). Schizophrenia: Early warning signs. *Advances in Psychiatric Treatment, 6*, 93-101.

Gingerich, S., & Mueser, K. T. (2010). *Illness Management and Recovery Implementation Resource Kit* (Revised ed.). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Kazantzis, N., Deane, F. P., & Ronan, K. R. (2000). Homework assignments in cognitive and behavioral therapy: A meta-analysis. *Clinical Psychology: Science and Practice, 7,* 189-202.

Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: Guilford Press.

Power, P. (2004). Suicide prevention in early psychosis. In J. Gleeson & P.D. McGorry (Eds.), *Psychological interventions in early psychosis: A treatment handbook* (pp. 175-189). Chichester, England: John Wiley & Sons.

Appendix 1

Clinician Contact & Progress Note For Individual Resiliency Treatment (IRT)

☐ No Contact

If you have had NO CONTACT with the client in the past month, please check off the box in the upper right hand corner and return form to the PRC.

Participant ID #:________ **Date:____________** **Clinician ID#: __________**

Other Staff Attending:_______________ Secondary Staff ID:____

TO BE COMPLETED FOR EACH CONTACT WITH OR ON BEHALF OF CLIENT FOLLOWING CONSENT (with the exception of "reminder calls")

1. Type of contact: (Choose the one with majority of time spent on)

☐ IRT Session

☐ Family / Other Support Contact

☐ Crisis Intervention

☐ Case Management Only

☐ Non – NAVIGATE professional contact (e.g. clinician, teacher)

☐ Other (specify) ____

2. People present: (check all that apply)

☐ Client

☐ Nurse

☐ Significant Other/Family/Friend

☐ Doctor

☐ Additional NAVIGATE Team Member Present

- ☐ Family Worker
- ☐ Supported Employment Specialist
- ☐ Physician
- ☐ Director

☐ Other Please describe:____________________________________

3. **Total number of persons who participated in contact:** ☐☐

4. **Length of Actual Contact:** Record Minutes ☐☐☐ Travel Time ☐☐☐

5. **Location of contact:**

- ☐ Agency
- ☐ Community
- ☐ Telephone
- ☐ Other (specify) ______________________________

THE FOLLOWING QUESTIONS SHOULD BE COMPLETED AFTER EACH IRT SESSION

6. **Did the client complete the home practice option from the previous session:**

☐ Yes ☐ Partially ☐ No ☐ NA

7. **Motivational Teaching Strategies:**

- ☐ Connect info and skills with personal goals.
- ☐ Promote hope and positive expectations.
- ☐ Explore pros and cons of change.
- ☐ Re-frame experiences in positive light.

8. **Educational Teaching Strategies:**

- ☐ Review of written material/education
- ☐ Relate information to client's experience
- ☐ Ask questions to check comprehension
- ☐ Break down information into small chunks
- ☐ Adopt client's language

9. **CBT Teaching Strategies:**

- ☐ Reinforcement and shaping (positive feedback for steps towards goals, gains in knowledge & skills, follow-through on home assignments)
- ☐ Social skills training (rationale for skill, modeling, role play practice, feedback, plan home practice)

☐ Relapse prevention planning (review of stressors, early warning signs, written plan to respond to signs, rehearse plan)

☐ Coping skills training (review current coping skills, increase currently used skills, model new skill, role play new skill, feedback, plan home practice)

☐ Relaxation training (model relaxation technique, practice technique, feedback, plan home practice)

☐ Cognitive restructuring (identify thoughts related to negative feelings, examine the evidence, change thought or form action plan)

☐ Behavioral tailoring (fit taking medication into client's daily routine)

10. Module(s) Addressed:

☐ **Module 1 – Orientation**

☐ **Module 2 – Assessment/Initial Goal Setting**

☐ **Module 3 – Education about Psychosis**

☐ **Module 4 – Relapse Prevention Planning**

☐ **Module 5 – Processing the Psychotic Episode**

☐ **Module 6 – Developing Resiliency - Standard Sessions**

☐ **Module 7 – Building a Bridging to Your Goals**

☐ **Module 8 – Dealing with Negative Feelings**

☐ **Module 9 – Coping with Symptoms**

☐ **Module 10 – Substance Use**

☐ **Module 11 – Having Fun and Developing Good Relationships**

☐ **Module 12 – Making Choices about Smoking**

☐ **Module 13 – Nutrition and Exercise**

☐ **Module 14 – Developing Resiliency - Individualized Sessions**

11. Techniques utilized: (choose all that apply)

☐ Agenda announced at beginning of session

☐ Review of homework

☐ Review of goal

☐ Review of previous meeting

☐ Present new material

☐ Role-play

☐ Problem-solving practice

☐ Help client choose a home practice option

☐ Summarize progress made in current session

☐ Other techniques (please specify) ____

Appendix 2

IRT Fidelity Scale (4/1/14)

Fidelity ratings are based on observation of an IRT session or listening to an audiotape of a session.

Clinician: ________________________ Clinic:______________________________
Date of Session:____________________ Module & Topic ____________________
Date of Rating:_____________________ Name of Rater:______________________
Client ID: ______________ O**verall Session #** ______________

General Guidelines for Scale

1	**2**	**3**	**4**	**5**	**NA**
Unsatisfactory or not Observed	Needs Improvement	Satisfactory	Very Good	Excellent	Not Applicable

.

____ 1. Agenda Setting
- Set specific agenda at the beginning of session
- Elicit other issues from client for agenda (e.g., "Is there anything specific/any particular issue you would like to talk about today?")
- Agree on order of agenda items
- Implement specific agenda

____ 2. Goal-setting and Goal Follow-up
- Explore client's desired areas of change or possible goals
- Help client set a personally meaningful goal
- Help client beak down goal into smaller sub-goals and steps
- Reinforce steps taken towards goal
- Problem-solve obstacles to steps, including need for other skills/supports

____ 3. Review of Home Assignment
- Review prior home assignment
- Reinforce any efforts to complete home assignment
- Identify and problem solve obstacles to completing home assignment
- Complete Home Assignment in session with client if needed

____ 4. Use of IRT Educational Materials
- Utilize handouts and worksheets to guide the session
- Answer and elicits questions
- Stay focused on topic

____ 5. Motivational Enhancement Strategies
- Connect material and session content to client's goals
- Promote hope and positive expectations

- Explore pros and cons of change
- Reinforce “change” talk
- Reframe experiences in a positive light

____ 6. Educational Strategies
- Provide information
- Elicit client’s experience related to presented material
- Adapt language to client’s preferences
- Break down information into manageable chunks
- Provide interim summaries
- Ask questions to check for understanding

____ 7. Positive Reinforcement and Shaping
- Praise successive approximations (small steps) towards completion of home assignments, progress towards goals, and learning of skills
- Give positive, specific feedback about learning information or skills
- Celebrate completion of modules
- Reinforce on-topic comments and ignore off-topic comments

____ 8. Cognitive Restructuring
- Explain relationship between thoughts and feelings
- Teach Common Styles of Thinking to help client catch and change inaccurate thinking related to upsetting feelings
- Teach clients how to identify thoughts relating to upsetting feelings
- Discuss nature of “evidence”
- Teach clients how to evaluate evidence supporting and/or not supporting upsetting thoughts and beliefs
- Help client identify more accurate thoughts or beliefs when one is not supported by evidence
- In “Dealing with Negative Feelings Module,” teach the 5 Steps of Cognitive Restructuring to examine accuracy of thoughts/beliefs underlying upsetting feelings: 1) identify troubling situation, 2) identify upsetting feeling, 3) identify upsetting thought underlying the feeling, 4) examine evidence for and against the thought, 4) take action (if evidence does not support the thought, develop a more accurate thought; if evidence does support the thought, make an action plan to address situation

____ 9. Skills Training Strategies
- Establish/elicit rationale for skill
- Discuss steps of skill
- Model (demonstrate) the skill
- Help client practice the skill in one or more role plays (or other exercise, such as deep breathing)
- Provide feedback, starting with positive

- Help client develop plan to practice skill outside the session, including anticipation of obstacles and problem-solving around those obstacles

____ 10. Developing Home Assignment
- Help client develop specific home assignment to practice or review material covered in session or take steps towards personal goal
- Help client identify specific days, times, and places for completing the assignment
- Identify and problem solve potential obstacles
- Practice assignment in session if indicated
- Enlist help of significant others if indicated

____ 11. Structuring the Session and Using Time Efficiently
- Follow standard structure for IRT session (informal socializing, identification of major problems, set agenda, follow up on goals, review previous session, discuss past home assignment, teach new material, summarize progress in current session, develop home assignment collaboratively)
- Cover the content of the session at a pace that's comfortable for the client
- Tactfully limit peripheral or unrelated discussion
- Direct session appropriately

____ 12. Therapeutic Relationship
- Convey warmth and empathy
- Express understanding and compassion about unpleasant experiences
- Show flexibility in responding to client's concerns

____ 13. Recovery/Resiliency Focus
- Express hope and optimism for the future
- Support or enhance client's self-efficacy
- Use of recovery and resiliency language when appropriate
- Help client take an active role in shared decision-making
- Expression of confidence client can make progress towards recovery goals
- Help client identify and build own resiliency skills

____ 14. Overall Quality of Session
- Materials taught effectively using combination of motivational, educational and cognitive behavioral strategies
- Flexible and responsive to emergent needs, issues or unexpected challenges
- Reduces client distress as needed

Appendix 3 - Additional Resources for Clinicians

Case Management

Rapp, C. A., & Goscha, R. J. (2006). *The Strengths Model: Case Management with People with Psychiatric Disabilities* (Second ed.). New York: Oxford University Press.

Cognitive Behavior Therapy

Beck, Judith (1995). *Cognitive Behavior Therapy: Basics and Beyond.* New York: Guilford Press. Pages 248-268 describe homework strategies.

Chadwick, P. (2006). *Person-Based Cognitive Therapy for Distressing Psychosis*. Chichester, England: Wiley.

Chadwick, P., Birchwood, M., & Trower, P. (1996). *Cognitive Therapy for Delusions, Voices and Paranoia*. Chichester, West Sussex, England: John Wiley & Sons.

Fowler, D., Garety, P., & Kuipers, E. (1995). *Cognitive Behaviour Therapy for Psychosis: Theory and Practice*. Chichester, West Sussex, England: John Wiley & Sons.

Kingdon, D. G., & Turkington, D. (2004). *Cognitive Therapy of Schizophrenia*. New York: Guilford Press.

Morrison, A. P., Renton, J. C., Dunn, H., Williams, S., & Bentall, R. P. (2004). *Cognitive Therapy for Psychosis: A Formulation-Based Approach*. New York: Brunner-Routledge.

Morrison, A. P., Renton, J. C., French, P., & Bentall, R. P. (2008). *Think You're Crazy? Think again: A Resource Book for Cognitive Therapy for Psychosis*. London: Routledge.

Mueser, K. T., Rosenberg, S. D., & Rosenberg, H. J. (2009). *Treatment of Posttraumatic Stress Disorder in Special Populations: A Cognitive Restructuring Program*. Washington, DC: American Psychological Association.

Persons, J. (1989). *Cognitive Therapy in Practice: A Case Formulation Approach*. New York: Norton. Although this book does not focus on severe mental illness, pages 141-157 provide a good description of the role of home assignments.

Praxis CBT for Psychosis webinar training program: http://www.praxiscbtonline.co.uk/

Tarrier, N. (1992). Management and modification of residual positive psychotic symptoms. In M. Birchwood & N. Tarrier (Eds.), *Innovations in the Psychological Management of*

Schizophrenia (pp. 147-169). Chichester, England: John Wiley & Sons.

Wright, J. H., Turkington, D., & Kingdon, D. G. (2009). *Cognitive-behavioral therapy for severe mental illness: An illustrated guide.* Washington, DC: American Psychiatric Publishing, Inc.

First Episode Psychosis

Compton, M. T., & Broussard, B. (2009). *The First Episode of Psychosis: A Guide for Patients and Their Families*. New York: Oxford University Press.

Jackson, H.J., & McGorry, P.D. (2009). *The Recognition and Management of Early Psychosis: A Preventive Approach.* Cambridge: Cambridge University Press.

First Person Accounts

Hartman, B. (2005). *Hammerhead 84: A Memoir of Persistence*: Graphite Press.

McLean, R. (2003). *Recovered, Not Cured: A Journey Through Schizophrenia*. Crows Nest, New South Wales, Australia: Allen & Unwin.

Miller, B. W. (2002). *Sex, Violence, and Schizophrenia: A Gen-xer's Tale of Psychosis & Recovery*. Bloomington, IN: Xlibris Corporation.

Saks, E. R. (2007). *The Center Cannot Hold*. New York: Hyperion.

Snyder, K., Gur, R. E., & Andrews, L. W. (2007). *Me, Myself, and Them: A Firsthand Account of One Young Person's Experience with Schizophrenia*. New York: Oxford University Press.

Goal Setting

Clarke, S. P., Oades, L. G., Crowe, T. P., & Deane, F. P. (2006). Collaborative goal technology: theory and practice. *Psychiatric Rehabilitation Journal, 30*(2), 129-136.

Corrigan, P. W., McCracken, S. G., & Holmes, E. P. (2001). Motivational interviews as goal assessment for persons with psychiatric disability. *Community Mental Health Journal, 37*, 113-122.

Home Practice

Rector, N. (2007). Homework use in cognitive therapy for psychosis: A case formulation approach. *Cognitive and Behavioral Practice, 14,* 303-316.

Illness Self-Management Training

Copeland, M. E. (1999). *Winning Against Relapse: A Workbook of Action Plans for Recurring Health and Emotional Problems*. Oakland, CA: New Harbinger Publications.

Gingerich, S., & Mueser, K. T. (2005). *Coping Skills Group: A Session-by-Session Guide*. Plainview, NY: Wellness Reproductions.

Gingerich, S., & Mueser, K. T. (2010). *Illness Management and Recovery Implementation Resource Kit* (Revised ed.). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Available from: http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/

Mueser, K. T., & Gingerich, S. (2006). *The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life*. New York: Guilford Press.

Motivational Interviewing

Arkowitz, H., Westra, H. A., Miller, W. R., & Rollnick, S. (Eds.). (2008). *Motivational Interviewing in the Treatment of Psychological Problems*. New York: Guilford Press.

Miller, W. R., & Rollnick, S. (Eds.). (2002). *Motivational Interviewing: Preparing People for Change* (Second ed.). New York: Guilford Press.

Recovery

Davidson, L., Tondora, J., Lawless, M. S., O'Connell, M. J., & Rowe, M. (2009). *A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care*. New York: Oxford University Press

Liberman, R. P. (2008). *Recovery from Disability: Manual of Psychiatric Rehabilitation*. Washington, DC: American Psychiatric Press.

Ralph, R. O., & Corrigan, P. W. (Eds.). (2005). *Recovery in Mental Illness: Broadening Our Understanding of Wellness*. Washington, DC: American Psychological Association.

Slade, M. (2009). *Personal Recovery and Mental Illness: A Guide for Mental Health Professionals*. Cambridge: Cambridge University Press.

Resiliency

Brooks, R., & Gldstein, S. (2004). *The Power of Resilience: Achieving Balance, Confidence, and Personal Strength in Your Life*. New York: McGraw-Hill.

Bryant, F. B., & Veroff, J. (2007). *Savoring: A new model of positive experience*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: The Penguin Press.

Neenan, M. (2009). *Developing resilience: A cognitive-behavioural approach*. New York, NY US: Routledge/Taylor & Francis Group.

Reivich, K., & Shatt.é. (2002). *The Resiliency Factor: 7 Keys to Finding Your Inner Strength and Overcoming Life's Hurdles*. New York: Broadway Books.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York, NY US: Free Press.

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist, 61*, 774-788.

Reivich, K., & Shatt.é. (2002). *The Resiliency Factor: 7 Keys to Finding Your Inner Strength and Overcoming Life's Hurdles*. New York: Broadway Books.

Social Skills Training

Bellack, A. S., Mueser, K. T., Gingerich, S., & Agresta, J. (2004). *Social Skills Training for Schizophrenia: A Step-by-Step Guide* (Second ed.). New York: Guilford Press.

Substance Abuse in Severe Mental Illness

Bellack, A. S., Bennet, M. E., & Gearon, J. S. (2007). *Behavioral Treatment for Substance Abuse in People with Serious and Persistent Mental Illness: A Handbook for Mental Health Professionals*. New York: Taylor and Francis.

Graham, H. L., Copello, A., Birchwood, M. J., Mueser, K. T., Orford, J., McGovern, D., Atkinson, E., Maslin, J., Preece, M. M., Tobin, D., & Georgion, G. (2004). *Cognitive-Behavioural Integrated Treatment (C-BIT): A Treatment Manual for Substance Misuse in People with Severe Mental Health Problems*. Chichester, England: John Wiley & Sons.

Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: Guilford Press.

Stigma

Corrigan, P. W. (Ed.). (2005). *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change*. Washington, DC: American Psychological Association.

Corrigan, P., & Lundin, R. (2001). *Don't Call Me Nuts! Coping with the Stigma of Mental Illness*. Chicago: Recovery Press.

Thornicroft, G. (2006). *Shunned: Discrimination against People with Mental Illness*. Oxford: Oxford University Press.

Wahl, O. F. (1999). *Telling is Risky Business: Mental Health Consumers Confront Stigma*. New Brunswick, NJ: Rutgers University Press.

Clinical Guidelines for Orientation

OVERVIEW:

This module provides an overview for the NAVIGATE program and information about IRT and the topic areas that are addressed within treatment. Clients may be attending this session alone or with their family members. There are opportunities within this module to make introductions to the other NAVIGATE team members where appropriate and set expectations for participation in the NAVIGATE program. You, as the IRT clinician, can also review the immediate needs and concerns raised by the client and/or his or her family members that need to be addressed. If the client and/or family members are presenting with signs of stress or feelings of being overwhelmed, you can include a session that teaches relaxed breathing as a coping strategy for managing stress.

Goals

1. Provide information about the different components of the NAVIGATE program.
2. Provide information about IRT and an overview of the topics in IRT.
3. Set positive expectations for active participation in IRT.
4. Address immediate concerns from client and family members.
5. Provide relaxed breathing as a strategy for clients and families who are feeling anxious, stressed, or overwhelmed by treatment.

Topics

1. NAVIGATE Program Description
2. Individual Resiliency Training Orientation
3. Guide to Relaxed Breathing

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Set the agenda.
- Provide information about the NAVIGATE and IRT programs. Take time to answer questions and address concerns.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help the person remember it).

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Each handout includes: sections of text, main points that are highlighted in boxes, probe questions, tables, and suggested home practice assignments.
- The highlighted boxes are useful talking points and take home messages for the client. They may be used to relate the information to his or her life situation and goals.
- You should ask the client questions in the handout to facilitate discussion, assess the client's knowledge, and understand their perspective.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-NAVIGATE program description	Session 1- NAVIGATE program description, IRT Orientation, Guide to relaxed breathing
Session 2-IRT Orientation, Guide to relaxed breathing	

TEACHING STRATEGIES:

- Explain the purpose of the orientation session. For example, "*This is a chance for us to tell you about all of the different components of the NAVIGATE program and how we could be the most helpful to you and your family.*"
- Ask the client and family members if they have any pressing concerns. These issues could relate to symptoms, problems, or situations that they feel need to be addressed immediately.
    - Problem-solve any pressing concerns identified at the beginning. Generate a list of strategies to help the client and family members with the problem.
    - If a significant issue is identified, the clinician should explain to the client and family that time will be set aside at the end of the session to address these issues.
    - Questions are available at the end of the orientation session to elicit these concerns. You can ask one or all of the questions as time permits.
- Some families may want to "tell their story" or at least some of it during the orientation session. You should be receptive to listening to the family and engaging them personally, while gently steering the family back to the agenda if they take too long. You also can explain that part of the NAVIGATE program involves helping the whole family process the experience of a member developing psychosis.
- Give the client and family members a copy of the handout at the beginning of the session. Some clients may find it more useful to present the different treatment components in a discussion and take the handout home to read over later.

- Present the information slowly and pause frequently to elicit questions, answer them, and then check for understanding.

- Present a hopeful, upbeat message to the client and family members about their participation in the program after a psychotic episode. Let them know that people can and do get better, go on to accomplish their goals and live rewarding lives.

- Be alert for signs of anxiety or distress in the client or relatives during the session. If present then the family could benefit from learning a relaxation skill, use the Relaxation Strategy Handout at the end of this topic area.

  - If the family members appear to have difficulty attending to the information, break it down into smaller chunks and stop frequently to check on comprehension and summarize information.

  - If the attention of the family appears to wane over the orientation session, having a 5 minute break may help restore their attention.

  - If you notice some signs of distress or anxiety, it may be helpful to ask them about how they have been coping with the situation.

TIPS FOR COMMON PROBLEMS:

- Family members may bring up relatively long-standing concerns that cannot be addressed briefly in the session but should be acknowledged. You should explain how and where in the NAVIGATE program these issues and topics will be addressed.

  - If the family identified a very pressing concern at the beginning of the session and seems unable to attend to the information, it may be necessary to address that concern first.

EVALUATING GAINS:

- After completing these topics, it may be helpful to assess how much knowledge the client has retained about the NAVIGATE program and the orientation to IRT. You can assess a client's knowledge using the following questions:

  1. What are the components of the NAVIGATE program, and which ones interest you?
  2. What parts of the IRT program could be helpful to you?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "ORIENTATION":

Therapeutic Goal	*Techniques & Probes*
Provide information about the different components of the NAVIGATE program.	• Give the client and family information about the different components of NAVIGATE. • Identify and answer any questions or concerns.
Provide information about IRT and an overview of the modules in IRT.	• Provide an overview of the modules in the IRT program. • Identify and answer any questions or concerns.
Address immediate concerns from client.	• Identify any immediate needs from the client or family. • Problem-solve strategies to decrease distress with client and family members.
Teach relaxed breathing as a strategy for clients and family members who are feeling anxious or overwhelmed by treatment.	• Identify signs of anxiety or feelings of being overwhelmed during the session. • Provide an overview of the steps of relaxed breathing. • Model and practice the relaxation strategy in session. • Help the client and family plan to practice the strategy at home.

Introduction to Orientation

Introduction and Module Overview

The topics in this module will take about 1-2 sessions to complete. When you review the topics with your IRT clinician, you will discuss the organization of the NAVIGATE program and the modules within Individual Resiliency Training (IRT). It can be helpful to ask questions about how this program can best help you lead a rich and rewarding life. In this topic area you will:

- Learn information about the different components of the NAVIGATE program.
- Learn information about IRT and an overview of the modules in IRT.
- Discuss expectations for active participation in IRT.
- Discuss immediate concerns from you and your family.
- Learn a relaxation strategy to cope with immediate stressors (as needed).

This module focuses on orienting you and your family to the program and reviewing your immediate concerns.

A Message of Hope:

Many people with psychosis live full and rewarding lives.

#1: NAVIGATE Program Description

This handout describes the NAVIGATE program, what it contains, and how it can help you keep your life on track.

- The NAVIGATE program is designed to **teach you and your family the skills** and information you need to get back on your feet and work towards having a rich, full life.
- The NAVIGATE program **involves a number of different interventions** including medication management, resiliency training, help getting back to work or school, and a family support/education program to increase the success of your recovery.
- These **interventions have been shown to be effective** in helping people get on with their lives even after they had experienced these kinds of problems.
- You will learn strategies that will help you to **pursue your goals** and get on with your life.
- You will **learn coping strategies** that will help you better manage your illness and psychotic symptoms.
- You will be **working with a team** to help you with your goals including a doctor, clinic director, a clinician for counseling and recovery training, family counselor, and an expert on work and school issues.

The NAVIGATE Program

Treatment	Provider	Aims
Medication Management	Psychiatrist, Nurse	• Monitor use of medication to reduce symptom distress
Family Education	NAVIGATE Program Director	• Provide information and skills to help families move forward in recovery
Individual Resiliency Training	IRT Clinician	• Work collaboratively to make progress towards goals and improve functioning
Supported Employment/Education	Employment/Education Specialist	• Provide support and tips to help you get back to work/school or stay in work/school

#2: Individual Resiliency Training Orientation

The program you are about to begin is called the "Individual Resiliency Training" or "IRT" program. This program has been developed for individuals who are recovering from an initial episode of psychosis. We understand that an episode of psychosis can be upsetting and difficult to deal with. This handout will describe IRT, what it contains, and how it can help you keep your life on track.

Goals of IRT

1. Help you get on with your life by working toward your goals and aspirations.
2. Improve your functioning (work, school, relationships).
3. Help you prevent relapse or returning to the hospital.
4. Teach you strategies for coping with or reducing any symptoms you may have.

- For the IRT program you will meet regularly with an individual clinician who is a member of the NAVIGATE team.
- The IRT program is organized into a series of "modules" or topic areas, each containing a number of specific topics:

Standard Modules
(recommended for everyone)

Orientation	• Overview of the IRT program
Assessment/Initial Goal Setting	• Learning about your strengths and areas you would like to improve. • Developing a plan to help you take steps toward your goal.
Education about Psychosis	• Learning facts about your illness, medications, and coping with stress.
Relapse Prevention Planning	• Learning about early warning signs and triggers of relapse • Developing a relapse prevention plan
Processing the Psychotic Episode	• Discussing and coming to an understanding of what happened to you • Learning strategies for addressing negative, self-stigmatizing thoughts

Developing Resiliency – Standard Sessions	• Learning about your strengths and resources (and how they can help you achieve your goals).
Building a Bridge to Your Goals	• Evaluating the progress on the goals you have set or setting new goals • Deciding on next steps in terms of IRT (i.e. which individualized modules you might pursue; see below).

- You will make a decision together with your IRT clinician, based on your needs and your goals, which of the following Individualized Modules could best help you move forward in your recovery (see "Building a Bridge to your Goals").

Individualized Modules

(determined by need, and interest)

Dealing with Negative Feelings	• Learning strategies to overcome depression, anxiety, and other distressing feelings
Coping with Symptoms	• Learning strategies to cope with symptoms that may be upsetting to you
Substance Use	• Learning about the effects of drugs and alcohol on psychosis • Deciding whether to cut down or stop using substances • Learning strategies to cut down on substance use
Having Fun and Developing Good Relationships	• Discovering new ways to have fun • Developing closer and more rewarding relationships
Making Choices About Smoking	• Evaluate benefits and concerns about quitting smoking • Weighing pros and cons of smoking and of quitting • Developing a personal plan for tobacco reduction or abstinence.
Nutrition and Exercise	• Learning how to stay healthy • Managing one's nutrition, exercise and weight
Developing Resiliency – Individualized Sessions	• Increase your knowledge about your strengths and resources (and how they can help you achieve your goals).

- In the next section, we will be asking you questions to get a better picture of how to best help you. Information about your situation helps target treatment to help you work towards your goal and improve your functioning.

Questions:

Each person is an individual and comes to the NAVIGATE program for his or her own reasons.

- How did you learn about the program?

- What are some of the reasons that you and your family came today and decided to join this program?

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Questions:

Learning about your life before you developed your recent difficulties helps us understand you better and provide better assistance.

- How would you describe your life before you developed these recent difficulties?

- What were you doing with your time?

- What did you like to do for fun?

- How has work or school been going lately?

- How much time do you spend with friends?

Questions:

Understanding more about the problems you have experienced in the past few months will help us meet the most pressing needs of you and your family so we can work together to avoid a relapse.

- How would you describe the kinds of emotional problems you have been struggling with over the past few months?

- Why do you think these things happened to you?

What can you expect in IRT?

- **Meeting with your IRT clinician** 2-4 times a month for about an hour to discuss progress towards goals and learn skills to help you better manage your symptoms.
- **Involvement of your family** and the family specialist to help you move forward in your recovery.
- **A safe and positive environment** where you can be honest about your experiences and your desires.
- **Opportunities** to test out strategies you learn in the program at home.
- **What can you expect** from your IRT clinician:
  - Work side-by-side to help you move forward in your recovery process.
  - Using educational handouts to provide information, teach strategies and skills that can help you manage symptoms and make progress towards your goals.
  - Recognition of your personal strengths and focus on increasing your resiliency.
  - Coordination of services to address immediate needs and assure continuity of care.
- **Expectations for your participation** in IRT:
  - Work side-by-side with the IRT clinician to move forward in the recovery process.
  - Learn information about psychosis and principles of treatment.
  - Learn and practice skills for preventing relapses and coping with symptoms.
  - Participate in practice of strategies and skills outside of the sessions.
- **Both IRT clinician and you should strive** for:
  - An atmosphere of hope and optimism.
  - Regular attendance.
  - Side-by-side collaboration.
  - Making progress towards achieving your goals.

Questions:

- What would you like to get out of the IRT program?
- Do you have any urgent issues that need to be addressed immediately?
- Are there any critical problems that need to be addressed?

We are eager to begin this program. We look forward to working with you.

Summary Points for Orientation

- *The NAVIGATE program is designed to teach you and your family skills to help you work towards living a rich and full life.*
- *The NAVIGATE program includes many different interventions that have proven to be effective for people in similar situations that will help you pursue personally meaningful goals and learn coping strategies to better manage your illness.*
- *In the Individual Resiliency Training (IRT) program, you will work collaboratively with your IRT clinician to learn skills that help you make progress towards your goals and improve functioning.*
- *The IRT program is organized into a set of modules with standardized modules that everyone can benefit from and individualized modules that help you continue to make progress towards your goals based on your needs and level of interest.*

#3: Guide to Relaxed Breathing

In every IRT session, you will be learning information, strategies or skills. Most individuals and their families are under a lot of stress when they come to this program, so this session will close with a handout teaching "Relaxed Breathing," a stress reduction technique that you can use right away.

Learning to relax is like any other skill: it takes regular practice to get good at it. When you are first learning relaxed breathing, you will probably concentrate on following the steps according to the instructions. As you become familiar with the steps, you will be able to concentrate more on the relaxation you are experiencing. Try practicing the following technique daily. After a week, evaluate whether you think it is effective for you.

Relaxed Breathing

The goal of this exercise is to slow down your breathing, especially your exhaling.

Steps:

- Choose a word that you associate with relaxation, such as CALM or RELAX or PEACEFUL.
- Inhale through your nose and exhale slowly through your mouth. Take normal breaths, not deep ones.
- While you exhale, say the relaxing word you have chosen. Say it very slowly, like this, "c-a-a-a-a-a-l-m" or "r-e-e-e-l-a-a-a-x."
- Pause after exhaling before taking your next breath. If it's not too distracting, count to four before inhaling each new breath.
- Repeat the entire sequence 10 to 15 times

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Practice using relaxed breathing in the coming week. As you get used to it, it is helpful to practice it regularly, such as every day for 5-10 minutes.

2. Try practicing relaxed breathing when you find yourself in a stressful situation.

Clinical Guidelines for Assessment and Initial Goal Setting

OVERVIEW:

This module provides information about helping the client define recovery and resiliency that will help inform the client when setting a personal goal. You will assess client's strengths and areas of improvement to collaboratively help them define their personal goal. Clients are presented with information about the steps in goal setting and then work with you to complete a goal-planning sheet that breaks down their long-term meaningful goal into 1 to 3 short-term goals.

Goals

1. Help client to define what recovery means to him or her.
2 Define resiliency and help client identify his or her resilient qualities.
3. Assess client strengths and areas for improvement.
4. Review the steps of setting a goal.
5. Help client set a long-term meaningful goal that is broken down into 1 to 3 short-term goals.

Topic Areas

1. Recovery and Resiliency
2. Identifying Strengths and Areas for Improvement
3. Setting Goals

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Set the agenda.
- Review the previous session.
- Teach new material (or complete assessments with client). Take advantage of opportunities to practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help person remember).

GENERAL TEACHING STRATEGIES:

- The educational process should be collaborative. Do not treat the client as a student, but as someone with whom you are trying to share information and come to a common understanding.
- Help the client to understand the benefits of recovery. Not every client will be immediately invested in his or her recovery. Help the client examine the evidence to change or not to change. Weigh the advantages and disadvantages of changing to those of not changing.
- Allow plenty of time for interaction. During this module, the client is still sharing information about him or herself and exploring how IRT could be helpful.
- Be sure to give feedback about the purpose of the assessment and how the results will help better direct and inform treatment.
- Go at a comfortable pace. Because of possible cognitive difficulties, it may be necessary to present the information in small chunks.
  - Each handout provides a table of suggestions to break up the information based on a person who is working at a slow or moderate pace. Other clients may be knowledgeable enough to go through the handout in one session.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.
- You can either take turns reading the text out loud or summarize the text for the client.
- The highlighted boxes are useful talking points and take home message for the client. It may be used to help the client to connect facts with his or her own life situation and goals.
- You should ask the client questions, which are intended to facilitate discussion, assess the client's knowledge, and understand her perspective.
- The tables can be filled out together or used as a discussion tool to individualize the topic to the client's situation.
- The "Check it out" sections are place throughout the handouts as opportunities to practice a skill or concept in session with the client. After reviewing the skill or concept with the client, there will be a description of how to practice it in session. The client practices the skill through a role-play with you.
- You can use one of the home practice suggestions or individualize the home practice for the client to practice the skills in a situation connected to his or her goal.

#1: Clinical Guidelines for Recovery and Resiliency

OVERVIEW:

In these handouts the client is introduced to the concepts of recovery and resiliency and given an opportunity to consider how they both relate to his or her life. You offer clients hope in their view of recovery. These handouts also begin the process of helping the client look towards the future and establish personally meaningful goals that will be followed up on throughout the rest of treatment.

Goals

1. Define the concept of recovery and explore what it means to the client.
2. Define resiliency and how it relates to recovery and treatment.
3. Provide a message of hope and optimism by personalizing recovery and resiliency.
4. Identify benefits of taking a resiliency perspective to help set personal goals.

Handout

1. Recovery and Resiliency

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is recovery? What is resiliency and how does that relate to recovery?	Session 1-What is recovery? What is resiliency and how does that relate to recovery? What is a resiliency perspective?
Session 2-What is a resiliency perspective?	

TEACHING STRATEGIES:

- Help the client see the personal benefits of engaging in recovery.
- Help the client identify what recovery means to him or her.
- Introduce the concept of resiliency and what it would mean for a person to be resilient.

- Review the qualities of resiliency and ask client to identify people who have displayed these qualities and situations where resilient qualities would be most helpful.

- Discuss how the client could share the information that he or she has learned about recovery with a family member or supporter. Help him or her practice how to approach this person and bring up the topic of recovery.

TIPS FOR COMMON PROBLEMS:

- Be prepared for the client to have difficulty identifying with or accepting the concept of recovery. Acknowledge the client's difficulty and share that although difficult at times, recovery is worth the effort.

  – To increase confidence, encourage the client to talk about past accomplishments.

  – Reframe past challenges as opportunities to learn more about personal strengths and effective coping skills.

EVALUATING GAINS:

- After completing this module it may be helpful to periodically assess a client's knowledge using the following questions:

  1. What does recovery mean to you?
  2. What is resiliency?
  3. How is resiliency related to recovery?
  4. What is a resiliency perspective?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR RECOVERY AND RESILIENCY:

Therapeutic Goal	***Techniques & Probes***
Define the concept of recovery and explore what it means to the client.	• Review common themes and consumer definitions of recovery. • Clarify any misconceptions about recovery and mental illness: – *"Recovery is sometimes defined as no longer using drugs or alcohol. Recovery from mental illness is different."* • Help client identify what recovery means to him or her.
Define resiliency and how it relates to recovery and treatment.	• Introduce the concept of resiliency and its relevance to the definition of recovery. • Review the list of resilient qualities. • Ask client to consider how these qualities could be helpful in recovery: – *"How could having a sense of humor or being more flexible be helpful in your recovery?"* • Identify situations or people who have displayed these resilient qualities.
Provide a message of hope and optimism by personalizing recovery and resiliency.	• Help the client begin to focus on the future. • Acknowledge past difficulties and provide empathy for the difficult situations but encourage client to think optimistically about the future: – *"You have told me about the difficult time you have had adjusting to your symptoms. How do you think that experience will help you face difficult situations in the future such as going back to school?"* • Encourage client to think about what goals or changes he or she would like to achieve, and instill hope that such changes are attainable. • Personalize what it would mean to the client to be recovered or resilient.
Identify benefits of taking a resiliency perspective to help set personal goals.	• Review resiliency stories.

#2: Clinical Guidelines for Identifying Strengths and Areas for Improvement

OVERVIEW:

These handouts help the client identify strengths that can be used to achieve personally meaningful goals and make changes in areas of the client's life that he or she is dissatisfied with. The assessment is done collaboratively with immediate feedback to provide the client with information about possible goal to work on.

Goals

1. Review the purpose of assessment focusing on the client's strengths.
2. Help client identify strengths and evaluate satisfaction with different areas of client's life.
3. Identify possible areas of improvement related to symptoms, medications, and substance use.
4. Identify client's support network or strategies to help client develop a support network.

Handout

1. Identifying Strengths and Areas for Improvement

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Introduction to assessment and Brief Strengths Test	Session 1-Introduction to assessment, Brief Strengths Test, Satisfaction with Areas of My Life, Explore Areas of Improvement, and Developing a Support Network
Session 2- Satisfaction with Areas of My Life, Explore Areas of Improvement, and Developing a Support Network	

TEACHING STRATEGIES:

- Engage the client in discussion about his or her personal strengths.
- Help the client connect the information from the assessment to moving forward in recovery. This information will help better inform the client on how to proceed forward in setting recovery goals.

- Ask the client how he or she defines personal strengths and review the rationale for completing the Brief Strengths Test.

Review answers to the Brief Strengths Test and ask client if he or she identifies with the top 5 strengths. If not, ask the client which strengths are more representative using the Signature Strengths Rating Scale. Another resource for different ways to use strengths can be found at www.authentichappiness.com or The Happiness Institute's Guide to Utilizing Your Strengths at http://www.thehappinessinstitute.com/freeproducts/default.aspx

- Help the client read over the different explanations of the character strengths and select ones that best represent him or her.

- Focus on finding areas of desired improvements instead of identifying problem areas or areas of weakness. Discuss how identifying areas of potential improvement can enable people to make better progress towards their personal goals.

- Discuss the meaning of a "supporter" with client. Ask the client what social support means to him or her and who is most supportive of them. Also, ask the client to identify what he or she finds most helpful when coping with symptoms.

- Help the client to identify current supporters and possible supports in the future.

- Discuss how client could strengthen existing supports and build new supports.

- Discuss how client can share the information that he or she has learned with a family member or supporter. Help him or her practice how to approach this person and discuss how the information could be helpful in recovery.

TIPS FOR COMMON PROBLEMS:

- Be prepared for client to have difficulty identifying strengths.
  - Accept that this may be difficult and try for identifying 2 or 3 strengths if not the top 5.
  - Focus on activities that the client enjoys and finds challenging. Help the client to which strengths could be associated with those activities.

ASSESSMENT INFORMATION:

- The following sections are broken down by each assessment. Each section includes information about how to complete the assessment, how to score the assessment, and how you can use the information from the assessment to provide feedback.

BRIEF STRENGTHS TEST:

Goal	***Instructions***
Completing the Assessment	• Ask client to read each statement and rate how often the statement described him or her in the last month. • Examples would include the way that the client acted with other people or how the client acted in other situations. • Client should put the rating next to each item.
Scoring the Assessment	• Select the 5 signature strengths with the highest ratings. If there are more than 5 ratings use the questions at the end of the test to help the client pick the 5 that best represent him or her. • Review the ratings and fill in the list of the top 5. • The top 5 represent the client's signature strengths.
Providing Feedback	• Encourage client to practice noticing how he or she uses strengths throughout the day. • Identify when client uses strengths in session. • Use the "Check it out" section to make a plan to utilize strengths in session and/or treatment. • Discuss how clients currently use their strengths and how they could use them to take a step towards recovery.

SATISFACTION WITH AREAS OF MY LIFE:

Goal	*Instructions*
Completing the Assessment	• Review the life domains and ask client to think about how satisfied he or she with those areas. • Ask client to rank order his or her priorities for change from the areas of dissatisfaction.
Scoring the Assessment	• No formal scoring. • Identify areas of satisfaction and dissatisfaction.
Providing Feedback	• Examine both areas of satisfaction and dissatisfaction. • Identify areas of satisfaction that also could be viewed as a resource for the client. • Normalize areas of dissatisfaction such that everyone has some areas of his or her life that are unhappy or they would like to change. • Follow-up with client about areas of dissatisfaction that are distressful and that client would consider addressing when he or she sets a personal goal.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR AREAS FOR IMPROVEMENT:

Therapeutic Goal	***Techniques & Probes***
Identify possible areas of improvement related to symptoms, medications, and substance use.	• Present information about areas of improvement in an open and nonjudgmental manner. • Discuss how these questions are the first step in understanding the client's experience and how it relates to his or her goals. • Ask about the benefits and drawbacks of taking medication • Use the probe questions to assess the client's mood and difficulties functioning. • If necessary, ask follow-up questions to assess how symptoms interfere with functioning or cause the client distress: – *"So you have been feeling irritable, how does that affect your relationship with your family and friends?"* • Briefly assess past substance use and focus on current substance use and how that impacts functioning and symptoms.
Identify client's support network or strategies to help client develop a support network.	• Discuss the client's perspective of a support network including how many people, what he or she would need to feel supported, and current resources. • If client expresses a desire to build his or her support network or share information about treatment with a supporter, use the role-play suggestion in the "Check it out" section to practice how to talk to a supporter.

#3: Clinical Guidelines for Goal Setting

OVERVIEW:

These handouts focus on helping the client take a resiliency perspective in setting goals. The handouts provide an overview of how to set goals. The goal setting process is broken down into steps that begin with finding a meaningful goal and selecting one to three short-term goals that are related to the long-term goal. Each short-term goal is broken down into smaller steps that can be accomplished in one week. The client completes the goal-tracking sheet to monitor progress towards goals and can make changes or modifications as needed during goal follow-up.

Goals

1. Help the client understand the process of setting and breaking down a goal into smaller steps.
2. Help the client identify a meaningful goal.
3. Help the client develop a plan for achieving their goal.

Handouts

1. Goal Setting
Worksheets-IRT Goal Planning Sheet (Example and Blank)

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-The Goal Setting Process and Identifying a Personal Goal	Session 1- The Goal Setting Process, Identifying a Personal Goal, Breaking down Your Personal Goal and Goal Follow-up
Session 2- Breaking down Your Personal Goal and Goal Follow-up	

TEACHING STRATEGIES:

- Review client's definition of recovery and resiliency to help explore possible goals.
- Review the goal setting process with the client and family members to provide an overview of how to set goals.

- Use the Satisfaction with Areas of My Life worksheet to identify areas of dissatisfaction that client might like to focus on as a goal.

- Help the client identify a goal that is productive; that is, a goal that involves making something happen or obtaining or accomplishing something, rather then avoiding or preventing something from happening.

- Help the client identify a goal that is specific and measurable.

- Understand reluctance to set goals may be self-protective strategy to avoid the disappointment of setbacks. Focus on helping clients set a more short-term goal that helps them do something they enjoy more often or alleviate some immediate distress.

- Explore how person would like his or her life to be different.

- The short-term goal should be related to the personal goal. Think about the short-term goal as the first step towards achieving the personal goal.

- For each short-term goal, make the steps as specific as possible.

- Review goal-tracking sheet with client and make sure to give client the original copy and make a copy to put in the client's chart.

- Provide a rationale for goal follow-up to ensure that client continues to receive support in achieving personal goal.

- Discuss how the client can share his or her personal goal with a family member or supporter. Help him or her practice how to approach this person and review the personal goal. Be specific about the help that the client is requesting.

TIPS FOR COMMON PROBLEMS:

- Clients may have difficulty identifying a personal goal.

  - Start with a small goal. Sometimes it is helpful to ask client about activities he or she enjoys and the client can set a goal to do more of the activity or to do it more often.

  - Identify areas of client dissatisfaction (Satisfaction with Areas of My Life Questionnaire) and explore how they would like their life to be different.

- Clients may identify very ambitious goals.

  - Don't discourage ambitious goals.

  - Help the client break down goals into smaller steps.

– Explore what is important and/or appealing to the client about achieving the goal.

EVALUATING GAINS:

- After completing this module it may be helpful to periodically assess a client's knowledge using the following questions:

  1. Can you explain the goal setting process?
  2. What is your personal goal and what step are you working on currently?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR SETTING GOALS:

Therapeutic Goal	***Techniques & Probes***
Help the client understand the process of setting and breaking down a goal into smaller steps.	• Review the steps of goal setting. • If possible use an example for the client on the benefits of setting a goal.
Help the client identify a meaningful goal.	• Review the Satisfaction with Areas of My Life Questionnaire. • Ask the client questions to uncover the meaning behind desired changes: – *"If you weren't having any of your symptoms, what would you be doing that you are currently not doing?"* – *"Let's say that you had great self-esteem. What would you be able to do that you are not?"* – *"How does being overweight interfere with doing what you want to do? What would you being doing differently if you were at your desired weight?'* • After identifying the greater meaning behind the desired change, help the client identify the larger goal related to the desired change.
Help the client develop a plan for achieving personal goal.	• Help the client break down the personal goal into 1-3 short-term goals. • Often, the initially stated desired change can be set as one of several smaller (shorter term) goals towards the more meaningful goal. • Help the client break down each short-term goal into smaller steps. • Use the IRT goal-planning sheet to track progress towards goals. • Review goal follow-up with the client.

Introduction to Assessment and Goal Setting

Introduction and Module Overview

The handouts in this module will be about 2-3 sessions long. As you review them with your IRT clinician, you will discuss how to define recovery and resiliency. You will have an opportunity to better understand areas that are distressing to you and identify personal strengths and resources that could be helpful alleviating your distress and moving forward in your life. This information also will provide insight into where IRT could be the most helpful to you in addressing your needs and you can collaboratively develop a step-by-step plan to help achieve your personal goals.

In this module we will:

- Define recovery and how recovery relates to your experience.
- Identify your personal strengths that will help you achieve your goals.
- Identify problem areas or personal challenges in different areas of functioning, including your living situation, vocational and educational goals, finances, social supports, leisure and recreational activities, health and self-care situation, and spirituality and cultural concerns.
- Identify people who can support you in your treatment and recovery.
- Learn how a resiliency perspective can help you define areas of life that you would like to be different or pursue an accomplishment.
- Learn the process of setting and breaking down goals into smaller, achievable steps.
- Identify a personal goal that you want to work on in IRT and break the goal into smaller steps.

- Make a plan to take a first step towards your goal and how to follow your progress with your IRT clinician.

What I expect from you:

- Willingness to discuss strengths, areas of improvement, and personal priorities in your life.
- Working collaboratively to develop a personal goal.

What you can expect from me:

- Open and honest discussion about recovery and resiliency.
- Help identifying strengths and recognizing areas for improvement.
- Collaboration with you to develop a plan to achieve a personal goal.

This module focuses helping you define your recovery and develop a plan to help you achieve your goal.

#1: RECOVERY AND RESILIENCY

What is Recovery?

People define recovery from psychosis 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."*

Questions:

- What does recovery mean to you?
- Think about how you would define recovery. How would you like your life be different?

- What would you be doing that you are not currently?

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is a home practice option for this handout that you can review now or at the end of the session.

1. Discuss the concept of recovery with a family member or supporter. Share your ideas about your recovery with that person.

What is resiliency and how does that relate to recovery?

- Resiliency is the ability to "bounce back" or adapt in the face of adversity or a major life stress.

- Resiliency is a quality that can help you achieve your recovery. Discovering or re-discovering resiliency can help you move forward in the process of recovery and make you better prepared to face difficult times in the future.

- Everyone has an ability to be resilient and to become even more resilient. Sometimes it is more difficult to access your resilient qualities, depending on the circumstances.

- Some people have found the following strategies to be helpful in developing resiliency:
  - Developing supportive relationships
  - Seeking out help when you need support
  - Making informed decisions
  - Developing links to resources
  - Developing adaptive coping strategies
  - Taking control in your life by working towards a meaningful goal

People are resilient in many different ways. Often, people have experienced a very difficult or stressful time in the past and have managed to move forward in their life. Resilient qualities may not always be obvious to people at first glance. The following list provides some examples of resilient qualities:

- Problem-solving skills
- Flexibility
- Sense of purpose
- Sense of humor
- Hopefulness
- Tenacity and resolve
- Ability to deal with stress
- Balanced perspective
- Caring
- Independence
- Initiative
- Creativity

Questions:

- What do you consider your resilient qualities to be?
- Think about resilient people that you know who seem to be able to bounce back from anything. What resilient qualities do these people possess?

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Discuss the concept of resiliency with a family member or supporter. What qualities does this person consider to be resilient? What resilient qualities do you see in this person? What resilient qualities does this person see in you?

What is a resiliency perspective?

Taking a resiliency perspective means using your strengths to help move forward in your life and your recovery. Often, this process involves discovering how your strengths can help you cope more effectively in times of stress and help you achieve your goals. Everyone can work towards taking a resiliency perspective as they develop their problem-solving skills, their supports and resources, and their use of effective coping skills to get their life back on track. Below are some examples of resiliency.

- Maria began experiencing symptoms when she was 19 years old. During that time she was enrolled in college classes and she became very paranoid leaving her dorm to go to class. With the help of her parents and roommate, Maria sought help from a mental health clinic in the community and was prescribed a medication. After her symptoms had subsided, Maria wanted to return to school. Although she had always been a good student but she was worried that everyone at her school would know about her mental health problems. She worked with her therapist to make a plan to go back to school. Eventually, Maria was able to return to college and her strengths of love of learning and perseverance helped her to achieve her goal of getting her degree.

- Ben had always been a very creative person. He liked to paint and make music. After the onset of his symptoms, he had difficulty reconnecting with his friends and did not have many opportunities to make new friends. During treatment, he spoke about how his love of painting and making music was one area that still gave him pleasure. With encouragement from his case manager and his family, Ben began to paint again and to use his painting as an outlet to share his experiences about his illness. Ben was able to show a couple of his paintings at a local art show and even received some compliments about his work. Ben became encouraged by his success and started to play the guitar again with his brother and a few friends. The path to Ben's recovery was through his creativity and he was able to take a resiliency perspective by using his strength to help him move beyond his illness.

- Taking a resiliency perspective can help you in your recovery to:

– Discover or re-discover your strengths
– Take a problem-solving approach
– Imagine the possibilities in your future and focus on your goals
– Use your coping skills more effectively
– Become stronger to face stressful times in the future

Questions:

- For you to be resilient in the face of your illness, what would it look like?
- How would you like your life to be different?
- What are things that you would like to be doing or accomplish in your life?

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Think about a person that you see as a role model. What qualities or characteristics do you like about that person? Make a list of the qualities would you like to see in your self. How would those qualities fit into your vision of recovery and what you would like to accomplish in your life? Discuss your thoughts about recovery with a family member or supporter.

2. Make a collage (i.e., cut out pictures from magazines) of the things that are meaningful to you in your life. These could be things that you are currently doing or things that you would like to be doing in the future. Share your collage with a family member or friend. What would that person add to your collage?

3. Write something about what you would like your life to be like in 5 years. What would you like to be doing in terms of work, school, or both? How would you like things to be different in terms of your relationships, where you live, and in terms of the things that you do with your time?

Summary Points for Recovery and Resiliency

- *People define recovery in their own personal ways.*

- *Recovery is about how you want your life to be different and what is most important to you.*

- *Building resiliency can help you move forward in your recovery and take control of your life.*

- *Resiliency is established in many different ways. Some strategies include:*
  - *Developing supportive relationships*
  - *Seeking out help when you need support*
  - *Making informed decisions*
  - *Developing links to resources*
  - *Developing adaptive coping strategies*
  - *Taking control in your life by working towards a meaningful goal*

- *People experience resiliency throughout their lives when faced with stressful situations and experiences. Sharing experiences of resiliency can help you identify qualities that can help you move forward in your life.*

- *Taking a resiliency perspective will help you identify areas of strength and areas you would like to change in your life.*

#2: IDENTIFYING STRENGTHS AND AREAS FOR IMPROVEMENT

It is helpful to understand your current situation and how to best plan treatment to help you achieve your goals. The following handouts begin identifying your strengths, areas in your life you would like to improve, and how treatment can best help you make the changes you desire.

- In these first sessions of IRT, it is helpful to get to know more about you and your strengths as well as areas that you would like to get some help.

- There are 2 areas that can help begin your recovery process:
  - Identifying strengths and areas of improvement
  - Developing a support system

- First, tell me about what brought you into the clinic.
  - What kinds of problems have you been recently struggling?
  - How have you been handling those problems?
  - What do you think has been causing those problems?
  - How do you think mental health treatment could help move forward in your recovery?

Identifying Strengths

Most people who are recovering from a psychotic episode report that it is important to establish and pursue goals, whether the goals are small or large. However, psychiatric symptoms can drain your time and energy, making it difficult to participate in activities or even to figure out what you would like to do. It may be helpful to take some time to review what's important to you as an individual, what you want to accomplish and what you want your life to be like.

- Your strengths and talents are some of your strongest assets that you have to move you forward in your recovery.

- Learning how to use your strengths can transform the direction of your recovery.

- You are the director of your recovery. You determine the areas of your life that you want to focus on and the help that you want to receive.

The following table will help you assess different areas of your life, strengths that you would like to develop, and areas of improvement on which you want to focus. As you complete the following table and remaining questions, your IRT clinician will be summarizing the findings for you to review at the end of this topic area.

Brief Strengths Test

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Think about how you have acted in the actual situations described below **during the past month (four weeks)**. Please answer only in terms of what YOU actually did.

Please read each statement carefully. Write a number between 0 and 10 next to each statement according to how often you acted in the way described.

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Never   Always

1. Think of actual situations in which you had the opportunity to do something that was novel or innovative. How often did you use CREATIVITY or INGENUITY in these situations?

2. Think of actual situations in which you had the opportunity to explore something new or to do something different. How often did you show CURIOSITY or INTEREST in these situations?

3. Think of actual situations in which you had a complex and important decision to make. How often did you use CRITICAL THINKING, OPEN-MINDEDNESS, or GOOD JUDGMENT in these situations?

4. Think of actual situations in which you had the opportunity to learn more about some topic. How often did you show LOVE OF LEARNING in these situations?

5. Think of actual situations in which you had the opportunity to offer advice to another person who needed it. How often did you use PERSPECTIVE or WISDOM in these situations?

6. Think of actual situations in which you experienced fear, threat, embarrassment, or discomfort. How often did you use BRAVERY or COURAGE in these situations?

7. Think of actual situations in which you faced a difficult and time-consuming task. How often did you use PERSEVERANCE, PERSISTENCE, or INDUSTRIOUSNESS in these situations?

8. Think of actual situations in which it was possible for you to lie, cheat or mislead. How often did you show HONESTY or AUTHENTICITY in these situations?

9. Think of your everyday life. How often did you feel and show ZEST or ENTHUSIASM when it was possible to do so?

10. Think of your everyday life. How often did you express your LOVE or ATTACHMENT to others (friends, family members) and accept LOVE from others when it was possible to do so?

11. Think of your everyday life. How often did you show KINDNESS or GENEROSITY to others when it was possible to do so?

12. Think of actual situations in which you needed to understand what other people need or want, and how to respond to them accordingly. How often did you use SOCIAL INTELLIGENCE or SOCIAL SKILLS in these situations?

13. Think of actual situations in which you were a member of a group that needed your help and loyalty. How often did you show TEAMWORK in these situations?

14. Think of actual situations in which you had some power or influence over two or more other people. How often did you use FAIRNESS in these situations?

15. Think of actual situations in which you were a member of a group that needed direction. How often did you use LEADERSHIP in these situations?

16. Think of actual situations in which someone hurt you. How often did you show FORGIVENESS or MERCY in these situations?

17. Think of your everyday life. How often did you show MODESTY or HUMILITY when it was possible to do so?

18. Think of actual situations in which you were tempted to do something that you might later regret. How often did you use PRUDENCE, DISCRETION, or CAUTION in these situations?

19. Think of actual situations in which you experienced desires, impulses, or emotions that you wished to control. How often did you use SELF-CONTROL or SELF-REGULATION in these situations?

20. Think of your everyday life. How often did you feel or show APPRECIATION OF BEAUTY AND EXCELLENCE or AWE when it was possible to do so?

21. Think of actual situations in which someone else helped or benefited you. How often did you feel and express GRATITUDE and THANKFULNESS?

22. Think of actual situations in which you experienced failure or a setback. How often did you show HOPE or OPTIMISM in these situations?

23. Think of your everyday life. How often did you use PLAYFULNESS or HUMOR when it was possible to do so?

24. Think of your everyday life. How often did you experience RELIGIOUSNESS, SPIRITUALITY, or SENSE OF MEANING AND PURPOSE when it was possible to do so?

- **Instructions for identifying top 5 strengths:** Look over your ratings and select the top 5 highest ratings that best represent you. A more in depth description of each strength is listed below for additional clarification.

List your top 5 character strengths below:

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

Questions:

- Do you agree with the Brief Strengths Test's results of your strengths?

- Do you feel that these strengths characterize you?

For each strength, ask yourself if the following criteria apply:

  – A sense of ownership and authenticity
  – A feeling of excitement while using it
  – Continuously finding new ways to enact the strength
  – The creation and pursuit of personal projects that revolve around it
  – Joy, zest, enthusiasm while using it

- If each strength fits with one or more of the above criteria then add it to the list below of your top 5 strengths

- If a strength does not fit one or more of the above criteria, you may want to focus on another strength that does fit better.

    – Read through the descriptions and select the strengths that fit you.

Brief Summary of 24 Character Strengths

Love of learning - You love learning new things, whether in a class or on your own. You have always loved school, reading, and museums-anywhere and everywhere there is an opportunity to learn.

Bravery and valor - You are a courageous person who does not shrink from threat, challenge, difficulty, or pain. You speak up for what is right even if there is opposition. You act on your convictions.

Honesty, authenticity, and genuineness - You are an honest person, not only by speaking the truth but by living your life in a genuine and authentic way. You are down to earth and without pretense; you are a "real" person.

Capacity to love and be loved - You value close relations with others, in particular those in which sharing and caring are reciprocated. The people to whom you feel most close are the same people who feel most close to you.

Modesty and humility - You do not seek the spotlight, preferring to let your accomplishments speak for themselves. You do not regard yourself as special, and others recognize and value your modesty.

Gratitude - You are aware of the good things that happen to you, and you never take them for granted. Your friends and family members know that you are a grateful person because you always take the time to express your thanks.

Humor and playfulness - You like to laugh and tease. Bringing smiles to other people is important to you. You try to see the light side of all situations.

Judgment, critical thinking, and open-mindedness - Thinking things through and examining them from all sides are important aspects of who you are. You do not jump to conclusions, and you rely only on solid evidence to make your decisions. You are able to change your mind.

Perspective (wisdom) - Although you may not think of yourself as wise, your friends hold this view of you. They value your perspective on matters and turn to

you for advice. You have a way of looking at the world that makes sense to others and to yourself.

Industry, diligence, and perseverance - You work hard to finish what you start. No matter the project, you "get it out the door" in timely fashion. You do not get distracted when you work, and you take satisfaction in completing tasks.

Kindness and generosity - You are kind and generous to others, and you are never too busy to do a favor. You enjoy doing good deeds for others, even if you do not know them well.

Leadership - You excel at the tasks of leadership: encouraging a group to get things done and preserving harmony within the group by making everyone feel included. You do a good job organizing activities and seeing that they happen.

Forgiveness and mercy - You forgive those who have done you wrong. You always give people a second chance. Your guiding principle is mercy and not revenge.

Curiosity and interest in the world - You are curious about everything. You are always asking questions, and you find all subjects and topics fascinating. You like exploration and discovery.

Citizenship, teamwork, and loyalty - You excel as a member of a group. You are a loyal and dedicated teammate, you always do your share, and you work hard for the success of your group.

Fairness, equity, and justice - Treating all people fairly is one of your abiding principles. You do not let your personal feelings bias your decisions about other people. You give everyone a chance.

Self-control and self-regulation - You self-consciously regulate what you feel and what you do. You are a disciplined person. You are in control of your appetites and your emotions, not vice versa.

Spirituality, sense of purpose, and faith - You have strong and coherent beliefs about the higher purpose and meaning of the universe. You know where you fit in the larger scheme. Your beliefs shape your actions and are a source of comfort to you.

Zest, enthusiasm, and energy - Regardless of what you do, you approach it with excitement and energy. You never do anything halfway or halfheartedly. For you, life is an adventure.

Social intelligence - You are aware of the motives and feelings of other people. You know what to do to fit in to different social situations and you know what to do to put others at ease.

Caution, prudence, and discretion - You are a careful person, and your choices are consistently prudent ones. You do not say or do things that you might later regret.

Appreciation of beauty and excellence - You notice and appreciate beauty, excellence, and/or skilled performance in all domains of life, from nature to art to mathematics to science to everyday experience.

Hope, optimism, and future-mindedness - You expect the best in the future, and you work to achieve it. You believe that the future is something that you can control.

Creativity, ingenuity, and originality - Thinking of new ways to do things is a crucial part of who you are. You are never content with doing something the conventional way if a better way is possible.

Check it out:

✓ Consider how you currently use your strengths. Choose one of your top 5 strengths and brainstorm specific ways that you could use that strength in your daily life. Practice using your strength in session. For example, if your strength is **appreciation of beauty and excellence** consider ways to incorporate that strength into your IRT session such as taking a walk outside during your session or sharing a poem that represents your view of recovery. The following steps can help you:

1) Review your top 5 strengths and select 1 you want to practice using.

2) Brainstorm different ideas to use your strength in session or in treatment.

3) Develop a plan to use the strength in your treatment in collaboration with your IRT clinician.

What's important to you? How can your strengths help you?

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. Complete the following chart to help you assess your current satisfaction with different areas of your life:

1) For each area, identify your current level of satisfaction.

2) Rank order your top 3 priorities in your life now.

Satisfaction with Areas of My Life

Area of my life	I am not satisfied	I am moderately satisfied	I am very satisfied	I would like to change
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				
Health				
Other:				

Questions:

Of the areas you identified, which areas are you most satisfied?

What resources do you have in those areas?

Of the areas you identified, are there any urgent issues that you feel need to be addressed immediately?

Which areas of your life would you like to change?

1.____________________________________

2.____________________________________

3.____________________________________

Why did you select those areas?

Are there areas you are not satisfied with but you do not want to change? If yes, why don't you want to change that area?

Review your top 5 strengths. What strengths could help you make some of the changes that you identified?

Explore areas for improvement

The following section will help you explore areas in your life that are difficult or causing you some distress. First, there are a series of questions to better understand any problems that you may be currently having. Your answers to these questions will help you and your IRT clinician understand which areas of your life you would most like to change and which symptoms you need the most help coping with.

1. Have you had any problems recently with your medications?

2. How has taking medication been helpful to you?

3. How many doses of your medications have you missed taking in the last week?

4. Have you ever forgotten to take your medication? If yes, how often?

5. Describe your current mood. How do you feel?

6. Have you been feeling distressed in the last month? If yes, what has been making you feel distressed?

7. What symptoms/experiences have you found to be most distressing recently? (For example, feelings of depression or anxiety, substance use, lack of motivation, difficulty connecting with friends and/or family, or irritability.)

8. Do you have any beliefs that are distressing to you? If yes, what are those beliefs and how distressing are they?

9. Have you heard any voices or noises that other people can't hear in the last week? If yes, how often have you heard them and how distressing have they been?

Because alcohol and drug use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol and drugs. Your answers will remain confidential so please be honest.

10. Which of the following substances have you ever used?

Substance Type	Examples	Check Yes, if ever used
Alcohol	Beer, wine, gin, whiskey, vodka, tequila	
Cannabis	Marijuana, hash, THC	
Stimulants	Cocaine (powder/or crack), amphetamines (crystal meth., Dexedrine, Ritalin, Adderall, ephedrine	
Sedatives	Ketamine, Benzodiazepines (such as Valium, Xanax, Klonopin, or Ativ sleeping medications (such as Ambien)	
Hallucinogens	Ecstasy, LSD, peyote, mescaline	
Opiates	Heroin, morphine, vicodin, Demerol, opium, Oxycontin	
Inhalants	Glue, aerosols, paint	
Over-the-counte medications	Cough syrup, antihistamines and related compounds (such as Benadryl and other cold tablets)	
Caffeine	Coffee, energy drinks, some teas, some	
Nicotine	Cigarettes, chewing tobacco, snuff	
Benzodiazepines (Anti-anxiety medication)	Valium, Xanax, Klonopin, Ativan	
Herbals	Salvia	
Others:		

11. For prescription drugs used--did you ever take more than was prescribed?

12. Which of these substances are you currently using (in the last 30 days)?

13. Have you ever used IV drugs?

List substances used in the last month:

14. How old were you when you first used this substance?

15. How often are you using this substance? How much of this substance have you used in the last week?

16. When did you last use this substance?

Developing a Support Network

People use a variety of different strategies to help themselves in the recovery process. One strategy that people have found to be helpful is to develop a network of people who can support you and your work towards your recovery goals. Sharing your progress in treatment with another person can not only result in support but can let others learn how to be the most helpful to you. These people could be family members, friends, or significant others who will be able to help you practice strategies you learn in treatment and provide support when you need someone to talk to.

- Supporters:
  - Include family members, friends or significant others.
  - People who you trust.

- Think about someone in your life whom you could tell about what you are doing in treatment. This person would be able to help you achieve your goals that you set in here.

- Supporters can help you in treatment by:
  - Practicing a skill with you outside of session
  - Reviewing material you learned in session
  - Helping you take a step towards a goal

Questions:

- Who do you currently consider to be a supporter in your life? Family members? Friends? Other people?

Check it out:

Consider approaching one person from your supportive network to discuss what you learned about recovery. Find out whether this person would be willing to support your work in IRT. Be sure to include the following steps:

1) Identify a supporter.

2) Share the orientation sheet about the NAVIGATE program with your supporter.

3) Ask for their support.
   - Share information about your treatment.
   - Give examples of how he or she could be helpful in treatment.

4) Thank your supporter for his or her help.
   - *"Thank you for supporting me in my recovery."*

Questions:

- Practice talking to your supporter with your clinician to increase your confidence. How do you think it will go?

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Identify a supporter and approach that person to find out if they would be interested in being your coach for IRT.

Summary Points for Identifying Strengths and Areas of Improvement

- *It can be helpful to review strengths and areas of improvement to decide how to best proceed in treatment and set personal goals.*
- *Review your top 5 character strengths from the Brief Strengths Test. Discuss why you think could be helpful in your recovery and in treatment.*
- *By examining areas of improvement including both areas in your life and related to your illness, you can begin to formulate how to best achieve your personal goals.*
- *Review who you would feel comfortable approaching as a supporter and how they could be helpful in treatment.*

#3: SETTING GOALS

Setting a goal and then breaking it down into steps gives you a plan for how to get from where you are to where you want to go. This is especially useful when trying to achieve big, long-term goals, identifying smaller goals related to the long-term goal, and then steps towards each goal. This makes the big goal seem attainable because each step towards it is relatively easy and manageable.

- 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.

Identifying a personal goal

1. **Identifying a personal goal.** Goal setting begins with choosing a long-term recovery goal. This may be an area in your life that you would like to make some changes, an area that you are currently not satisfied, or an area that you would like to accomplish more. Helpful strategies for setting goals include:

   - Reviewing your strengths and satisfaction with areas of your life.
   - Reviewing definitions of recovery and taking a resiliency perspective.
   - Defining the specifics of what you want to accomplish in your goal.
   - Choosing a *productive* goal such as accomplishing something rather than an eliminative goal in which you are trying to eliminate something or make it go away.

Select short-term goal(s)

2. **Select short-term goal(s) that could help you achieve your personal goal.** Once you have selected a long-term goal it is helpful to think about the first steps you can take towards achieving your goal. Think about a short-term goal(s) you could achieve over the next two months that would help you get closer to your long-term goal. Helpful strategies include:

   - Choosing a specific area of your long-term goal to work on first.
   - Reviewing your resources such as strengths, support, and services that could help you achieve your goal and how you could access those resources.
   - Defining specific short-term goals that could be accomplished in 1-2 months.

Break Short-term goals into steps

3. **Break down each short-term goal into small steps**. For each short-term goal, identify the steps needed to achieve the goal. Each step should build upon each other step. Steps should be reasonable tasks or activities that can be accomplished in a week's time or less. Helpful strategies include:

   - Don't include more than one task for each step.
   - Describe each step as specifically as possible.
   - Don't get stuck. If the step involves waiting on a response from another person, think about what you can do in the meantime.
   - For each step, consider what resources you need, whether you have them and how you can get the resources you need.

Following up on goals

4. **Following up on goals**. It is important to monitor your progress towards your goals on a regular basis, updating your Goal Planning Sheet, and making modifications as needed. Following up on goals in sessions will enable you to address obstacles that get in the way of achieving your goal and to keep up your motivation to continue working on your goals. You also can change or modify your steps or goals as situations change in your life or if there are missing steps that you hadn't considered. Helpful strategies include:

   - Review progress towards goals at the beginning of every session.
   - Discuss your goals with a family member or supporter and asking for help when needed.
   - Discuss problems with steps when they are encountered.
   - Believe in your own ability to achieve your goals.

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Review Setting and Achieving Goals with a family member or supporter. Discuss how this has helped them achieve a goal in their life and how you think it could be helpful to you in your recovery.

Identifying a Personal Goal

Everyone benefits from having personal goals in their lives. Sometimes, when someone has experienced psychiatric symptoms, they may lose track of their goals, and their sense of direction in life. 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.

Questions: Think about what your life would be like if your symptoms were under control and the symptoms no longer interfered in your life.

- What would you be doing that you are not doing now?

Take some time to review your answers from the Strengths Assessment and Satisfaction with Areas of My Life questionnaires. 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?

Question: Rate your satisfaction with your current life from 1 (not at all satisfied) to 10 (the most satisfied). Compare the rating of your current life with what you would consider to be your "ideal" life.

- If different, describe why those two numbers are different?

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. It may also be helpful to look at the areas in your life in which you would like to be doing more or to accomplish more. For example, if you like to spend time on the computer, you may want to take a computer class to learn more about programming computers.

Questions:

- What two areas of your life would like to improve or would you like to be doing more?
- What goals would you like to set for yourself in these areas?

Select two areas that you would like to work on goals.

1.____

2. ____

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Review The Identifying a Goal handout with a family member or supporter. Discuss the two areas that you would like to work on as goals and what it would mean to take a step towards one of those goals.

2. Review your areas that you would like to work on for goals with a family member or a supporter. Ask that person to share with you what is was like when they set a goal for themselves that they were able to accomplish in their life.

Prioritizing Your Long-term Goal

It is time for you to prioritize your long-term goal. Some people find it helpful to think about which of the areas you selected is more important or pressing at the moment. It may also be helpful to think about which of the areas you feel most comfortable working on first.

- Choose one of the two areas you selected above to work on a goal and write it on your Goal Planning Sheet (p. 79) in the long-term goal.

- Define the goal that you want to accomplish. Be specific as possible.

Breaking Down Your Long-term Goal

Taking long-term goals and breaking them into smaller specific steps can give you something to focus on without worrying about how far away your goal may be. Every small step brings you closer to your goal and before you know it you have attained it. For example, if someone wants to run a marathon in a year, the first step might be to shop for running shoes. The next step might be to identify a running course, and so forth. Also, breaking down your long-term goal gives you an opportunity to celebrate your successes when you achieve the smaller goals working towards your long-term goal.

- Select short-term goal(s) that will help you achieve your long-term goal.

- Make a list of what you think you will need to do in order to accomplish your long-term goal. Be sure to think about or include the following:

  - Possible ways to achieve your goal?
  - What will help you move towards your goal?
  - What could you work on over the next 1-2 months to help you achieve your long-term goal?
  - Supports or resources that would be helpful to achieve your long-term goal.
  - Strengths that would help you achieve your long-term goal.
  - How could this short-term goal help me achieve my long-term goal?

Possible short-term goals
1.
2.
3.
4.
5.

- Choose at least 1 short-term goal from your list and write it on your Goal Planning Sheet (example and blank copy at the end of this module).

Just as a map includes written directions for how to get from one place to another, it is helpful to write down the specific steps that will be needed to achieve your short-term goals. The more detailed these steps can be, the easier it will be to make progress toward your goal. Don't worry if you happen to leave out a step because you can always go back and modify your steps during goal follow-up as the situation changes.

- Plan the steps for carrying out your decision. Think about:
  - Who will be involved?
  - What step will each person do?
  - What is the time frame?
  - What resources are needed?
  - What problems might come up and how could they be overcome?
- Write the steps for each short-term goal on your Goal Planning Sheet.
- An example of a Goal Planning Sheet is attached below.

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Identify a family member or supporter who could help you work towards your long-term goal. This person could also be the supporter you identified earlier to help you in treatment. Review your Goal Planning Sheet with that person. Tell that person about the step that you are currently working on and how he or she could be helpful. Plan your approach with your IRT clinician using the "Check it out" Section below.

Check it out: Review your Goal Planning Sheet with a family member or supporter and ask if they would be willing to help you achieve your goal. Be sure to include the following steps:

- ✓ Identify a supporter
- ✓ Share your Goal Planning Sheet with your supporter
- ✓ Ask for their support
  - Share information about the steps you are working on
  - Give examples of ways that he or she could be helpful
- ✓ Thank your supporter for his or her help
  - *"Thank you for supporting me in my recovery."*
- ✓ Practice talking to your supporter with your clinician to increase your confidence. How do you think it will go?

Goal Follow-up

Each time you come in to meet with your IRT clinician you will get a chance to follow-up on your goals.

- Taking a step towards your goal will involve tasks or activities you will complete outside of the session to help you move forward toward your long-term goal. You will work collaboratively with your IRT clinician who will help you make a plan to complete these steps.

- Goal follow-up is a time for you to share your successes by discussing the steps you have completed and any difficulties you experienced since the last session that got in the way of working on your goal.

- It is especially helpful to know:

  - Did the step accomplish its intended purpose?
  - What was helpful to you in taking a step towards your goal?
  - What strengths did you use when taking a step towards your goal?
  - What made the step challenging?
  - How did you reward yourself for taking the step?

- If not successful achieving your goal:
  - What could have made it easier for you to take a step towards your goal?
  - What resources could have helped you take a step towards your goal?

- You will have an opportunity to work with your IRT clinician to modify the steps as needed to address your concerns and to add new goals once you have completed your original ones.

- As part of NAVIGATE, you will also have an opportunity to share your long- and short-term goals with your entire treatment team. These goals will help the rest of the team identify your over treatment goals and objectives.

Summary Points for Setting a Goal

- *Making a step-by-step plan can help you achieve your goals.*
- *A goal setting plan that breaks a long-term goal into smaller goals that can be broken down into achievable steps can help you succeed in achieving your goal.*
- *Identifying areas you would like to improve in your life can be a helpful strategy for setting a personal goal.*
- *Identifying short-term goals closely related to your long-term goal can help you take the firsts steps toward achieving your goal.*
- *Your IRT clinician can provide feedback and help you work towards your goal when you check in regularly about your progress.*

Name:_Stephen_________________ Date Long-term Goal set:___________

IRT Goal Planning Sheet (Review weekly)

Personal (Meaningful) Goal: Enroll in part-time classes at the community college

*** 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. Read a book for fun_____	**2.** Identify coping skills for anxiety	**3.** Meet with college counselor about enrolling in classes
Steps:	**Steps:**	**Steps:**
1. Make a list of books to read	1. Identify social situations cause anx.	1. Identify the counselor I should call
2. Choose a book and get from library	2. Track level of anxiety in situations	2. Make a list of what to say to counselor
3. Read in evening for 20 minutes	3. Practice relaxed breathing/positive self talk with mom	3. Practice talking to mom or clinician using questions from #2
4. Discuss book with mom	4. Pick a low level anxious situation and practice 1 coping skill above	4. call and make an appoint with the counselor
Start date: ____________	**Start date:** __________	**Start date:** _________
Date Reviewed: _____________	**Date Reviewed**____________	**Date reviewed**_________
Achieved: Fully Partially Not at all	**Achieved:** Fully Partially Not at all	**Achieved:** Fully Partially Not at all
Modified/Next Steps:	**Modified/Next Steps:**	**Modified/Next Steps:**
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

Name:_________________________ Date Long-term Goal set:___________

IRT Goal Planning Sheet (Review weekly)

Personal (Meaningful) Goal: ______________________________

*** 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.

2. _____________________

Steps:
1.
2.
3.
4.

Start date: ___________

Date Reviewed_____________

Achieved: Fully
Partially
Not at all

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

3. ___________________

Steps:
1.
2.
3.
4.

Start date: __________

Date reviewed__________

Achieved: Fully
Partially
Not at all

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

Clinical Guidelines for Education about Psychosis

OVERVIEW:

This module may be done individually with the client, with the client and his or her family, or separately with the client and his or her family. The IRT clinician should discuss whether or not to include the family in the presentation of the Psychoeducational module with the Family clinician, family members, and most importantly the client to determine the most effective way to present the material. There are similar handouts included in the Family Education treatment manual if the client and family decide to have joint sessions in these early stages of treatment. If this module is presented in joint sessions with the family members and the client, the IRT clinician can choose to review sections of this module with the client if needed and/or requested by the client or move forward to the next module.

In this module, you present information to clients to help them better understand the symptoms of their illness, medications used to treat their illness, strategies to cope better with stress, and strategies to build resilience. First you should elicit client's experiences with symptoms, medications, and stress. Then address the gaps in the client's knowledge. Clients are given opportunities not only to learn information about their illness but to ask questions and examine strategies to cope with stress and build resilience.

Goals

1. Review and discuss the symptoms associated with psychosis and the causes and course of illness with the client.
2. Provide information about the medications used to treatment psychosis and strategies to help improve taking medication regularly.
3. Identify areas of stress and strategies to cope more effectively with those stressors.
4. Review and discuss the benefits of resiliency and help the client identify resiliency stories within his or her life.

Topic Areas

1. What is Psychosis?
2. Medications for Psychosis
3. Coping with Stress
4. Strategies to Build Resilience

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.

- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.
- Follow-up on goals.
- Set the agenda.
- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role-play and practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help person remember)

GENERAL TEACHING STRATEGIES:

- The educational process should be collaborative. Do not treat the client as a student, but as someone with whom you are trying to share information and come to a common understanding.
- It may be helpful to ask the client questions regarding her/his knowledge of psychosis and then use the handouts to "fill in the gaps."
- When discussing a given topic (e.g., auditory hallucinations; depression), ask the client to give concrete examples, which will help him or her to better understand and remember the concept.
- Go at a comfortable pace, but do not force the material on the client. Because of possible cognitive difficulties, it may be necessary to present the information in small chunks.
    - Each handout provides a table of suggestions to break up the modules based on a person who is working at a slow or moderate pace. Other clients may be knowledgeable enough to go through a handout in one session or may take longer than the estimated number of sessions.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice options should be reviewed at the end of the session and you should help the client to select an option and plan how to complete it before the next session.
- Completed home practice should be reviewed at the beginning of each session. This module provides one of the first opportunities to set up a routine for home practice assignments. By reviewing completed home practice at the beginning of each session, clients understand the importance of practicing the skills learned in treatment in their own environment. You should reinforce attempts to complete home practice and to trouble-shoot with the client when he or she was not able to complete the practice.

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.
- You can either take turns reading the text out loud or summarize the text for the client.
- The highlighted boxes are useful talking points and take home message for the client. The boxes are also useful to help the client to connect information from the handout to his or her own life situation and goals.
- You should ask the client questions to facilitate discussion, assess the client's knowledge, and understand his or her perspective.
- The tables, checklists, and worksheets can be filled out together or used as a discussion tool to individualize the topic to the client's situation.
- You can use one of the home practice options provided in the handouts or individualize the home practice for the client. The primary goals of home practice are for the client to implement in his or her own life the knowledge and skills learned in a session and to help clients take steps towards their goals.

#1: Clinical Guidelines for "What is Psychosis?"

OVERVIEW:

The handout for this topic provides the basic facts about the symptoms and causes of psychosis. You can inquire about the client's understanding of illness and answer common questions that people often have about mental illness. As a result, clients will become informed about their illness and be able to more actively take control of their recovery while participating in treatment.

Goals

1. Elicit information on the client's understanding of his or her symptoms, diagnosis, causes, and course of illness.
2. Provide information that addresses gaps in the client's knowledge about first-episode psychosis.
3. Introduce the stress-vulnerability model.
4. Provide a message of hope and optimism by outlining the possibilities for treatment and recovery in the future.

Handout

1. What is Psychosis?

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is psychosis? Symptoms of psychosis, How is a diagnosis made?	Session 1-What is psychosis? Symptoms of Psychosis, How is a diagnosis made, Cause of Psychosis
Session 2-Cause of psychosis, Course of Psychosis, First Episode Psychosis	Session 2-Course of Psychosis, First Episode Psychosis, Treatment
Session 3-Treatment	

TEACHING STRATEGIES:

- Be prepared to destigmatize symptoms, either by normalizing them or dispelling myths associated with mental illness.

- Review additional symptoms that may be associated with psychosis such as anxiety and depression.

- Assess signs of suicidal intent using the following steps:
  - Be alert to warning signs that include severe depression, pervasive feelings of worthlessness, excessive guilt, and hopelessness about the future.
  - Behave in a supportive manner by expressing concern, speaking calmly, and without judgment.
  - Evaluate the risk for self-harm by asking specific questions to assess the immediate danger.
  - Take steps to protect the client in the immediate situation such as evaluating the need for possible hospitalization.
  - After the situation has resolved, develop strategies to prevent suicide attempts in the future.

- Keep in mind how knowledge about symptoms can help a client make progress towards his or her goal or be helpful in his or her current situation.

- Recognize the client's knowledge and experience about psychosis. Praise the client for sharing information with you.

- Discuss diagnosis with client and his or her family member. Review with client how treatment for the different diagnoses is the same.

- Provide information about diagnosis. Do not force client to accept his or her diagnosis if the client becomes resistant.

- Discuss how clients can share the information they have learned about their symptoms with a family member or friend. Help clients practice how to approach this person and discuss their symptoms or treatment.

TIPS FOR COMMON PROBLEMS:

- Be prepared for the client to deny ever having symptoms. Accept the denial and discuss the symptoms in the spirit of informing the client, but not accusing him or her of having them.

  - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that may occur following an initial psychotic episode.

  - At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, "*I think working together on this handout will help you with your goal of going back to school.*"

EVALUATING GAINS:

- After completing the handout for this topic, it may be helpful to assess how much knowledge the client has retained about the symptoms and course of psychosis. A clinician can assess a client's knowledge using the following questions:

    1. What are some of the symptoms of psychosis?
    2. Does everyone who has psychosis have the same experience with symptoms?
    3. What do you think caused your symptoms?
    4. What do you know about treatments for psychosis, like therapy?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "WHAT IS PSYCHOSIS?":

Therapeutic Goal	*Techniques & Probes*
Elicit information on the client's understanding of his or her symptoms, diagnosis, causes, and course of illness.	• Identify the client as the expert about their illness. • Check-in periodically to ensure you understand their view. – *So let me see if I have this correct. . .* – *Thank you for clarifying the difficulty you were having with the negative symptoms. You have good insight into how your symptoms keep you from leaving your house.*
Provide information that addresses gaps in the client's knowledge about first-episode psychosis.	• Destigmatize symptoms, either by normalizing them or dispelling myths associated with mental illness. • Ask the client for his or her understanding of his or her symptoms. • Clarify misinformation and use the client's own words, when necessary. • Normalize experiences for the client. This can involve discussion of how some symptoms (e.g., hallucinations) can actually occur in persons without the disorder.
Evaluate suicidal intent as necessary	• Elicit information to evaluate immediate danger using the following probes: – *Have you been feeling sad or unhappy?* – *Does it ever seem like things will never get better?* – *Have you felt so bad that you thought about hurting yourself?* – *Do you have any thoughts of ending your life?* – *Have you made any plans to do so?* – *What are your plans?* – *Is there anything that might hold you back such as people you care about or religious beliefs?* • Take steps to protect the client in the immediate situation.
Introduce the stress-vulnerability model.	• Give examples of vulnerability and stress factors. • Individualize the stress-vulnerability model to the client's situation.

Provide a message of hope and optimism by outlining the possibilities for treatment and recovery in the future.	• Give examples of how knowledge about psychosis can help a client make progress towards his or her goal or be helpful in his recovery. • Personalize the information for the specific client (e.g., how their initial episode may have occurred during a stressful period in their lives). • Underscore the role of treatment as helping individuals meet important goals in their lives. • Link knowledge about symptoms to client's goal or area of interest: – *You told me that you want to get a part-time job. Knowing more about what happens when you feel confused and have difficulty thinking might help you figure out some strategies you could use if that happens at work.*

#2: Clinical Guidelines for Medications for Psychosis

OVERVIEW:

The handout for this topic provides the basic facts about medications for psychosis. It begins with an overview on the specific medications that are used for psychosis as well as their side effects. The client is then given an opportunity to examine the pros and cons of taking medications, strategies for talking to one's doctor about medications, and ways that one can remember to take medications (i.e., "behavioral tailoring).

Goals

1. Provide information on which medications are used to treat psychosis, their clinical benefits and side-effects.
2. Help the client become informed about his or her medications.
3. Help the client identify strategies to help him or her take the medications as prescribed.

Handout

2. Medications for Psychosis

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Why is medication recommended as a treatment for psychosis? What types of medications are used to treat psychosis?	Session 1-Why is medication recommended as a treatment for psychosis? What types of medications are used to treat psychosis? How does medication benefit you?
Session 2-How does medication benefit you? What are the potential side-effects of medications? How can you make an informed decision about taking medications?	Session 2- What are the potential side-effects of medications? How can you make an informed decision about taking medications? Strategies for taking medications regularly
Session 3-Strategies for taking medications regularly	

TEACHING STRATEGIES:

- Before teaching the client about a specific topic, assess his or her knowledge by asking what he or she knows about medications, benefits and side-effects, etc.
- Do not assume that the client is motivated or not to take medications.

- Normalize ambivalence about taking medications. It is important to note that many individuals don't want to be on medications (for any disease or disorder) and that it is easy to forget to take them.

- When weighing the pros and cons of taking medications, ask the client to generate as many as he or she can (i.e., use "brainstorming"). Also, look for either pros or cons that are particularly strong or compelling to the client. For example, the pros (of taking medications) may outweigh the cons, but certain cons may be very important to the client (e.g., taking medications means that the client is ill).

- Help the client consider how the pros and cons relate to his or her goals. For example, if a client identifies having better concentration as one of the pros of taking medication, this could be connected to his or her goal of wanting to keep a job.

- Role plays may be used to help the client prepare discussion of medications with his or her doctor.

- Ask the client what strategies he or she uses to remember to take medications. Use the table at the end of this handout to identify new strategies with the client.

TIPS FOR COMMON PROBLEMS:

- Client says that medications have no benefits, and may insist that they only have disadvantages. Do not challenge the client on this point. Rather, concede that there are disadvantages and help the client identify additional strategies that will keep him or her well.

- Client reports little interest in learning about medications. Do not force the issue. You can either review the material (but not in great depth) or wait until later in treatment when the client is more motivated to learn about them.

- Client has poor medication adherence:
  - Explore whether non-adherence is due to motivation or memory difficulties.
  - If the former, focus on the pros and cons of taking medications, as well as how medication use relates to their personal long-term goals.
  - If the latter, review strategies for taking medications as prescribed.

EVALUATING GAINS:

- After completing the handout for this topic area it may be helpful to assess how much knowledge the client has retained about medications. You can assess a client's knowledge using the following questions:

  1. What medications are used to treat psychosis?
  2. What are some common benefits of these medications? How about side-effects?
  3. If you met someone who just had an initial psychotic episode, how would you advise them to talk to their doctor? What sort of questions would you suggest that they ask their doctor?
  4. What sorts of strategies are used to help people remember to take medications?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR MEDICATIONS FOR PSYCHOSIS:

Therapeutic Goal	*Techniques & Probes*
Provide information about which medications are used to treat psychosis, their clinical benefits, and side-effects.	• Ask clients about their understanding of their medications, benefits, and side-effects. • Clarify misinformation and use the client's own words, when necessary. • Normalize experiences for the client. This can involve discussion of how many people forget to take their medications and, in fact, are sometimes ambivalent about them.
Help the client become informed about his or her medications.	• Have the client list the pros and cons of taking medications. • Relate the pros and cons of taking medication to the client's long-term goal. • Discuss with the client strategies for talking to their doctors about medications. Role-play this discussion if necessary.
Help the client identify strategies to help him or her take medications as prescribed.	• Ask the client what strategies he or she uses to remember to take medications. • Go through the table at the end of the handout to identify new strategies.

#3: Clinical Guidelines for Coping with Stress

OVERVIEW:

The handout for this topic provides an overview on stress: what is stress, what are the signs of stress, and what types of situations cause stress (both in general and for the client in particular). It also provides information on how to prevent and cope with stress. The client is given the opportunity to learn about a variety of relaxation techniques to help him or her manage daily stress.

Goals

1. Provide information on stress, its signs, causes, and consequences.
2. Help the client identify factors that contribute to his or her own stress and ways to prevent and manage them.
3. Teach specific relaxation techniques for managing stress.

Handout

3. Coping with Stress

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is stress? What makes you feel under stress?	Session 1- What is stress? What makes you feel under stress? How to recognize stress; Strategies to prevent and cope more effectively with stress
Session 2- How to recognize stress; Strategies to prevent and cope more effectively with stress	Session 2-Individual plan for coping with stress; relaxation techniques (practice with client)
Session 3-Individual plan for coping with stress; relaxation techniques (practice with client)	

TEACHING STRATEGIES:

- Ask the client about what stresses him or her out and what strategies he or she uses to manage it.
- Normalize stress as something that everyone experiences.

- Assess the client's knowledge daily hassles and life events; fill in the gaps of the client's knowledge with the handout "life events and daily hassles checklists".

- Informally ask the client about his or her own stress reactions and how he or she manages them. Use exercises such as the "signs of stress checklist," and "strategies for preventing and coping with stress," to complement his or her knowledge.

- Incorporate the client's own coping strategies (if he or she has some) into the "individual plan for coping with stress."

- Discuss how finding strategies to cope more effectively with stress could help client make progress towards his or her goal.

- Find out if the client is using relaxation techniques. If so, ask which ones and assess their effectiveness. If not, find out which techniques the client wants to learn. Practice the techniques in the session.

- Ask the client to teach relaxation techniques to a supportive person (to show that he or she has mastered it).

TIPS FOR COMMON PROBLEMS:

- The client might say that he or she does not experience stress or that it has no impact on his or her life. Accept this information in a matter-of-fact way and provide information in the event that stress becomes relevant in the future.

- The client may use maladaptive coping strategies to manage stress (e.g., substance use). Examine the pros and cons with the client of using such strategies.

EVALUATING GAINS:

- After completing the handout for this topic it may be helpful to assess how much knowledge the client has retained about stress. You can assess your client's knowledge using the following questions:

    1. What is stress?
    2. What is the difference between daily hassles and life events?
    3. What are some ways that people experience stress?
    4. How would you teach someone an individual plan for coping with stress?
    5. Show me how you would teach a relaxation technique.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR JUST THE FACTS-COPING WITH STRESS:

Therapeutic Goal	*Techniques & Probes*
Provide information on stress, its signs, causes, and consequences.	• Ask the client for his or her understanding of stress, its causes and consequences, and how it manifests in him or her. • Use checklists (e.g., daily hassles, life events) to fill in the gaps in the client's knowledge. • Normalize stress as something that everyone experiences.
Help the client identify factors that contribute to his or her own stress and ways to prevent and manage them.	• Elicit from the client information on the causes of his or her own stress. • Elicit from the client how he or she manages stress. • Use checklists (e.g., strategies for preventing and coping with stress) to supplement client's knowledge and skills.
Teach specific relaxation techniques for managing stress.	• Use exercises to teach client relaxation skills; practice in session.

#4: Clinical Guidelines for Strategies to Build Resilience

OVERVIEW:

The handout for this topic provides an introduction to the relationship between resiliency and treatment. It briefly discusses the benefits of resilience (in terms of the client's recovery and well-being) and introduces the client to "resiliency stories."

Goals

1. Review the benefits of resilience.
2. Identify how treatment can help client build resiliency.
3. Introduce the concept of "resiliency stories."

Handout

4. Strategies to Build Resilience

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Building resilience in treatment; how can resiliency help you in treatment and your recovery?	Session 1- Building resilience in treatment; how can resiliency help you in treatment and your recovery? What is a resiliency story?
Session 2- What is a resiliency story?	

TEACHING STRATEGIES:

- In this handout, you will be doing less formal teaching and using more open questions to elicit from the client his or her understanding of resilience, strengths, and experiences where he or she felt resilient.
- Review the client's strengths.
- Engage the client in discussion on how resilience is related to well-being and recovery.
- Normalize resilience as something that is relevant to everyone.
- Ask the client if they know what a "resiliency story" is. Review Julie's story as an example of a resiliency story.

- Engage the client in a discussion of his or her own resilience experiences; have the client tell their own resiliency story, and how that situation has impacted his or her life. This story does not have to be associated with their illness. For example, the client could discuss how they overcome a difficult situation at a previous job or a difficult experience with a friend.

- Ask about the qualities the client observed in himself or herself as a function of the resiliency story/situation.

TIPS FOR COMMON PROBLEMS:

- Client might have difficulty identifying a situation where he or she was resilient in the past. In that case, use probe questions to help the client remember situations that required resilience (e.g., "*what did you do after a break-up, someone dying, failing an exam, etc?*").

- Clients may have difficulty coming up with their own strengths. Ask the client what others have said about him or her in that regard. Also, ask about what situations people seek his or her help or advice for.

EVALUATING GAINS:

- After completing the handout for this topic, it may be helpful to periodically assess how much knowledge the client has retained about resilience. You can assess a client's knowledge using the following questions:

    1. How could treatment help you build resiliency?
    2. How does resilience relate to recovery or getting your life back on track?
    3. What is an example of a resiliency story?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR JUST STRATEGIES TO BUILD RESILIENCE:

Therapeutic Goal	*Techniques & Probes*
Introduce the concept of resilience to the client.	• Ask the client for his or her understanding of resilience. • Ask the client what his or her strengths are.
Review the benefits of resilience.	• Discuss how resilience can benefit the client's well-being and recovery. • Find out who can support the client's resiliency efforts.
Introduce the concept of resiliency stories.	• Review and discuss Julie's resiliency story. • Ask client to identify resiliency stories in others and themselves.

INTRODUCTION TO EDUCATION ABOUT PSYCHOSIS

This module covers four different topic areas: What is Psychosis, Medications for Psychosis, Coping with Stress, and Strategies to Build Resilience. Each topic area consists of 1-2 sessions. When you review the handouts with your IRT clinician, you will discuss each topic area and have an opportunity to ask questions and voice your concerns. In this module you will:

- Review and discuss the symptoms of psychosis.
- Learn how the stress-vulnerability model can help you understand the biological and environmental factors associated with psychosis and how to reduce your vulnerability.
- Learn facts about medications used to treat psychosis including the advantages and disadvantages and the side effects associated with them.
- Develop strategies to help improve taking medication regularly if you decide to take medication.
- Identify areas of stress and strategies to cope more effectively with those stressors.
- Develop a plan to cope more effectively with stress.
- Learn how developing resiliency can help you move forward in your recovery and making progress towards your goal.
- Identify experiences in your life where you exhibited resiliency.

What I expect from you:

- Open and honest discussion about symptoms, medications, and stressful experiences.
- Willingness to explore possible strategies to improve taking medication and coping with stress.

What you can expect from me:

- Factual information about symptoms, medications, and side effects.
- Help identifying strategies to remember to take medication and cope with stress.

#1: What is Psychosis?

What is psychosis?

The word *psychosis* is used to describe conditions, which affect the mind and involve some loss of contact with reality. When someone has these experiences it is called a "psychotic episode." Psychosis is most likely to occur in young adults and is quite common. Around *3 out of every 100 people* experience a psychotic episode, making psychosis more common than diabetes. Psychosis can happen to anyone. Like other illnesses it can be treated.

3 out of every 100 young people will experience a psychotic episode

Question: What did you know about psychosis before your experience?

What are the symptoms of psychosis?

Psychosis can lead to changes in perception and thinking and to unusual ideas. To understand the experience of psychosis it is useful to group together some of the more characteristic symptoms.

Symptoms of Psychosis

Symptom	Description	Example
Hallucinations	Hearing, seeing, feeling, or smelling something that is not there.	Hearing voices which no one else can hear, or seeing things, which aren't there.
Delusions (false beliefs) or ideas of reference	Having a strong belief that is firmly held in spite of contrary evidence or believing that something or someone is referring to you.	Being convinced from the way cars are parked outside your house that you are being watched by the police; believing that a television show is about your life.

Confused Thinking and Other Cognitive Difficulties	Difficulty with thinking clearly and expressing oneself clearly. Problems with concentration, memory, and reasoning.	Your speech seems unclear or doesn't make sense to others; your thoughts seem to speed up or slow down; you have difficulty concentrating on tasks such as homework and remembering things.

These symptoms can occur for lots of different reasons including:

- Hallucinations can occur when people are deprived of sleep, following the death of a close friend or relative, or as the result of using certain drugs such as LSD.
- False beliefs can occur when people are frightened and alone in an unsafe or unfamiliar environment, or when they use drugs.
- Cognitive difficulties can occur when people have sleeping problems, feel very anxious or depressed, or are under a great deal of stress.

People who experience symptoms of psychosis often report additional experiences or symptoms. These symptoms include difficulties relating to other people, problems at school or work, and a lack of motivation or energy to do things. These experiences may continue after the symptoms of psychosis have improved. The chart below provides information on some of the symptoms that other people with psychosis have reported.

Symptoms Sometimes Associated with Psychosis

Symptom	Description	Example
Decline in Social Functioning	Less time socializing, problems at school or work.	Difficulty making friends or spending time with friends or family; spending a lot of time alone in your room.
Disorganized Behavior	Unpredictable movements or remaining motionless.	Frequently distracted, leading to difficulty completing everyday tasks.

Negative Symptoms	Lack of energy, motivation, pleasure, or emotional expressiveness.	Things that you used to enjoy don't bring the same pleasure; difficulty "getting going" or following through with things; people say that they can't read your facial expression.
Depression	Feeling extremely sad or blue that can affect appetite, sleep, or energy level.	Loss of interest in activities you used to enjoy or feeling sad; sleeping too much; feeling tired and having low energy; not eating enough or eating too much.
Suicidal thoughts	Thoughts that you want to harm yourself.	Feeling that you want to hurt yourself because you think have no hope for your situation or no way out.
Anxiety	Being nervous; feeling scared, worried or afraid.	Avoiding a situation or experience because of fear; constant worry or concern; difficulty concentrating; physical symptoms such as heart palpitations, perspiration, trembling, or shortness of breath.

Questions:

Have you experienced any of these symptoms? If so, which ones?

What was the experience like for you?

How a diagnosis is made

A diagnosis based on a clinical interview conducted by a specially trained professional, usually a doctor, but sometimes a nurse, psychologist, social worker or other mental health practitioner. In the interview, there are questions about symptoms you have experienced, how long the symptoms have been present, the possible role of drug and alcohol use, and how you are functioning in different areas of your life, such as relationships and work.

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

A diagnosis of schizophreniform disorder, schizophrenia, or schizoaffective disorder is most often associated with the symptoms of psychosis. The following table describes the criteria for each diagnosis.

Diagnosis	Symptoms	Timing of Symptoms
Schizophreniform Disorder	Psychotic symptoms- delusions, hallucinations, negative symptoms, cognitive impairment	Symptoms last at least 1 month that cause significant impairment and then completely subside before 6 months
Schizophrenia	Psychotic symptoms- delusions, hallucinations, negative symptoms, cognitive impairment	Symptoms last at least 1 month that cause significant impairment and overall the problems must persist for at least 6 months
Schizoaffective Disorder	Psychotic symptoms- delusions, hallucinations, negative symptoms, cognitive impairment Mood episodes-significant symptoms of depression or mania that last for a substantial portion (but not all) of the time	Mood symptoms that last at least several weeks while having some of the symptoms of schizophrenia at times when mood symptoms are not present

- It may be difficult to distinguish schizophrenia from schizoaffective disorder but fortunately the disorders respond to the same treatments and have a somewhat similar course.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Discuss the Just the Facts-Psychosis handout with a family member or another supportive person in your life. Review what you learned from this handout that you didn't know. Think about what you want this person to understand about psychosis.

2. Review the symptoms in the Just the Facts-Psychosis handout. Identify and write down symptoms you have experienced.

What causes psychosis?

A number of theories have been proposed as to what causes psychosis, but there is still much research to be done. There is some indication that psychosis is caused by a combination of biological factors, which create a vulnerability to experiencing psychotic symptoms during adolescence or early adult life.

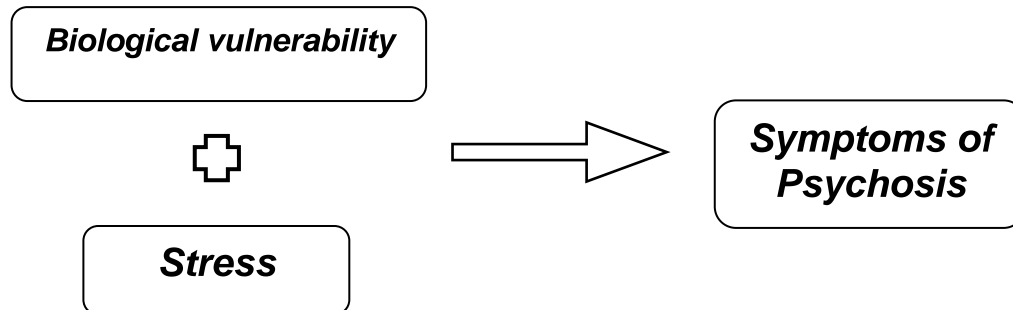
- Symptoms often emerge in response to stress, drug abuse or social changes in vulnerable individuals.

- Some factors may be more or less important in one person than in another.

- The combination of biological vulnerability and stress, which can lead to psychosis, is called the "Stress-Vulnerability Model."

Psychosis is nobody's fault – neither you nor your family caused it.

"Stress-vulnerability model"



According to the stress-vulnerability model, experiencing psychotic symptoms can have a biological basis. This biological basis or vulnerability can be made worse by stress and substance use, but can be improved by medication and by leading a healthy lifestyle.

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

- Both stress and biological vulnerability contribute to symptoms

What is biological vulnerability?

- The term "biological vulnerability" refers to people who are born with, or who acquire very early in life, a tendency to develop a problem in a specific medical area.
- Scientists believe that symptoms of psychosis are caused by a chemical imbalance in the brain.
- Some people have a biological vulnerability to develop psychosis.

- As with other disorders, such as diabetes, hypertension, and heart disease, genetic factors play a role in the vulnerability to psychosis. The chances of a person developing psychosis are higher if a close relative also has a psychiatric disorder. However, some people who develop psychosis have no family history.
- Alcohol and drug use may trigger symptoms or make them worse.

Questions:

- Are you aware of anyone in your family who has experienced psychosis?

- Have you had an experience with drugs or alcohol that made your symptoms worse?

What are stress factors?

- Stress can trigger the onset of symptoms or make them worse.
- How people experience stress is very individual. In fact, what is stressful to one person may not be stressful at all to someone else.
- There is no such thing as a stress-free life, so you can't avoid all stress. However, it is helpful to be aware of times when you're under stress and to learn strategies for coping with it effectively.
- You will learn ways to prevent stress and cope more effectively with stress in the Just the Facts-Coping with Stress Topic area.

Question:

- What have you noticed about your symptoms when you are under stress?

What can you do to decrease your biological vulnerability and stress?

Because both biological vulnerability and stress contribute to symptoms, treatment for psychiatric symptoms needs to address both of these factors.

<u>Things people can do to influence the biological vulnerability factors of psychosis</u>

- Take medication for psychosis

- Avoid street drugs and alcohol
- Take care of physical health

Question: Have medications helped you to reduce symptoms?

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

Things people can do to reduce the stress factors of psychosis:

- Engage in meaningful activities
- Develop relationships with supportive people
- Learn strategies for managing stress
- Learn strategies for coping with problems and persistent symptoms
- Develop a healthy lifestyle (including exercise and eating healthy foods)

There are lots of things you can do to improve both biological and stress factors that contribute to psychosis. You will be learning many strategies for both in Individual Resiliency Training.

Question: What do you do to manage stress?

What is First Episode Psychosis?

First-episode psychosis refers to the first time someone experiences psychotic symptoms. People experiencing a first episode of psychosis may not understand what is happening. The symptoms can be disturbing and completely unfamiliar, leaving the person confused and distressed. It is usually unclear during a first episode what will happen with symptoms over the long run and if the early problem will develop into something more long-term.

- A psychotic episode typically occurs in three phases. The length of each phase varies from person to person.

Phase 1: Prodrome

The early signs are vague and hardly noticeable. There may be changes in the way some people describe their feelings, thoughts and perceptions.

Phase 2: Acute

Clear psychotic symptoms are experienced, such as hallucinations, delusions or confused thinking.

Phase 3: Recovery
Psychosis is treatable and most people recover. The pattern of recovery varies from person to person.

Most people first experience psychosis as teenagers or young adults. For some people, psychosis tends to be episodic, with symptoms coming and going at varying levels of intensity after the first episode. Many people can and do recover from psychosis.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Explain to a family member or other supportive person what the stress-vulnerability model is.

Use the checklist below to help answer the following questions:

2. Review your biological vulnerability. What are you already doing to minimize your biological vulnerability (e.g., taking medication)? Is there anything more you could do to minimize the impact of biological factors? If so, select something you can try over the next week.

3. Review your stress factors. What are you already doing to manage stress (e.g., getting some regular exercise, talking to supportive people)? Is there anything more you could do to minimize the impact of stress? If so, select something you can try over the next week.

Decreasing Vulnerability and Stress Factors Checklist

What am I currently doing?	What else could I be doing?	What I am willing to try over the next week?

Treatment Recommendations

- What you do makes a difference in recovering from psychosis.
- When people experience psychotic symptoms, there are many things they can do to get their life back on track. You have already taken the first step by coming to this program.
- Here are some additional recommendations:
  - Take antipsychotic medication
  - Participate in individual, group, and family therapy
  - Work on goals that are important to you, such as returning to work or school
  - Hang out with your friends
  - Avoid alcohol and drugs
  - Learn to manage stress in your life
  - Learn strategies to manage symptoms
  - Exercise and eat healthy foods
  - Stay involved in a treatment program

Treatment is important and the earlier you receive it the better you will feel.

Questions:

- What treatment recommendations are you already following?
- What treatment recommendations are difficult to follow?

You are already on the road to recovery!

The pattern of recovery from psychosis varies from person to person. Some people recovery quickly with very little intervention. Others may benefit from support over a longer period.

Recovery from the first-episode usually takes a number of months. If symptoms remain or return, the recovery process may be prolonged. Some people experience a difficult period lasting months or even years before things really settle down. The important thing to remember is that psychosis is treatable.

- Individual and family counseling, in addition to antipsychotic medication, have been shown to be effective at improving symptoms and quality of life in people with psychosis.
- Your clinician can assist you to better manage your symptoms, develop a plan for staying healthy and avoiding relapse, and work toward your goals.

Questions:

- What do you think would help you get your life back on track?
- Are there any mental health services that you think would be helpful in this process?
- Any resources in the community that would be helpful?

For additional information about psychosis, please refer to the following web sites:

- General information, fact sheets, videos, links, and more
  - *EPPIC Program in Australia:* http://www.eppic.org.au/
  - *Early Psychosis Intervention Program in Canada:* http://www.psychosissucks.ca/

- Resources for family and friends
  - http://eppic.org.au/family-work
  - http://www.psychosissucks.ca/epi/howtohelpfriend.cfm

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Check out one of the websites that has information about psychosis.

2. Write down your description of what recovering from psychosis would mean to you. If you feel comfortable, share your description with a family member or other supportive person.

Summary Points for What is psychosis?

- *Psychosis is a condition which affects the mind and where there is some loss of contact with reality.*
- *Psychosis is very common with 3 out of every 100 young people reporting a psychotic experience.*
- *The major symptoms of psychosis include hallucinations, delusions or false beliefs, and confused thinking or other cognitive difficulties.*
- *Everyone experiences psychosis differently.*
- *Psychosis is nobody's fault – neither you nor your family caused it.*
- *Scientists believe psychosis is caused by a chemical imbalance in the brain.*
- *Both stress and biology contribute to psychotic symptoms.*
- *Biological factors contribute to this chemical imbalance in the brain.*
- *Stress can trigger the onset of symptoms or make symptoms worse.*
- *The goals of treatment are to reduce biological vulnerability, reduce stress, and improve the ability to cope with stress.*
- *First episode psychosis refers to the first time someone experiences psychotic symptoms.*
- *Treatment is important and the earlier you receive it the better you will feel.*

#2: MEDICATIONS FOR PSYCHOSIS

Why is medication recommended as part of the treatment for psychosis?

Taking medication regularly can reduce the severity of symptoms and prevent have relapses. In the Just the Facts-Psychosis topic area, you learned about the "stress-vulnerability model." This model is based on evidence that both biological vulnerability and stress contribute to the symptoms of mental disorder. Medications reduce biological vulnerability by helping to correct the chemical imbalance in the brain, which leads to symptoms. In psychological/emotional disorders, the part of the body that is affected is the brain, which is made up of billions of nerve cells (neurons) containing different chemicals (neurotransmitters). Scientists believe that psychological/emotional disorders can cause imbalances in these neurotransmitters in the brain.

Between 70-90% of people with psychosis who take medication and receive psychosocial treatment experience a significant reduction in symptoms and improved quality of life.

Question:

- What are your personal beliefs about medication?
- Have you had some positive experiences with medications in the past?
- Some unpleasant experiences?

What types of medications are used to treat psychosis?

- The major type of medication that is used to treat psychosis is called antipsychotics. There are many different types and the dosages depend on the individual need.

Antipsychotic Medications

- For most people, low doses of these medications can help reduce current symptoms of psychosis, and taken on a regular basis can help prevent them from coming back.

- Examples:
  - Zyprexa
  - Abilify
  - Risperdal
  - Seroquel
  - Clozaril
  - Invega
  - Prolixin
  - Haldol
  - Symbyax
  - Stelazine

- Additional medications are sometimes used to help people feel better. These include several different categories of medication.

Additional Medication Possibilities

Medication Category	Possible Benefits	Examples
Mood Stabilizer	Treat problems with extremes of moods, including mania and depression.	Depakote, Lithium, Tegretol, Lamictal, Cymbalta,
Anti-anxiety	Reduce anxiety and feeling overly stimulated.	Xanax, Ativan, Klonapin, Atarax, Catapres, Vistaril
Antidepressant	Treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration.	Zoloft, Lexapro, Prozac, Paxil, Celexa, Effexor, Wellbutrin, Remeron
Anticholinergic	Treat the side effects of some medications such as restlessness and muscle stiffness.	Cogentin, Benadryl, Artane

- Important tips to remember about taking medication.
  - Everybody responds differently, so some people may need a higher dose or a different medication for best results.
  - It is recommended that you continue taking antipsychotic medication even after symptoms are gone to reduce the risk of relapse.

Question: What changes have you noticed since beginning medication?

How does taking medications for psychosis benefit you?

- Reducing symptoms (e.g., voices, delusions, difficulty thinking clearly) during and after an acute episode.
- Reducing the chance of a relapse and hospitalization.

> 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.

Questions:

- Which medication(s) have you taken?
- Which symptoms were helped by the medication(s)? Please record your answers below.

Category of medication	Medication I have used	Benefits I experienced
Antipsychotic		
Mood Stabilizer		

Anti-anxiety		
Antidepressant		
Anticholinergic		
Other:		

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Share the table about the benefits of medication with a family member or supportive person. Ask the person if he or she has noticed any benefits with your medication.

2. If you have any questions about medications you were prescribed, make an appointment to discuss your concerns with your doctor.

What are the potential side effects of medications for psychosis?

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. Psychiatric medications, like other medications, can cause undesired side effects.

- Different medications have different side effects, and not everybody experiences the same number of side effects.
- Common side effects of newer antipsychotic medications:
  - weight gain
  - drowsiness
  - dizziness
  - restlessness
  - dry mouth
  - constipation
  - blurred vision
- Many side effects may go away over time.

> If you experience any side effects with your medications, it is important to tell your doctor right away.

Questions: What side effects have you experienced from your medication? Please record your answers below.

Side Effects from Medications

Category of medication	Specific medication I used from this category	Side effects I had when taking this medication
Antipsychotics		
Mood stabilizers		

Antidepressants		
Anti-anxiety and sedatives		
Other:		

Question: What did you do when you experienced side effects? If you have any questions about your side effects, make an appointment with your doctor to discuss them.

Check it Out:

- ✓ Many people find it helpful to plan out in advance how they might talk to their doctor if they experienced side effects. Then they feel more comfortable talking to their doctor when they are sitting with him or her in the office. Practicing in advance makes people even more comfortable.

- ✓ What would you tell your doctor if you were having side effects from one of your medications? Use information from the table above to make a plan to go over side effects during your next doctor appointment. Be sure to include the following steps (sample ways of discussing this issue with your doctor are noted in *italics*):

- Introduce the topic of side effects during your doctor visit.
  - *"Recently I have noticed some side effects with my medication, could we take a few minutes to discuss this?"*

- Include information about your side effect(s) and what help you need from your doctor. Be specific.
  - *"After I take my medication I become very tired and it is difficult to do go to work. Do you have any suggestions about how I could be less tired during the day?"*

- Make a plan with your doctor to resolve the problem.
  - *"I feel like I'm hungry and want to eat all the time. I'm starting to gain a lot of weight. What do you suggest doing?"*

- *"How can I sit in class if I am feeling like I have to move around and can't concentrate?"*

- Ask questions if you do not understand
  - *"What if the medication doesn't work for me?"*
  - *"I'm not sure I understand why I just can't stop taking the medication?"*
  - *"So are you saying that it is okay to just take all of my medication in the evening before bed or do I need to still take a pill in morning?"*

- Practice talking to your doctor with your clinician, family member or supportive person to increase your confidence. After practicing, how do you think it will go when you talk to the doctor?

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is a home practice option that you can review now or at the end of the session.

1. Write down a list of concerns or questions you have about medication.

How can you make an informed decision about taking medications?

The first step in getting the best results from medication is to make an informed decision with your doctor. In making an informed decision about medications, it is important to learn as much as you can and to weigh the possible benefits (the pros) and possible drawbacks (the cons) of taking medication.

The following chart may be useful in summarizing the information:

Pros of taking medications (the benefits)	**Cons of taking medications (the drawbacks)**
For example-*reducing symptoms, preventing relapses, helping to achieve my goals, making progress in other areas of my life such as relationships*	For example-*remembering to take the medication, possible side effects, makes me feel different from other people*

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.

- You are the expert about your own experience of psychosis and what makes you feel better or worse.

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

- 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.

- Here are some questions that you may want to ask your doctor:
  - What are the benefits of taking the medication?
  - How long does it take to work?
  - Will it interfere with things that I want to do such as work or school?
  - What are the side effects or other drawbacks of taking the medication?

Question:

- Do the benefits of taking medication outweigh the drawbacks or vice versa? Why?

- Have you discussed your concerns about medication with your doctor?

It is important to be an active partner with your doctor when making decisions about medication.

Questions:

- What are your thoughts about medication as a treatment option for you?
- How could medication be helpful for your symptoms?

Check it out:

✓ Use the information from the table above to make a plan to talk to your doctor about taking medication. Be sure to include the following steps:

- Ask your doctor a question and be specific.
  - Make a list of your concerns/questions and bring the list to your appointment.
  - No question is too small. Don't be afraid or nervous to ask.

- If you do not understand the answer, ask more questions.
  - If you get confused ask for clarification-"*Could you please repeat that, I am not sure that I understand your answer?"*
  - Repeat the answer back to the doctor to make sure that you understood his or her answer-"*So, let me make sure I understand . . ."*

- Thank your doctor for his or her help
  - *"Thank you for answering my questions."*

- Practice talking to your doctor with your clinician, family member or supportive person to increase your confidence. How do you think it will go when you talk to the doctor?

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Talk to a supportive person about making an informed decision about taking medication. Ask the person what information he or she has used to make a decision and how the information was helpful.

2. Make a list of reasons why it could be important to be involved in decisions about your medication.

Strategies for Taking Medication Regularly

Questions:

- Do you have difficulty remembering to take your medication?
- What strategies have you used to help you remember to take your medication?
- You can use the following chart to review strategies to help you take your medication regularly and to make a plan to help you remember to take your medication.

Strategies for Getting the Best Results from Medication

Strategy	Strategy I am willing to try	Plan to use this strategy
Talk to my doctor about simplifying my 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, alarms).		
Remind myself of the benefits of taking medications.		
Other:		

For additional information about medications and other forms of treatment for psychosis, please refer to the following web sites:

- http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml
- http://eppic.org.au/medication

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Make a plan to try one of the strategies for taking medication regularly.

2. Keep track of when you miss any doses of medication. You can use the following chart:

Medication Monitoring Checklist

Day of the week	Did I take all doses of my medication today?		
	yes	no	If "no", what got in the way of taking my medication?
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Summary Points for Medications for Psychosis

- *Medications reduce biological vulnerability by helping to correct the chemical imbalance in the brain, which leads to symptoms.*

- *Between 70-90% of people with psychosis who take medication and receive psychosocial treatment have a significant reduction in symptoms and improved quality of life.*

- *The major category of medication that is used to treat psychosis is called antipsychotics.*

- *Additional medications may be used to treat other symptoms.*

- *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.*

- *If you experience any side effects with your medications, it is important to tell your doctor right away.*

- *It is important to be an active partner with your doctor when making decisions about 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.*

- *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.*

#3: COPING WITH STRESS

What is Stress?

"Stress" is a term people often use to describe a feeling of pressure, strain, or tension. People often say that they are "under stress" or feel "stressed out" when they are dealing with challenging situations or events.

- Everyone encounters stressful situations.
- Sometimes the stress comes from something positive (like a new job, new apartment, or new relationship) and sometimes from something negative (like being bored, having an argument with someone, or being the victim of crime).
- According to the stress-vulnerability model, stress can lead to an increase in symptoms and is associated with relapse.
- You can develop strategies to help you cope better with stress and prevent relapses.

Stress is a normal part of living for everybody. Coping effectively with stress can prevent relapses.

Questions: Describe the last time you were felt stressed.

- How does stress affect your symptoms?

What makes you feel under stress?

- Different people find different things stressful.
  - For example, some people enjoy going to a party and meeting new people, but others find it stressful.
- Knowing what you personally find stressful will help you cope better.

- There are two main types of stress: life events and daily hassles.

- Life events refer to experiences such as moving, graduating from school, getting married, the death of a loved one, or having a baby. Some life events are more stressful than others; for example, losing a loved one is usually more stressful than changing jobs.

Life Events Checklist

Put a check mark next to each event that you have experienced in the past year.

___ Moving
___ Getting married
___ New baby
___ Divorce or separation
___ Injury
___ Illness
___ New job
___ Loss of a job
___ Inheriting or winning money
___ Financial problems
___ Injury or illness of a loved one
___ Death of a loved one
___ Victim of a crime
___ Legal problems
___ New boyfriend or girlfriend
___ Broke up with a boyfriend or girlfriend
___ Went on a diet
___ New responsibilities at work
___ No place to live
___ Hospitalization
___ Stopped smoking
___ New responsibilities at home
___ Drinking or using street drugs caused problems
___ Other:_______________

___ Total number of life events checked off.
moderate stress= 1 event; **high stress**= 2-3 events;
very high stress= more than 3 events

- Daily hassles are the small daily stresses of everyday life that can add up if they occur over time.

Daily Hassles Checklist

Place a check mark next to each event that you have experienced in the past week:

___ Not enough money to take care of necessities
___ Not enough money to spend on leisure
___ Crowded living situation
___ Crowded public transportation
___ Long drives or traffic back ups
___ Feeling rushed at home
___ Feeling rushed at work
___ Arguments at home
___ Arguments at work
___ Doing business with unpleasant people (sales clerks, waiters/waitresses, transit clerks, toll booth collectors)
___ Noisy situation at home
___ Noisy situation at work
___ Not enough privacy at home
___ Minor medical problems
___ Lack of order or cleanliness at home
___ Lack of order or cleanliness at work
___ Unpleasant chores at home
___ Unpleasant chores at work
___ Living in a dangerous neighborhood
___ Other:____________________

___ Total number of hassles in the past week

Moderate stress= 1 or 2 daily hassles
High stress= 3-6 daily hassles
Very high stress= more than 6

Questions:

- What is the most stressful life event you have experienced in the past year?
- What are the most stressful daily hassles you have experienced in the past week?

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Use the daily hassles checklist to track stressful events over the next week.

2. Go over the life events and daily hassles checklists with a family member or supportive person to identify stressful events. Ask your family member or friend what life events he or she has experienced in the past year and what daily events he or she finds stressful.

How to recognize stress?

- Stress can affect your physical health and emotions as well as your thoughts, behavior, and mood.

- Recognizing your personal signs of stress can help you do something about it.

Use the following checklist to identify your own personal signs of being under stress.

Signs of Stress Checklist

Put a check mark next to the signs you notice when you are under stress:

___ Headaches
___ Sweating
___ Increased heart rate
___ Back pain
___ Change in appetite
___ Difficulty falling asleep
___ Increased need for sleep
___ Trembling or shaking
___ Digestion problems
___ Stomach aches
___ Dry mouth
___ Problems concentrating
___ Anger over relatively minor things
___ Irritable
___ Anxious
___ Feeling restless or "keyed up"
___ Tearful
___ Forgetful
___ Prone to accidents
___ Using alcohol or drugs (or wanting to)
___ Other:____________________________
___ Other:____________________________
___ Other:____________________________

Being aware of signs of stress can help you take steps to prevent it from getting worse.

Questions:

- Have you noticed any signs of stress over the last week? If so, what were they?
- What did you do when noticed you are under stress this week? What do you usually do when you feel stressed?

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Use the signs of stress checklist to track your daily stress over the next week. How many times a week are you feeling stressed? What do you do when you feel stressed?

2. Review signs of stress checklist with a family member or supportive person. Ask what signs he or she notices when you are under stress. For example, does the person notice that you eat less or that you seem restless? What signs does the person notice in himself or herself notice when under stress?

Strategies to Prevent and Cope Better with Stress

- Becoming aware of stressful situations is the first step to preventing stress.
- By taking some preventative measures, you can avoid stress from building up and you can spend more of your time enjoying yourself and achieving your goals.
- Most people find it helpful to be familiar with a variety of prevention strategies.
- Coping effectively with stress is a key to living a successful and rewarding life.
- Not everyone copes with stress the same way so it is helpful to become familiar with several strategies to reduce stress.

Review the following "Strategies for Preventing and Coping with Stress Checklist" and note which strategies you already use and which ones you would like to try.

Strategies for Preventing and Coping with Stress Checklist

Strategy	Example	I already use	I would like to try
Be aware of situations that caused stress in the past.	Think of ways to handle stressful situations. If large holidays with your family make you feel tense, try taking short breaks away from the larger group.		
Schedule meaningful activities or participating in a hobby.	Identify activities that reduce stress. For some people, work is meaningful and enjoyable while other people look to volunteering, hobbies, music, or sports.		
Schedule time for relaxation.	Make a plan to use a relaxation technique such as relaxed breathing, progressive muscle relaxation or imagining a peaceful scene.		
Take care of my health.	Be sure you are eating well, getting enough sleep, exercising regularly, and avoiding alcohol or drug abuse to help prevent stress.		
Talk about my feelings/Talking to someone.	Share positive or stressful feelings with a friend or family member.		
Write down my feelings in a journal.	Keep a journal of the positive and negative feelings to avoid bottling up your feelings.		
Avoid being hard on myself. Identify positive features about myself.	Create reasonable expectations for yourself, and give yourself credit for your talents and strengths. Identify positive features about yourself and remind yourself of these things when you are feeling stressed.		
Maintaining my sense of humor.	It is hard to feel stressed when you are laughing. Make a list of things that make you laugh and try one the next time you feel stressed.		

Participating in religion or other form of spirituality.	Make a plan to participate regularly in a religious or spiritual activity.		
Exercising.	Work off your stress by making a plan to exercise regularly.		
Listening to music or playing a musical instrument.	Put together a playlist of your favorite songs to listen to when you are feeling stressed; if you play an instrument, practice playing it regularly for your own enjoyment or with others.		
Other:			

Coping more effectively with stress allows you to focus on your goals and important areas in your life.

Question:

- Which of the strategies are you most interested in trying out or developing further?
- Do you need any supplies or preparation to try out the strategy? For example, do you need to locate your art supplies, or tune your guitar, or purchase a journal?

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Select a stress reducing or prevention strategy to try over the next week. Make a plan to use the strategy in a specific situation. Track the success of the strategy.
2. Ask a family member or support person to practice a strategy with you, such as going for a walk together. Ask the person for feedback on how well the strategy worked for him or her. How does it compare with the success of the strategy for you?

Relaxation Techniques

Three types of relaxation techniques are described below:

- Relaxed breathing
- Muscle relaxation
- Imagining a peaceful scene

Relaxation techniques are most effective when they are practiced on a regular basis. When you are first learning a technique, you usually concentrate on doing the steps according to the instructions. As you become familiar with the instructions, you will be able to concentrate more on the relaxation you are experiencing. Choose one of the following techniques and try practicing it daily. After a week, evaluate whether you think the technique is effective for you.

Check it out

✓ It helps to try out relaxation techniques in advance to see how they feel. You can practice any or all of the following techniques in the session with your clinician. Review the following relaxation techniques and pick one to try with your IRT clinician in session.

Relaxed Breathing

The goal of this exercise is to slow down your breathing, especially your exhaling.

Steps:

- Choose a word that you associate with relaxation, such as CALM or RELAX or PEACEFUL.

- Inhale through your nose and exhale slowly through your mouth. Take normal breaths, not deep ones.

- While you exhale, say the relaxing word you have chosen. Say it very slowly, like this, "c-a-a-a-a-a-l-m" or "r-e-e-e-l-a-a-a-x."

- Pause after exhaling before taking your next breath. If it's not too distracting, count to four before inhaling each new breath.

- Repeat the entire sequence 10 to 15 times

Muscle Relaxation

The goal of this technique is to gently stretch your muscles to reduce stiffness and tension. The exercises start at your head and work down to your feet. You can do these exercises while sitting in a chair.

Steps:

- Shoulder shrugs. Lift both shoulders in a shrugging motion. Try to touch your ears with your shoulders. Let your shoulders drop down after each shrug. Repeat 3-5 times.

- Overhead arm stretches. * Raise both arms straight above your head. Interlace your fingers, like you're making a basket, with your palms facing down (towards the floor). Stretch your arms towards the ceiling. Then, keeping your fingers interlaced, rotate your palms to face upwards (towards the ceiling). Stretch towards the ceiling. Repeat 3-5 times.

- Stomach tension. Pull your stomach muscles toward your back as tight as you can tolerate. Feel the tension and hold on to it for ten seconds. Then let go of the muscles and let your stomach relax, further and further. Then focus on the release from the tension. Notice the heavy yet comfortable sensation in your stomach.

- Knee raises. Reach down and grab your right knee with one or both hands. Pull your knee up towards your chest (as close to your chest as is comfortable). Hold your knee there for a few seconds, before returning your foot to the floor. Reach down and grab your left knee with one or both hands and bring it up towards your chest. Hold it there for a few seconds. Repeat the sequence 3-5 times.

- Foot and ankle rolls. Lift your feet and stretch your legs out. Rotate your ankles and feet, 3-5 times in one direction, then 3-5 times in the other direction.

*If it is not comfortable to do step #2 with your arms overhead, try it with your arms reaching out in front of you.

Imagining a Peaceful Scene

The goal of this technique is to "take yourself away" from stress and picture yourself in a more relaxed, calm situation.

Steps:

1. Choose a scene that you find peaceful, calm and restful. If you have trouble thinking of a scene, consider the following:
    - at the beach
    - on a walk in the woods
    - on a park bench
    - on a mountain path
    - in a canoe or sailboat
    - in a meadow
    - traveling on a train
    - in a cabin
    - beside a river
    - next to a waterfall
    - in a high rise apartment overlooking a large city
    - riding a bicycle
    - on a farm

2. After choosing a peaceful scene, imagine as many details as possible, using all your senses.

3. What does the scene look like? What are the colors? Is it light or dark? What shapes are in the scene? If it's a nature scene, what kinds of trees or flowers do you see? What animals? If it's a city scene, what kind of buildings? What kind of vehicles?

4. What sounds are in your peaceful scene? Can you hear water or the sounds of waves? Are there sounds from animals or birds? From the breeze? From people?

5. What could you feel with your sense of touch? Are there textures? Is it cool or warm? Can you feel a breeze?

6. What smells are there in your peaceful scene? Could you smell flowers? The smell of the ocean? The smell of food cooking?

7. Disregard any stressful thoughts and keep your attention on the peaceful scene.

8. Allow at least five minutes for this relaxation technique.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Choose at least one of the relaxation techniques and try it out at least 1 time each day for 20 minutes for 1 week.

How can I develop a plan to cope with my stress?

- In this handout you have identified stressful situations, signs of stress, strategies for preventing stress, and strategies for coping with stress.

- The following form can help you put this information together as an individual plan for coping with stress.

Individual Plan for Coping with Stress

Stressful situations to be aware of: 1. 2. 3.
Signs that I am under stress: 1. 2. 3.
My strategies for preventing stress: 1. 2. 3.
My strategies for coping with stress: 1. 2. 3.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Share your plan for coping with stress with a family member or support person. Ask that person to help you practice one of your strategies for preventing or coping with stress over the next week. If the person is part of your plan, practice the coping strategy with him or her.

Summary Points for Coping with Stress

- *"Stress" is a term people often use to describe a feeling of pressure, strain, or tension.*
- *One in five people report some problem with stress.*
- *Life events and daily hassles are both sources of stress.*
- *Being aware of signs of stress can help you take steps to prevent it from getting worse.*
- *Preventing stress can help you avoid worsening symptoms or a having a relapse.*
- *Coping more effectively with stress allows you to focus on your goals and important areas in your life.*
- *Developing a step-by-step plan to cope with stress can help you reduce symptoms and take steps towards your goals.*

#4: STRATEGIES TO BUILD RESILIENCE

Building Resilience in Treatment

As previously discussed during goal setting, resiliency is the process of adapting in the face of adversity by building strengths and developing coping skills. Resilience is a very individual process, but a process that each person can strengthen. What helps one person to "bounce back" may not be helpful for another person. For example, one person may find it helpful to express his or her creativity in art or music while another person finds strength in his or her spirituality.

- Building resilience can help you deal with life's unexpected challenges.
- Developing resiliency serves to protect against stress factors as discussed in the stress-vulnerability model.
- You can learn to be more resilient by becoming aware of your strengths and using them and by developing additional strategies to cope with your stress and symptoms.

Question:

- What qualities of resilience have helped you cope with a challenge in your life?

How can resiliency help you in treatment and your recovery?

- Resiliency will help you:
  - Build your strengths
  - Feel more hopeful about treatment
  - Feel more confident using coping strategies
  - Look toward your accomplishments in the future

- In treatment you will:
  - Learn more effective coping strategies for stressful situations
  - Practice using your coping strategies to feel more comfortable using them when you are under stress
  - Build your resources to help you achieve your goals and build resiliency

- Develop your support system to support you in your recovery

- Family members and supporters have an important role in building resiliency and in treatment. These are the people who can:
  - Reinforce your resilient qualities
  - Practice effective coping strategies with you
  - Support you as you take steps towards your goal
  - Learn strategies to help you cope more effectively in times of stress
  - Help you identify triggers and early warning signs of relapse
  - Provide encouragement when it is difficult to see yourself as resilient

Questions:

- What are the most important aspects of treatment that could help you build resiliency?

- Who could support you in building resiliency? How could this person help?

What is a resiliency story?

People often find it helpful to examine resiliency in the context of their own lives as a first step to building resiliency. Think back in your life about stressful situations or events that you had to overcome. Resiliency plays an important role those stories. It is not always easy to think back about the qualities that we consider resilient, but often people can remember a difficult time in their past. By exploring the process of overcoming adversity in your own life, you can begin to discover the resilient qualities and strengths that could be helpful strategies for you in the future.

- Resiliency Stories:

  - Reflect on a difficult experience in your life that you were able to overcome
  - Help you discover resilient qualities within yourself
  - Provide hope for you to find ways to use resiliency in your current situation

- Resiliency Story Example

Julie's Story

I never thought that I would be someone who would have any problems with my mental health, not to mention an episode of psychosis, which is what wound up happening. I was the president of my senior class in high school and I always felt really comfortable socializing and playing sports.

When the end of the summer came, I was filled with dread about going back to school. Just before we all went back to school, I was smoking pot with my friends and I got really paranoid about the idea that they were talking about me negatively and spreading the rumor that I had a sexually transmitted disease. Anyway, I wound up getting hospitalized. Suddenly I was 19 years old, living at home with my parents and I had nothing to do, no friends around and was completely embarrassed about how I had acted at school.

Over the past 2 years I've worked really hard and I've definitely had my ups and downs. On the positive side, my doctor and I have a really good relationship and even though I've had to be patient, I have a medication that works for me and I'm back to exercising and taking good care of myself. Last month I ran my first half marathon. My social life has improved mainly because I've met people through the running club I joined and by attending a support group. Once I worked out what to tell my old friends (I told them that I had a medical problem), I reconnected with some of them too.

My goal is to get my college degree, but I'm doing it at my own pace, so it will probably take me about four more years. I'm much clearer about my career goal than I was in the past. I've decided to become a physical trainer and to specialize in people learning to use prosthetic devices. Getting sick forced me to think about my strengths and I realized that the two things I value most in myself is my compassion and my perseverance. I want to work in sports medicine with people who have experienced a trauma or who have adjusted to a major life change because of my own experience. It also makes me proud to envision myself telling people that this is what I do for a living.

Questions:

- What challenge did Julie face? How did she overcome her challenge?
- Do you identify with any of the experiences that Julie described? If yes, which ones?
- Take a moment to reflect on a resiliency story from your life.

- Begin by thinking about a situation or event in your life that challenged you. This could be a challenge you faced in your family, at school, at work, or a more personal challenge.
  - How did you face that challenge?
  - What do you admire about yourself for facing that challenge?
  - It may also be helpful to think about some specific details about your experience.
    - What is the whole story? Describe the situation that you were able to overcome.
    - What was the challenge? What did you do to get through it?
    - What's happening now?
    - Fill in the following: Because of this experience, I discovered the following qualities/things about myself.

Questions:

- What impact did this event have on your life?

- What were some of the first signs you would overcome this event?

- How did you prepare yourself to face this challenging event?

- What did you discover about yourself after you faced this event?

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Think about a family member or supporter that you see as resilient. Approach that person and ask them to share a resiliency story from their life. Be sure to listen for answers to the above questions so you can pick out their resilient qualities. Ask the person what qualities helped them get through him or her get through the experience.

2. Write down your resiliency story or tape record it. Share your resiliency story with a family member or supporter if you are comfortable. Ask that person what resilient qualities that he or she sees in you. How does that compare to the qualities that you have listed?

Summary Points for Strategies to Build Resilience

- *You can learn to be resilient by becoming aware of your strengths and using them and by developing additional strategies to cope with your stress and symptoms.*
- *Building resiliency can help you become more aware of your strengths and feel more hopeful and confident about treatment.*
- *In treatment, you can build resiliency by learning more effective coping strategies and developing support and resources to help you achieve your goals.*
- *A resiliency story is a challenging experience that you have had to overcome in your life and remembering and sharing this story can help you re-discover your strengths.*

Putting it All Together

Now that you have completed the Just the Facts module, take a moment to review what you have learned.

Questions:

- What have you learned about your symptoms or treatment that you didn't know before?
- How do you plan to use the information and strategies that you learned in this module?

Choose one strategy from the topic area and make a plan to try it out in the coming week.

Clinical Guidelines for Relapse Prevention Module

OVERVIEW:

This module provides information about recognizing and responding to a relapse. Clients are presented with information about factors that contribute to relapse, such as early warning signs and triggers, and strategies to identify individual early warning signs and/or triggers. Clients work with you and family members (when available) to identify these early warning signs and triggers, and develop strategies to respond to these signs. You then work with the client to collaboratively develop and practice a Relapse Prevention Plan that incorporates the information from early warning signs and triggers identified earlier in the module.

Goals

1. Provide information on the factors that contribute to relapses, such as early warning signs and triggers.
2. Help the client develop and implement a Relapse Prevention Plan.

Topics

1. Introduction to Relapse Prevention
2. Developing a Relapse Prevention Plan

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.
- Follow-up on goals.
- Set the agenda.
- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role-play and practice skills.
- Summarize progress made in the current session.

- Agree on home practice to be completed before the next session. (Consider writing it down to help person remember)

GENERAL TEACHING STRATEGIES:

- The educational process should be collaborative. Do not treat the client as a student, but as someone with whom you are trying to share information and come to a common understanding.

- It may be helpful to ask the client questions regarding her or his knowledge of relapse (and common warning signs and triggers) and then use the handouts to “fill in the gaps.”

- When discussing a given topic (e.g., common warning signs; triggers), ask clients to give concrete examples, which will help them to better understand and remember the concept.

- Go at a comfortable pace, but do not force the material on the client. Because of possible cognitive difficulties, it may be necessary to present the information in small chunks.

  – Each handout provides a table of suggestions for pacing, based on a person who is working at a slow pace or a moderate pace. Some clients may be knowledgeable enough to go through a handout in one session or may take longer than the estimated number of sessions.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice options should be reviewed at the end of each session and you should help the client to select an option and plan how to complete it before the next session.

- Completed home practice should be reviewed at the beginning of each session. By reviewing completed home practice at the beginning of each session, the client understands the importance of practicing the skills learned in treatment in his or her own environment. You should reinforce attempts to complete home practice and to trouble-shoot with the client when he or she was not able to complete the home practice.

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.

- You can either take turns reading the text out loud or summarize the text for the client.

- The highlighted boxes are useful talking points and take home messages for the client. It may be used to help the client to connect information from the handout to his or her own life situation and goals.

- You should ask the client questions under the bolded question oval to facilitate discussion, assess the client’s knowledge, and understand his or her perspective.

- The tables, checklists and worksheets can be filled out together or used as discussion tools to individualize the topics to the client's situation.

- You can use one of the home practice options or individualize the home practice for the client to practice the skills in a situation connected to her goal.

- The primary goals of home practice are for the client to implement in his or her own life the knowledge and skills learned in a session and to help clients take steps towards their goals.

#1: Clinical Guidelines for "Introduction to Relapse Prevention"

OVERVIEW:

This handout defines relapse and introduces the client to the idea that relapses can be prevented (which in turn, can facilitate recovery). In addition, common early warning signs and triggers are defined and described. Clients learn to identify the link between early warning signs and triggers.

Goals

1. Define relapse and instill confidence that client can take steps to minimize and/or prevent relapse as part of recovery.
2. Define common early warning signs and triggers.
3. Have the client identify her or his early warning signs and personal triggers.
4. Help the client identify the relationship between triggers and warning signs.
5. Help the client identify strategies for dealing with early warning signs and triggers.

Handout

1. Introduction to Relapse Prevention.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Introduction to Relapse Prevention	Session 1-Introduction to Relapse Prevention; What are common events or situations that can "trigger" a relapse?
Session 2-What are common events or situations that can "trigger" a relapse?	

TEACHING STRATEGIES:

- Ask the client if she or he is familiar with the terms, "relapse," "relapse prevention," and "warning signs."

- Recognize the client's knowledge and experience regarding her or his symptoms and how they can lead to a relapse (this may be challenging as the client will likely only have had one previous psychotic episode). Praise the client for sharing information with you.

- Use the common early warning signs table as a strategy to help the client better remember the symptoms/experiences he or she was having prior to their initial psychotic episode.

- Discuss how client can share the information he or she has learned about early warning signs with a family member or friend. Also, help client practice how to approach this person to help fill in the gaps in terms of their early warning signs (and the timeline/order in which they occurred).

- Ask the client if she or he is familiar with the terms, "triggers," and "stressors."

- Recognize the client's knowledge and experience regarding his or her initial triggers and stressors (and how they can lead to warning signs or symptoms in general). Praise the client for sharing information with you.

- Link the benefits of preventing triggers and recognizing early warning signs to helping the client make progress towards his or her goal. Review how a relapse could make it more difficult to achieve a goal.

- Introduce to the client the notion that alternative strategies (e.g., relaxation) can be used to combat common, everyday triggers and stressors.

- Ask the client to review the early warning signs and triggers tables with family members or friends (to help them identify other triggers that they might have missed).

TIPS FOR COMMON PROBLEMS:

- Be prepared for client denial of having ever had symptoms, an illness, an episode, even warning signs or triggers. Accept the denial and discuss the symptoms in the spirit of informing the client, but not accusing him or her of having them.

  - Focus on symptoms/experiences that preceded either a hospitalization or receipt of treatment, rather than labeling them as symptoms or warning signs.

  - At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, "*I think identifying early warning signs will help you stay in school or keep your job, rather than have to go to the hospital.*"

  - Accept the denial and discuss the triggers in the context of what gives the client stress on a day-to-day basis.

  - Focus on coping strategies to decrease the effects of daily stressors or hassles.

- Client may deny link between triggers and early warning signs.

– Focus on daily hassles or stressors and general psychological or physical symptoms (e.g. headaches).

– Focus on general coping strategies that can improve the client's well-being.

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about relapse and common early warning signs. You can assess a client's knowledge using the following questions:

    1. What is a relapse?
    2. How does relapse relate to recovery?
    3. What are common early warning signs?
    4. What do you think are your personal triggers?
    5. What is the relationship between triggers and early warning signs of relapse?
    6. What can you do to cope with triggers?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "INTRODUCTION TO RELAPSE PREVENTION":

Therapeutic Goal	*Techniques & Probes*
Define relapse and provide information on the relationship between relapse and recovery.	• Ask the client for his or her understanding of the term relapse: – *What comes to mind when you think of the term relapse?* • Discuss how relapse relates to recovery: – *How does learning about relapses help you move forward in your recovery or make progress towards your goal?*
Define common early warning signs of relapse.	• Assess client's knowledge of the early warning signs that preceded his or her psychotic episode: – *What were some changes that you noticed before you had psychotic symptoms?* • Describe and define early warning signs.
Have the client identify his or her early warning signs of relapse.	• Use the early warning signs table as an exercise to help the client identify warning signs that he or she may have experienced in his or her initial episode. • Ask the client to check in with a family member or friend to help him or her fill in the gaps about warning signs that he or she might have missed.
Define and describe triggers and have the client identify their own personal triggers.	• Ask the client for his or her understanding of the term triggers (and/or stressors): – *What events or stressors do you remember before your episode with psychotic symptoms?*

#2: "Developing a Relapse Prevention Plan"

OVERVIEW:

This handout describes what a Relapse Prevention Plan is and then walks the client through the steps so that he or she can complete his or her own personal Relapse Prevention Plan.

Goals

1. Discuss and describe relapse prevention planning.
2. Complete a Relapse Prevention Plan.

Handouts

3. Developing a Relapse Prevention Plan

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Developing a Relapse Prevention Plan, How you can develop a Relapse Prevention Plan, Tips for completing a Relapse Prevention Plan; review Marco's Relapse Prevention Plan	Session 1-What is a relapse plan? How to develop a Relapse Prevention Plan. Review Marco's Relapse Prevention Plan; Putting your Relapse Prevention Plan together
Session 2-Putting your Relapse Prevention Plan together	

TEACHING STRATEGIES:

- Ask the client if he or she is familiar with the term, "Relapse Prevention Plan."
- Ask the client why developing a Relapse Prevention Plan is important.
- Offer hope and confidence that the client can reduce relapses and move forward in his or her recovery.
- Review how resiliency is improved by learning effective strategies to manage stressful situations in the future, such as the possibility of relapse. Discuss how the client uses personal strengths to help manage stressful situations.

- Ask the client what steps go into developing a Relapse Prevention Plan. Fill in the gaps of his or her knowledge.

- Review Marco's Relapse Prevention Plan (example). Ask client for his or her thoughts on it.

- Assist client in completing his or her Relapse Prevention Plan.

- Encourage client to get assistance from support person(s) in completing his or her Relapse Prevention Plan.

- Review with the client's support person(s) with whom he or she can share the Relapse Prevention Plan.

- Practice the steps of the Relapse Prevention Plan in session. Model the coping strategies for the client where needed. For example, practice relaxation strategies the client would use if he or she noticed early warning signs or practice making a phone call to a supporter to ask for assistance. Ask the client to share and practice the steps of his or her plan with a family member or supporter.

TIPS FOR COMMON PROBLEMS:

- Be prepared for client to deny needing a Relapse Prevention Plan. Accept the denial and discuss the need for strategies for staying out of the hospital or avoiding a relapse of symptoms.

- Normalize the identification of support people in one's life as something that all individuals need, irrespective of whether they have had a mental illness or not. If needed, provide examples, such as having a plan to prevent the symptoms of diabetes or asthma from returning or worsening.

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about relapse prevention planning. You can assess a client's knowledge using the following questions:

    1. What is a relapse?
    2. What is a Relapse Prevention Plan?
    3. Why is it important?
    4. What things go into a Relapse Prevention Plan?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "WHAT IS A RELAPSE PREVENTION PLAN?":

Therapeutic Goal	*Techniques & Probes*
Discuss and describe relapse prevention planning.	• Ask the client for his or her understanding of relapse prevention planning. • Describe the steps of relapse prevention planning.
Complete a Relapse Prevention Plan.	• Review the example of a Relapse Prevention Plan (Marco's plan). • Have client complete his or her own Relapse Prevention Plan. • Practice the steps of the Relapse Prevention Plan in session. • Ask client if he or she wants to share the plan with support person(s) in his or her life.

Introduction to Relapse Prevention Planning

Introduction and Module Overview

The handouts in this module will be about 2-3 sessions long. When you review the handouts with your IRT clinician, you will discuss strategies for reducing a relapse or minimizing the severity of a relapse. It can be helpful to identify stressful situations that may have contributed to symptoms in the past and make a Relapse Prevention Plan to more effectively respond to symptoms when they occur.

In this module we will:

- Learn how to identify early warning signs that could help reduce or minimize a relapse.
- Learn strategies to recognize stressful situations or "triggers" that could potentially lead to a relapse.
- Learn how to recognize early warning signs of a relapse.
- Develop a Relapse Prevention Plan than you can share with others to help you reduce or minimize a relapse.

What I expect from you:

- Willingness to discuss possible early warning signs and symptoms from a past episode.
- Working collaboratively to develop a relapse prevention plan.

What you can expect from me:

- Factual information about relapse prevention.
- Help identifying early warning signs and triggers of a relapse.

- Help developing and practicing a relapse prevention plan.

This module focuses strategies to prevent or minimize the effects of a relapse.

We will work together on making a relapse prevention plan to help you accomplish your goal.

A Message of Hope:

Many people with psychosis have used strategies to help them avoid or minimize the impact of a relapse, taking control over their lives and their recovery.

#1: Introduction to Relapse Prevention

Psychiatric symptoms tend to vary in intensity over time. Sometimes the symptoms may be absent; sometimes they may be mild or moderate; sometimes they may be strong. When symptoms become severe, it is usually referred to as a "relapse" or an "acute episode." Some relapses can be managed at home, but other relapses require hospitalization to protect the person or other people.

Psychosis affects people in very different ways. Some people have a milder form and only have an episode once or a few times in their lives. Other people have a stronger form and have several episodes, some of which require hospitalization.

- Preventing or minimizing these periods of increased symptoms, or relapses, is a critical aspect of recovery from the illness.

There are many things you can do to prevent or reduce relapses. You have already learned some important relapse reduction strategies in the earlier handouts, including the following:

- Learn as much as possible about psychosis.
- Be aware of your own individual symptoms.
- Be conscious of when you are under stress and develop strategies for coping with stress.
- Participate in treatments that help you recover.
- Build social supports.
- Use medication effectively.

- Another strategy that can be helpful in reducing a relapse is to identify signs, symptoms, and stressors that happened before your first episode of psychosis.

Question:

- What steps have you taken already to help prevent or reduce relapse?

What are early warning signs?

Even when people do their best to avoid it, their symptoms may start to come back and they may have a relapse. Some relapses may occur over short periods of time, such as a few days, with very little or no warning. However, most relapses develop gradually over longer periods of time, such as over several weeks.

There are often changes in the person's inner experience and changes in their behavior when a relapse is starting. For some people, the changes may be so subtle at first that they may not seem worth noticing. For others, the changes are more pronounced and distressing. When people look back after a relapse, they often realize that these early changes, even the subtle ones, were signs that they were starting to have a relapse. These changes are called "early warning signs."

Learning about early warning signs can help you predict and avoid a relapse.

Questions:

- What early warning signs did you notice before your initial episode of psychotic symptoms?
- If you have, did you notice any early warning signs of your relapses?

Common Early Warning Signs Checklist

Some early warning signs are quite common. Others are more unusual. The following chart lists some examples of the more common early warning signs. Please check off the examples that reflect an experience you have had prior to your initial psychotic symptoms.

Early warning sign	Individual Example	I experienced something like this
Preoccupied about 1 or 2 things	*"I was always thinking about the number 11. Even when someone was talking to me I couldn't stop thinking about the number 11."*	
Feeling depressed or low	*"I started to feel that I wasn't a good person. I couldn't take pleasure in anything. My mood was sliding down and down."*	
Feeling tense or nervous	*"Even going for a walk made me nervous. It seemed like there were accidents waiting to happen everywhere."*	
Neglecting your appearance	*"My family asked me to change my clothes, but I just didn't feel like it even though I was wearing the same shirt for the past week."*	
Trouble sleeping too much or too little	*"I was tired and wanted badly to sleep. But somehow I couldn't fall asleep. I was exhausted all the time."*	
Social withdrawal	*"I only wanted to be alone. I even waited to eat dinner until my family was in bed."*	

Feeling irritable	*"Even the smallest things would irritate me. For instance, I would fly off the handle if my mom called to say she was going to be 15 minutes late. I had no patience."*	

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Review the Common Early Warning Signs Checklist with a family member or supporter. Ask if the person noticed any early warning signs before the onset of the psychotic symptoms. If so, what were they? Ask for the person's suggestions about the timeline of the early warning signs if you are unsure.

What are common events or situations that can "trigger" relapses?

Some people can identify certain events or situations that led up to a psychotic episode. The events or situations that seemed to contribute can be thought of as "triggering" symptoms.

The following chart lists some examples of common triggers. Please check off the examples that reflect an experience you may have had that was associated with an increase in symptoms.

Triggers of Relapse Checklist

Personal Descriptions of Triggers	**I experienced something like this**
"Not getting enough rest or sleep."	
"An increase in stress (at home, work, school, etc)."	
"Drinking alcohol or taking drugs."	
"A major change in my life (e.g. moving to a new apartment, starting school)."	
"Arguments or tension with family members, friends or significant others (e.g. boyfriend or girlfriend)."	
"Discontinuing any prescribed medication that I was on."	
Other:	
Other:	

- Once you have identified a situation that appeared to trigger symptoms, it is helpful to think about how you might handle the situation differently if it were to occur again.
  - For example, if you noticed that drinking beers with your friends may have triggered the initial episode, you could plan some activities with them that do not involve drinking.

  - If you noticed that being under stress might have triggered an initial episode, you could plan to use a specific relaxation technique, such as deep breathing, the next time you encounter another stressful situation.

Questions:

- Are you able to identify situations or events that triggered the initial psychotic episode?

- If so, what are they? What do you think you could you do to handle things differently?

Check it out:

✓ Use the symptoms you identified as early warning signs from the Common Early Warning Signs table to identify possible triggers for relapse.

1. Make a list of early warning signs and possible triggers using the following table.

2. Fill in the last column of the table with a strategy for how you could have responded differently to the situation in the future.

Anticipating Triggers Worksheet

Early Warning Sign	Possible Trigger	How I could have responded differently

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Review the Triggers of Relapse Checklist with a family member or supporter. Ask if that person remembers any triggers before your initial episode with psychotic symptoms. Review strategies you could use to respond differently to that situation. Ask the person if he or she has any suggestions.

Summary Points for Introduction to Relapse Prevention Planning

- *Psychiatric symptoms tend to vary over time. When symptoms become more severe, it is called a relapse.*
- *Relapses of psychosis are more likely to occur when people are under more stress, stop taking their medications or use alcohol or drugs.*
- *Early warning signs are the subtle changes in a person's inner experience and behavior that signal that a relapse may be starting.*
- *Learning about early warning signs can help you predict and avoid a relapse.*
- *It can be helpful to identify certain situations or experiences called triggers that led to the initial episode of psychotic symptoms in the past to avoid a relapse in the future.*

#2: Developing a Relapse Prevention Plan

- A key part of successful relapse prevention is acting quickly and thoughtfully at the "first sign" of a symptom flare-up. To do this, clients and their families usually benefit from developing a relapse prevention plan *in advance*.

- The overall goal of this plan is to respond to warning signs early and effectively in order to minimize the need for hospitalization.

How Can You Develop a Personal Relapse Prevention Plan?

- Throughout this module you have identified your early warning signs and triggers related to the onset of symptoms.
- Developing a personalized Relapse Prevention Plan helps you put all of this information together in a document that you and your family or other support person(s) can keep handy in case of an emergency.
- Your Relapse Prevention Plan includes the strategies that you find helpful because you are in charge of what is in your plan.
- Plans for preventing relapses are most effective if they contain the following:
  - Triggers
  - Early warning signs
  - What might help if you are experiencing an early warning sign
  - Who you would like to assist you and what you would like them to do
  - Who you would like to be contacted in an emergency

In developing a Relapse Prevention Plan, you may find it helpful to consult with the supportive people in your life. Peers, practitioners, family members, and others can help make suggestions about possible steps to take if early warning signs appear. Support persons can also have a part in the plan itself, if you want them to. For example, you might ask family members to let you know if they notice early warning signs or ask them to help you reduce stress by taking walk with you. Of course, you make the final decision about what you want in your plan and whom you want involved.

Tips for Completing your Relapse Prevention Plan

- Be specific.
  - Describe early warning signs and triggers as clearly as possible. How would another person notice that you were experiencing an early warning sign or responding to a trigger? For example, if you are under stress, would you be more likely to spend more time alone in your room? If you had stopped taking your medication, would you be likely to act more restless and spend time pacing?
  - Describe the strategies that you find helpful when experiencing early warning signs.
- Identify people who you feel comfortable talking to when you are feeling stressed or experiencing early warning signs.
- Include more than 1 strategy you can use when you experience a trigger or early warning sign in case you are unable to use the first strategy.
- Share your Relapse Prevention Plan with all the supportive people in your life and family members. They can help you remember to use your coping strategies, offer suggestions about resources that may be helpful, and be more supportive in your recovery.
- Keep a copy of your Relapse Prevention Plan in a place you will remember and you can easily access. Put your plan in a place you will see it often, such as on the back of your closet door, so whenever you go to get your clothes in the morning you can review it. Give copies to everyone included in your plan. Access to your plan will make it easier to remember what to do when you are feeling stressed.
- The following page gives an example of a completed Relapse Prevention Plan.
  - Marco is 21 years old and currently he lives with his parents. About 6 months prior, he was having difficulty at college because he stopped going to classes and eventually refused to leave his room. He became very paranoid and had to withdraw from classes that semester. In the last 3 months he started seeing a Psychiatrist who is prescribing medications and talking to a therapist about returning to college. His

therapist suggested that having a Relapse Prevention Plan could help Marco when or if he notices any symptoms when he returns to his classes.

- In the beginning of making his plan, Marco and his therapist explored his early warning signs and triggers and Marco talked to his family about the signs that they noticed.

- After completing his plan, Marco reviewed it with his father and his Psychiatrist. He and his father discussed what to say when Marco is feeling irritable and how to say it.

- Marco keeps a copy of his plan on his nightstand and makes an effort to review it every night before going to bed.

Marco's Relapse Prevention Plan Example

What are the warning signs that I need to look out for (in the order in which they occurred)? 1. Irritability-conversations tend to turn into arguments. 2. Decreased need for sleep-not going to bed until 3-4am. 3. Thoughts that people didn't like me and were always watching me.
What types of triggers/stressors do I need to watch out for? 1. Increased alcohol use-drinking 3-4 beers daily. 2. Increased stress at school-at the end of the semester when I have tests and papers. 3. Conflict with my parents; arguing about going to class every day.
What can I do if these things happen?
Some coping strategies I can use if I am experiencing an early warning sign: 1. If drinking more regularly, I can stop and call my sober friends to hang out. 2. If feeling irritable, I can take a walk around the neighborhood or call my friend James to talk about computers. 3. If not sleeping, I can exercise during the day and tell my doctor. 4. If having thoughts people don't like me, I can check it out with my clinician or my dad.
Who I would like to assist me, and what I would like them to do: 1. Dad to tell me I am being irritable after I have calmed down. It is helpful if he can talk calmly and slowly. 2. James could talk to me about computers, take a walk or go rock climbing with me. 3. My clinician could help me find strategies to cope when I feel that people are watching me.

4. My doctor can help me determine if I need a change in my medications.	
Who would I like to be contacted in case of an emergency?	
Name	Phone Number
1. Alberto Smith (my dad)	(###) ###-####
2. Sandy (my clinician)	(###) ###-####
3. Dr. Martin (Psychiatrist)	(###) ###-####

Putting Your Relapse Prevention Plan Together

Now that you have learned about relapses and how to prevent one, it's time to develop your own plan. First you'll review what you have learned about preventing relapses. Then you'll walk through a series of steps that will help you to create your own relapse prevention plan.

Preparing for your Relapse Prevention Plan

In past sessions, you did several things to get ready to make a Relapse Prevention Plan. It is useful for you to review what you have learned.

1. You thought about your initial episode with psychotic symptoms and figured out the situations and events that seemed to contribute to it. These are called "triggers" to relapse.

2. You learned how to spot small changes in your behavior, thoughts, and feelings that warn you that a relapse may be starting. These are called "early warning signs of relapse."

3. You learned to talk to someone you trust when you spot early warning signs and to take action to solve problems that may be causing early warning signs. You also learned to keep an eye on early warning signs until they improve.

Completing your Relapse Prevention Plan

1. Using the information you gathered about your early warning signs and triggers to complete the first 2 sections of your plan. Try to identify early warning signs and triggers/stressors from the initial psychotic episode.

2. Review the Early Warning Signs Spot Check worksheet to help you complete both the coping strategies box and the helpful strategies for the supporter's box on the plan. Be specific when you suggest strategies for your supportive person. What would help you if you are experiencing an early warning sign or stressor?

3. Complete the emergency contact list with up to date information.

4. Share your Relapse Prevention Plan with your family and supporters.

<u>Relapse Prevention Plan</u>

(Adapted from Birchwood et al., 2000)

What are the warning signs that I need to look out for (in the order in which they occurred)? 1. 2. 3. 4.
What types of triggers/stressors do I need to watch out for? 1. 2. 3. 4.
What can I do if these things happen?
Some coping strategies I can use if I am experiencing an early warning sign: 1. 2. 3. 4.
Who I would like to assist me, and what I would like them to do: 1. 2. 3. 4.

Who would I like to be contacted in case of an emergency?	
Name	Phone Number
1.	
2.	
3.	
4.	

Check it out:

- ✓ Sharing your Relapse Prevention Plan
- ✓ It can be very helpful to have staff members, family members, friends, and other supporters take part in making your Relapse Prevention Plan and carrying it out. Once you have everyone's suggestions for a Relapse Prevention Plan and have developed a final copy, it's important to share it with people and ask them whether they would be willing to play a specific part in carrying out the plan.

Steps for Sharing Your Relapse Prevention Plan

1. Think about how you would tell the person you want their help such as, *"I would like your help in preventing relapses."*
2. Give the person a copy of your Relapse Prevention Plan and ask him or her to read it.
3. Ask the person to be a part of the plan. Be specific about what you would like the person to do.
4. If the person agrees, thank him or her.
5. Practice sharing your plan with your clinician playing the part of your supporter or family member. Be sure that you consider the information you want the

person to know about relapse, early warning signs, and triggers and how the person can help you with your Relapse Prevention Plan.

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Practice a strategy in your Relapse Prevention Plan with a family member or other supportive person. For example, you could tell your family member or other supporter how you would like him or her to approach you if they notice an early warning sign, and then ask them to practice it with you. Such as, do you prefer that they call you aside, that they stay calm, use a minimum of words? You could also practice carrying out a step of your relapse prevention plan with a family member or supporter. For example, do you plan to ask a family member to take a walk or do a relaxation technique with you when you are feeling stressed out? You could practice how you would approach that family member and practice doing one of those activities in advance.

Summary Points for Developing a Relapse Prevention Plan

- *Developing a relapse prevention plan can help you identify steps to get help when you or your family notices early warning signs.*

- *Friends, family members, practitioners and other supportive people can be helpful in developing your Relapse Prevention Plan and carrying it out.*

Clinical Guidelines for Processing the Psychotic Episode Module

MODULE OVERVIEW:

For most individuals who have experienced an initial psychotic episode, the period following the reduction of the most severe symptoms can be a very upsetting and even confusing time. This is especially common when the person has spent time in the hospital or emergency room for the treatment of his or her symptoms. Because of the traumatic nature of psychotic symptoms themselves, as well as some aspects of its treatment (e.g., involuntary hospitalization, forced medication), some individuals try to avoid thinking about or talking about the details of what happened. They may even avoid things that remind them of their psychotic episode, and develop posttraumatic stress symptoms related to their memories of the experience. Frequently, family members are also traumatized by the experience and try to "get back to normal" as quickly as possible. As a result, clients may not have the opportunity to process what occurred to them, and how it is currently affecting their lives. Similarly, people may develop distressing beliefs about themselves and their future following an episode of psychosis. These beliefs are often self-defeating and stigmatizing, and it is important to address and challenge them with clients in order to help them move forward in their recovery and personal goals.

This module focuses on helping clients recount and "process" the details of their episode, sorting out aspects of their experience that may have been confusing or particularly upsetting, and challenging inaccurate and self-defeating beliefs about the experience. The module is divided into two topics: Telling Your Story, and Challenging Self-Defeating Thoughts and Beliefs. In the Telling Your Story topic, the clinician begins by exploring upsetting aspects of the client's psychotic episode, and using two standardized scales to understand how it has affected him or her (the Post-Psychotic Episode Checklist and the Self-Stigmatizing Beliefs Checklist). Next, a rationale is provided for how "telling one's story" about any very upsetting experience, including a psychotic episode, can help people overcome distress related to their experience. You and the client then review the "story" of a young man who had a psychotic episode. Next, you and the client work together to develop a cohesive narrative of the client's own personal experience.

The second topic (Challenging Self-Defeating Thoughts and Beliefs) begins with the administration of the Self-Stigmatizing Beliefs Checklist again to identify which beliefs have changed and which have stayed the same. Next, the rationale for cognitive restructuring is established, and a method is taught to help clients challenge lingering upsetting beliefs related to their episode of psychosis. Then, after the client has had the opportunity to practice the cognitive restructuring skill to address self-defeating thoughts and beliefs, the Post-Psychotic Episode Checklist and the Self-Stigmatizing Beliefs

Checklist are given again to gauge the client's improvement in distressing memories and negative beliefs about his or her experience.

The amount of time required to complete this module is 3-5 sessions, and largely depends on: 1) the client's willingness to discuss details of his/her episode and tell his or her story of the experience, 2) the number of self-stigmatizing beliefs that the client initially endorses and how many linger after the initial processing portion of the module, and 3) how quickly the client picks up the brief cognitive restructuring skill. Additional work on distressing self-stigmatizing beliefs can be done in the individualized module, "Dealing with Negative Feelings" where a more detailed approach to Cognitive Restructuring is taught and practiced. Clients with continued distress in this area following completion of this "Processing the Illness" module should be encouraged to participate in "Dealing with Negative Feelings."

Goals

1. Help the client process the psychotic episode, and "tell the story" of the experience and how it has affected his or her life.
2. Help the client identify positive coping strategies used and resiliency demonstrated during this period.
3. Help client identify and modify self-stigmatizing beliefs about experience of psychosis.

Handouts

Introduction to Processing the Psychotic Episode

Topic Handouts:
1. Telling Your Story
2. Challenging Self-Defeating Thoughts and Beliefs

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Set the agenda.
- Review the previous session.
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.

- Follow-up on goals.
- Teach and initiate discussion about new material and practice skills (and/or review materials from the previous session if necessary).
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session.

SUGGESTED AGENDA FOR MODULE:

Slow-Paced	Medium-Paced
Session 1-Introduction to Module; Rationale for processing episode; Understanding the Effects of Your Psychotic Episode; Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences; First Person Account of Psychosis Episode – Part 1	Session 1- Introduction to Module; Rationale for processing episode; Understanding the Effects of Your Psychotic Episode; Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences; First Person Account of Psychosis Episode – Parts 1 & 2; Telling Your Story
Session 2- First Person Account of Psychosis Episode – Part 2; Telling Own Story	Session 2- Review, re-telling and revising of personal narrative; Assessment of Self-Stigmatizing Beliefs; Cognitive Restructuring Intervention
Session 3- Reviewing, re-telling, and revising of personal narrative; Assessment of Self-Stigmatizing Beliefs; Cognitive Restructuring Intervention teaching and practice	Session 3- Cognitive Restructuring practice; Gauging Your Improvement
Session 4- Cognitive restructuring practice to address self-stigmatizing beliefs	
Session 5- Cognitive restructuring practice; Gauging Your Improvement	

GENERAL TEACHING STRATEGIES:

- It is important to balance taking a gentle approach toward eliciting the client's "story" of the psychotic episode as well as encouraging systematic exploration of the client's experience with psychosis, as some clients may be very reluctant to re-examine this potentially frightening, traumatic experience.
- For clients who are apprehensive about working within this module, you should elicit their specific concerns and address them in session. During the introduction to the module, you should normalize the fact that that many of the reactions people experience after a psychotic episode are similar to other reactions people have after upsetting, traumatic events, such as intrusive memories, avoiding things that remind them of the

event(s), and self-defeating thoughts and beliefs. For example, people who have been in a traffic accident are often troubled by intrusive memoires of the details of the accident, and avoid driving in a car and/or driving in the neighborhood where the accident occurred. They may even think of themselves differently after the accident, such as believing that something about them caused the accident or believing that their friends no longer want to spend time with them because of the accident or that they are not "fit" to ever drive a car again. You should provide validation of and empathy about the clients' concerns, but also send a clear message about the specific benefits of processing the episode of psychosis, including learning how to "tell your story," and challenging stigmatizing, self-defeating beliefs. Clients can be informed that these same treatment strategies also work for people who have experienced other upsetting events.

- In eliciting the details of the experience, helping clients tap into personal characteristics of resiliency and specific examples of resilient behaviors during and after the episode is crucial. Not only can this increase the client's motivation to work on this module, but it may increase the client's confidence and self-efficacy, and reduce self-stigmatizing beliefs.

- With your guidance, clients should develop a written narrative or "story" of their psychotic episode. This may involve the client developing a few versions, with each one more detailed and comprehensive than the previous one. Ideally, the narrative will be written. However, the development of an oral narrative instead is also fine, should the client prefer.

- After the client writes (or tells) his or her story, it should be reviewed, discussed, and "re-processed" in order to improve the details and chronology, address self-stigmatizing beliefs, and reduce the client's anxiety with each "exposure."

- For self-stigmatizing beliefs that persist following the processing of the episode, you should introduce, teach, and practice in session with the client the cognitive restructuring skill to help him or her evaluate and challenge these types of beliefs and reduce distress.

- At the end of the module, some clients may continue to endorse several self-stigmatizing beliefs. Clinicians should normalize the clients' distress, and encourage them to keep practicing their cognitive restructuring. Clients who continue to experience significant distress may benefit from additional work on cognitive restructuring in the Dealing with Negative Feelings Individualized module.

GENERAL INSTRUCTIONS FOR THE MODULE:

- Home practice should be reviewed at the start of every session. By reviewing home practice at the beginning of each session, the client understands the importance of practicing the skills and working outside the session to maximize improvements.

- The two handouts for the topic areas in this module should be used actively to initiate discussion and help clients develop their personal narratives and challenge self-stigmatizing beliefs with the Cognitive Restructuring Worksheet. These handouts should be the focus of in-session work and can also be used for home practice (specifically the Cognitive Restructuring Worksheet).

- Each of the topic handouts includes checklists for identifying posttraumatic reactions to an episode of psychosis (the Post-Psychotic Episode Checklist) and self-defeating beliefs about an episode of psychosis (the Self-Stigmatizing Beliefs Checklist). These checklists are used to evaluate change over the course of the module. The Post-Psychotic Episode Checklist is given at the beginning of topic #1 (Telling Your Story) and at the end of Topic #2 (Challenging Self-Defeating Thoughts and Beliefs). The Self-Stigmatizing Beliefs Checklist is given out three times: at the beginning of Topic #1 (Telling Your Story), at the beginning of Topic #2 (Challenging Self-Defeating Thoughts and Beliefs), and at the end of Topic #2.

- The "First-Person Account" narrative in Topic #1 should be read together in-session as a way to normalize the client's psychotic episode and initiate discussion around similarities and differences between Michael's experience and the client' experience. This discussion will guide and structure the client's development of his/her own personal story. Michael's Story, Parts I and II can also be reviewed for home practice following in-session discussion.

- The Experience of Psychosis Probe Questions in Topic #1 serve as a guide to help clients' develop their story about their experience with the psychotic episode – this will help both clinician and client "fill in the gaps" about certain domains or details that the client may initially leave out. It is suggested that you each have a copy during the discussion, and you or the client can write down notes as the client describes his or her experience. These notes can then be reviewed with the client orally, or can be transcribed into text by you and the client together, in order to create the narrative.

- In Topic #2, introduce cognitive restructuring with the section on The Relationship between Thoughts and Feelings, provide examples, and elicit examples from the client. Then lead the client in using the Cognitive Restructuring Worksheet, first with a few general examples, then by directly helping clients address self-stigmatizing beliefs that are endorsed on the Checklist as well as those that are mentioned within the clients' narrative. The Cognitive Restructuring Worksheet should be assigned for home practice.

#1. Clinical Guidelines for "Telling Your Story" Topic

OVERVIEW:

This topic begins with an overview in which clients learn that experiencing negative feelings and beliefs about oneself are common experiences for people after a psychotic episode. This is followed by exploring negative reactions to psychotic symptoms the person experienced, and then negative treatment experiences, with the client indicating which event or combination of events is most distressing to look back at now. Checklists are then given to the client to evaluate posttraumatic symptoms and stigmatizing beliefs. After a discussion of the client's responses, the client is engaged in learning about another person's experience with psychosis as an example to help in the process of creating his or her own story. The client then works with you to piece together and formulate his or her own personal narrative about his or her experience with psychosis and its effects on daily life, relationships, and goals. As a result of the discussion of these topics, clients can better understand the sequence of events, including what happened during and after the episode, how they felt about it, begin to process their experience in a more healthy way.

Goals

1. Establish a rationale for how "telling one's story" about the psychotic episode can help the client process the experience and move forward in his or her life.
2. Assess upsetting experiences related to the psychotic episode, including symptom-related and treatment-related events.
3. Review with client the sample first-person account of psychosis and discuss similarities and differences between "Michael's" experience and the client's experience.
4. Help the client tell his or her "story" about the experience of psychosis, and normalize this experience.
5. Aid client in understanding his/her strengths, resiliency, and use of healthy coping strategies during the episode and currently.
6. Help client develop a more cohesive written story about his or her experience by repeatedly refining or modifying the account, filling in the gaps regarding important details, the impact of the episode on current functioning, and ongoing challenges.

Materials Needed

1. Telling Your Story: Handout #1

TEACHING STRATEGIES:

- Clients may endorse a number of different upsetting psychotic symptoms and treatment experiences in the checklists towards the beginning of the handout ("Upsetting Psychotic Symptoms You May Have Had" and "Upsetting Treatment Experiences You May Have Had). Then you should ask the client more about their experiences in order to get a basic understanding of what happened, demonstrating empathy if the client appears upset and normalizing the response as common for people recovering from an episode of psychosis. When asking the client which event or combination of events is most distressing to look back on, it is fine to combine several different aspects of the psychotic episode (e.g., fearful voices, involuntarily being hospitalized, being secluded in the hospital) into a single experience for the purposes of evaluating posttraumatic symptoms with the Post-Psychotic Episode Symptom Checklist.

- The items on the Post-Psychotic Symptom Episode Checklist can be added up for a total score of posttraumatic symptoms, with total scores over 45 indicating moderately severe symptoms. This can be discussed briefly with the client, with the explanation that most people feel less distressed after completing the module, and that the Checklist will be given again at the end of the module to evaluate changes he or she has experienced in those symptoms.

- After the Self-Stigmatizing Beliefs Checklist is completed, you should briefly review this with the client, and initiate a brief discussion of self-stigmatizing beliefs: 1) normalize the emergence of these types of beliefs following an episode of psychosis, 2) highlight the connection between the distressing beliefs and how these types of beliefs (thoughts) often result in upsetting feelings, and 3) describe how these beliefs are often inaccurate or exaggerated.

- When reviewing the First-Person Accounts of a psychotic episode ("Michael's" story), it is important to guide a discussion around the client's thoughts and feelings about "Michael's" experience. Depending on the pace of the sessions, you and client may initially review one or both parts of this handout together in session or the client may review the handout for home practice. Regardless of the process, it will be most useful to work with the client on eliciting common features and differences between his or her experience and "Michael's."

- Be prepared to initially experience the client's "story" about his/her episode as somewhat disjointed and/or difficult to understand. Because of the traumatic nature of an initial episode of psychosis (and also because sometimes drugs/alcohol are involved), clients often have difficulty describing their experience succinctly and cohesively. Be patient and empathic, but also gently (but directly) probe for specific details that will help the client successfully process the experience and reduce distress.

- In helping the client to "fill in the gaps" and make greater sense of his or her experience, notes can be made and then you can help the client get the story into a more cohesive written format (if the client is willing). This should take place in the session.

- When helping the client tell his or her story, it is important to integrate into the story those aspects of the psychotic experience that the client found most distressing, as previously indicated in the "Upsetting Psychotic Symptoms You May Have Experienced"

and the "Upsetting Treatment Experiences You May Have Had" checklists. As the different elements of the story fall into place, the entire narrative becomes more cohesive, and the client becomes more familiar with the passage of events, the anxiety and negative emotions associated with the experience often gradually decrease to the point where they no longer evoke strong upset feelings.

- Recognize this as a difficult process for the client, but encourage the client to stick to it. Praise the client for sharing information with you and for his or her strength to engage in this exercise in order to move forward.

TIPS FOR COMMON PROBLEMS:

- Be prepared for some clients to be reluctant to discuss details about their episode of psychosis due to anxiety or doubts about the utility of "dredging up the past." In these cases you should:

  – Learn what the client's specific concerns are and address them; normalize the reluctance and agree to take a slower, gradual pace if needed (see guidelines above for "slow-paced" session structure).

  – Provide a clear rationale for the importance of doing some processing (using language understandable to client), including:

    1. It allows an opportunity for the client to understand better what happened to him or her.
    2. Processing and discussing the psychotic episode may enable the client to be better able to prevent subsequent relapses.
    3. It gives you important symptom information to help guide the client's treatment.
    4. It helps the client fill in gaps in his or her memory of what happened, and clarifies the confusing order of events, so that a coherent chronology of the events can be constructed.
    5. It helps in the formulation of treatment goals.

  – Explain clearly to the client that the more familiar he or she becomes with the memory of the details of the psychotic episode, including talking about it, writing about it, and remembering the experience, the less anxious and distressed he or she will feel. The technical term for this is "exposure," and it refers to the process by which people gradually learn that anxiety-provoking but safe situations, such as the memory of something upsetting happening, are in fact harmless and can't hurt them. The more people expose themselves to any upsetting memories of what happened, the less anxious they will feel, and the more at home they will feel with their own story of what happened.

  – If clients feel very anxious when telling their story, you could prompt them to use a stress reduction exercise to reduce the anxiety.

Check in frequently with client throughout this process to monitor anxiety and/or upset feelings, as well as to provide empathy and positive reinforcement.

EVALUATING GAINS:

- Following completion of these topics, you should discuss with clients how processing their experience has impacted them. The following probe questions may be helpful:

  1. What was it like to talk about the details of your episode of psychosis?
  2. What was helpful about this? What was difficult?
  3. What kinds of things are you now able to see differently related to your experience?
  4. What are some of the benefits of having gone through this process?
  5. Have any of your beliefs about the episode or about yourself changed as a result of what we discussed in the sessions on the topic of “Telling Your Story”?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR FIRST PERSON ACCOUNT OF PSYCHOSIS AND EXPERIENCE OF PSYCHOSIS TOPICS:

Therapeutic Goal	*Techniques & Probes*
Establish a rationale for benefits of "telling one's story" about the psychotic episode.	• Explain that the person can make peace with the memories, and even grow from the experience. • Elicit and address any concerns the client may have, and normalize anxiety as appropriate.
Assess upsetting experiences related to the psychotic episode, including symptom-related and treatment-related events.	• Guide client to complete the Upsetting Psychotic Symptoms You May Have Experienced Checklist and the Upsetting Treatment Experiences You May Have Had Checklist and briefly discuss, determining which event is most upsetting, then have client complete Post-Psychotic Episode Symptom Checklist • Guide the client to complete the Self-Stigmatizing Beliefs Checklist, and briefly discuss responses.
Review with client the example of "Michael's" first-person account of psychosis and discuss similarities and differences with client's experience	• Provide rationale of why learning about another's experience is helpful for client's own understanding and processing of his or her experience. • Initiate discussion with client about his or her reactions to "Michael's story."
Help the client tell his or her "story" about the experience of psychosis, and normalize this experience.	• Normalize any anxiety client reports when telling his or her story and assure him or her it will decrease with time and practice. • Correct any misinformation that appears (i.e., "*I got psychosis because I smoked pot once")*.
Help client develop a more cohesive written story about his or her experience by repeatedly refining or modifying the account, filling in the gaps regarding important details, the impact of the episode on current functioning, and current challenges.	• Ask questions and probe gently to fill in the gaps and gather important details *"Help me understand more about what happened right before you went to the ER…"* • Help client to revise, re-tell, and then review the narrative, preferably creating a written document (e.g., on computer) for client to keep. • Include client's strengths and the healthy coping strategies used to "get through" the episode: *"You have some amazing inner resources to have gotten through such a difficult time; what might some of those be?"*

#2. Clinical Guidelines for "Challenging Self-Defeating Thoughts and Beliefs" Topic

OVERVIEW:

This topic area focuses on teaching an approach to cognitive restructuring aimed at altering stigmatizing beliefs clients may have about their psychotic episode and what it means about their future. After a brief introduction about the purpose and contents of the topic area, the Self-Stigmatizing Beliefs Checklist is administered again, in order to evaluate whether the client has changed any self-stigmatizing beliefs about his or her episode since completing the "Telling Your Story" topic area. After briefly discussing which of the client's beliefs have changed and which have not, you provide a brief introduction to cognitive restructuring by establishing the relationship between thoughts and feelings, and noting that not all thoughts or beliefs are accurate. The skill of cognitive restructuring is then taught using a 6-step process, including a discussion of what is strong vs. weak evidence when evaluating the accuracy of a thought or belief. Next, cognitive restructuring is practiced using the worksheet, with you first taking the lead to demonstrate the steps and the client then taking the lead (with your help) to address self-stigmatizing beliefs that he or she has endorsed. Cognitive restructuring is used to modify self-stigmatizing beliefs, with a combination of in-session practice and practice on home assignments. At the end of the topic area, the Self-Stigmatizing Beliefs Checklist and the Post-Psychotic Symptom Checklist are administered again, with scores compared with the first time they were given at the beginning of the Telling Your Story topic area. Improvements are noted, and areas needing further work are identified.

Goals

1. Evaluate whether the client has changed any self-stigmatizing beliefs he or she has about the psychotic episode since completing the Telling Your Story topic area.
2. Teach client about the relationship between thoughts and feelings, and the fact that not all thoughts or beliefs are factually accurate.
3. Teach the cognitive restructuring (CR) skill to address self-stigmatizing beliefs.
4. Re-assess self-stigmatizing beliefs and post-psychotic symptoms to evaluate change from the beginning of the module to the end.

Materials Needed

1. Challenging Self-Defeating Thinking: Handout #2

TEACHING STRATEGIES:

- At the outset of this overall module, the client completed the Self-Stigmatizing Beliefs Checklist. It should be administered again at the beginning of this topic. It is hoped that some beliefs may have diminished as a result of the client telling his or her story,

although it is possible that some will persist and continue to cause distress. Briefly talk over with the client which beliefs changed and which did not, and explore possible reasons for change.

- Explain the relationship between thoughts and feelings to the client, and how inaccurate thoughts or beliefs can lead to strong negative feelings. Use generic examples from the handout to first make these points, and then elicit from the client more personal examples. Then, explain that examining thoughts or beliefs resulting in negative feelings, and evaluating the evidence for and against them, can change them and make them more accurate. Having more accurate thoughts and beliefs decreases negative feelings. Explain to the client that the process of examining thoughts or beliefs, evaluating evidence, and developing more accurate thoughts or beliefs is called cognitive restructuring. This includes examining distressing thoughts and beliefs related to the experience of a psychotic episode, and changing them accordingly.

- Teach the 6-step version of cognitive restructuring using the handout and example in the handout as a guide. In session, go over several examples of cognitive restructuring with the client to address negative feelings that he or she has recently experienced, guiding the client through the worksheet and writing responses in the appropriate columns.

- Once the client understands the basics of cognitive restructuring, identify beliefs from the Self-Stigmatizing Beliefs Checklist administered at the beginning of this topic area, and use the Cognitive Restructuring Worksheet to address them, one at a time.

- Copies of the Cognitive Restructuring Worksheet should be given to the client for home practice so that he or she can continue to address self-stigmatizing beliefs as they occur during the week.

- At the end of the topic area, re-administer the Self-Stigmatizing Beliefs Checklist and Post-Psychotic Symptoms Checklist to evaluate reductions in self-defeating, stigmatizing beliefs, and reductions of posttraumatic stress responses following an episode of psychosis. Before the client completes the Post-Psychotic Symptoms Checklist, you should fill in the blank line at the top of the questionnaire with the most upsetting event or events related to the episode that the client identified at the beginning of the module (at the beginning of Telling Your Story). Re-administering the checklists allows you and the client to compare his or her responses at the beginning and end of the module. The Post-Psychotic Symptoms Checklist can be summed, with the total compared to the first time the client completed it. Improvements in both measures should be discussed. Clients should be encouraged to continue using the cognitive restructuring skill, and to tell their story to people they feel close to, in order to further reduce any stigmatizing beliefs or post-psychotic symptoms related to the episode.

TIPS FOR COMMON PROBLEMS:

- The client may have difficulty distinguishing thoughts or beliefs from feelings. This is common, in part because people often use thoughts to describe feelings (e.g., "I feel worthless," "I feel like I have no future"). One helpful strategy is to generate a list of "feeling" words with the client (e.g., sad, depressed, anxious, worried, guilty, ashamed, angry, etc.), and to then use this list to help the client identify what feeling is associated with a particular thought or belief.

- Clients may initially have difficulty coming up with appropriate "evidence" for and against their self-stigmatizing beliefs. Highlight that the evidence should be "just the facts" and not be based largely on "feelings." Frame evidence as "*cold hard facts that would stand up in a court of law*" or say that "*strong evidence is based on objective facts that would be accepted by a scientist doing research on a question*." This can help clients understand how to develop good evidence for and against their beliefs.

- Be prepared for clients to feel a bit frustrated initially when trying to modify their self-stigmatizing beliefs – they have been through a very difficult, potentially traumatic experience, and so it may be challenging for them to be able to "see things differently." You should normalize this process, explain that modifying these beliefs may take time, and praise all efforts that the client makes to practice this skill.

EVALUATING GAINS:

- The Self Stigmatizing Beliefs Checklist is an efficient and effective way to evaluate gains made throughout this overall module and specifically gains made as a result of learning and practicing the brief version of cognitive restructuring. This checklist should be administered at the end of this module to assess any improvements in this area and to evaluate continued distress. If the client continues to endorse stigmatizing beliefs that are very distressing, you should encourage the client to participate in the Dealing with Negative Feelings Individualized Module, where a more detailed version of Cognitive Restructuring is taught and practiced.

- Changes in the Post-Psychotic Symptom Checklist completed at the beginning of topic #1 (Telling Your Story) and the end of topic #2 (the Challenging Self-Defeating Thoughts and Beliefs) can be used to assess improvements in posttraumatic symptoms related to the episode of psychosis. Scores below a total of 45 indicate that the client probably does not have clinically significant posttraumatic stress symptoms related to the episode. If the client continues to have distressing posttraumatic symptoms, he or she should be encouraged to continue to practice the cognitive restructuring skill, and to share his or her story with people he or she feels close to. Clients who have significant distress related to their episode may benefit from participating in the Dealing with Negative Feelings Individualized Module, where a more refined version of cognitive restructuring is taught and practiced.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "CHALLENGING SELF-DEFEATING THOUGHTS AND BELIEFS":

Therapeutic Goal	*Techniques & Probes*
Evaluate whether the client has changed any self-stigmatizing beliefs he or she has about the psychotic episode since completing the Telling Your Story topic area.	• Administer the Self-Stigmatizing Beliefs Checklist at the beginning of the topic area and review which beliefs have changed and which have not. • Explore the client's perceptions as to why certain beliefs changed. • Explain that persistent beliefs will be addressed in this topic area
Teach client about the relationship between thoughts and feelings, and the fact that not all thoughts or beliefs are factually accurate.	• Use generic examples to help client understand how thinking or beliefs influence feelings. • Link these facts to exploring why the client changed any self-stigmatizing beliefs from the first to the second assessment, and how the new thought made them feel. - *"The first time you completed this checklist you endorsed the thought, 'I am to blame for what happened,' but then the second time you did not. Why did you recognize that thought as inaccurate? How did you feel when you corrected your thought?"*
Teach the cognitive restructuring (CR) skill to address self-stigmatizing beliefs.	• Begin with generic examples to help client understand the steps of CR (with worksheets) • Practice skill with self-stigmatizing examples from the Self-Stigmatizing Beliefs Checklist: - *"Let's take a closer look at your belief, 'I have no control over my actions now' and figure out if it's totally accurate, looking at the evidence about what's currently going on in your life."*
Re-assess self-stigmatizing beliefs and post-psychotic symptoms to evaluate change from the beginning of the module to the end.	• Re-administer the Self-Stigmatizing Beliefs Checklist and the Post-Psychotic Episode Symptom Checklist, and discuss gains made. • Normalize potential slowness of process in being able to change thinking, encouraging client to continue practice of CR. • Explore advancement to Dealing with Negative Feelings Individualized Module if needed.

INTRODUCTION TO PROCESSING THE PSYCHOTIC EPISODE

Introduction and Module Overview

Going through an episode of psychosis can be a very frightening and confusing experience that can affect many different areas of a person's life, including school or work, friendships and family relationships, and self-confidence and self-esteem. It is normal to feel upset and worried after this type of experience. It is also common to have upsetting or scary memories about the experience that pop into your mind, even when you are trying not to think about it, which can get in the way of your day to day living.

The reactions that people have following a psychotic episode, such as intrusive memories and avoiding situations that remind them of what happened, are similar to common reactions people have after other upsetting or dramatic experiences, such as being in an accident or being assaulted. When people have any type of major life event that results in upsetting memories, they can benefit from being able to "talk through" or "process" their experience. People also benefit from learning how to challenge negative thoughts and beliefs they may develop about their experience, and what it means to them.

This module is aimed at helping you process the experience of your psychotic episode, and coming to a better understanding of what happened and how it has affected you. In addition, you will learn a skill called "cognitive restructuring" that will help you challenge and change negative thoughts related to your experience. By processing your experience, and changing inaccurate and self-defeating thinking related to it, you will have the confidence to move forward with your life and to pursue your personal goals.

In this module we will:

- Evaluate the different types of common negative thoughts and upsetting feelings or memories that you might have related to the episode.

- Learn about the experience of someone ("Michael") who had an episode of psychosis and how that affected areas of his life.

- Explore the different aspects of your episode of psychosis, including what led up to it, what happened, and how it affected you both then and now.

- Work together to help you "tell your story" and to make sense of some possibly confusing parts of your experience.

- Learn a skill to help you cope better with (and challenge) negative, "self-stigmatizing" beliefs you may have related to the experience of psychosis.

What I expect from you:

- Willingness to talk about your experience and "tell your story."

- Honesty about any feelings of anxiety or discomfort that you may have as we work together on this.

- Willingness to practice the skill of cognitive restructuring to challenge and change negative thinking related to your experience.

What you can expect from me:

- Non-judgmental and understanding exploration with you about things that happened during and after the episode of psychosis.

- Guidelines and tools for helping you "tell your story."

- Confidentiality about your experiences except with the treatment team.

- Willingness to go at a pace that is comfortable to you when talking about difficult aspects of your experience, as well as emotional support throughout this process.

- Help learning and using cognitive restructuring to cope with your upsetting thoughts related to the psychotic episode.

This module focuses on helping you better understand your episode of psychosis by learning how to "tell your story" about what happened to you, as well as how it has affected your life.

We will also work together on practicing a skill to challenge any upsetting thoughts related to psychosis that you may have.

A Message of Hope:

Although having an episode of psychosis can be extremely upsetting, talking it through or "processing" it can give you an opportunity to better understand what happened. "Telling your story" can enable you to overcome anxious feelings you may have when memories of your experience come back to you, and help you integrate the experience into your life. Many people who have had the opportunity to process their experience of psychosis, and challenge their negative beliefs about it, have found it helpful in moving forward with their personal goals and recovery.

#1: TELLING YOUR OWN STORY

People often describe having a psychotic episode as a "traumatic" event. When people experience any kind of traumatic event, such as an accident, disaster, being assaulted, or a psychotic episode, it is common for them to be bombarded by upsetting memories of what happened. Although you may feel helpless about your ability to escape your memories, take heart! There is a way to make peace with the memories of your psychotic episode, and even to grow from your experience. The solution is to learn how to tell your own story about your experience with psychosis, so that you will no longer need to live in fear of your own memories.

This topic will first focus on understanding some of the effects of your psychotic experience on your thoughts, feelings, and behaviors. Then you will read the story of someone else who experienced a psychotic episode and how it affected him and his life. Finally, you will tell your own story about your experience with psychosis, and how it has affected your life.

Learning how to tell the story of your psychotic episode will help you make peace with your memories, grow from the experience, and have confidence in moving forward with your life

Understanding the Effects of Your Psychotic Episode

Having a psychotic episode can involve a variety of frightening experiences. Some of those experiences may be due to the symptoms of psychosis themselves, such as hearing voices or believing that someone wants to hurt you.

Upsetting Psychotic Symptoms You May Have Experienced

Instructions: Complete the checklist below to indicate which of the following distressing symptoms you experienced during your psychotic episode.

Symptom:	**I experienced this symptom**	**I did not experience this symptom**
Believing people were plotting against me		
Afraid of losing my mind or losing touch with reality		
Hearing voices say bad things, yell at me, or tell me what to do		
Doing strange, violent, or embarrassing things		
Believing people or groups want to hurt me		
Putting myself in danger		
Hurting myself		
Frightening hallucinations		
Forces outside of me making me hurt myself		
Other symptom: ______________ ______________________________		

Questions:

- For the symptoms that you indicated experiencing above, which ones are the most upsetting to look back on?
- What about those experiences are the most distressing to remember?

In addition to upsetting symptoms, having a psychotic episode can also be associated with frightening experiences related to the treatments you received, such as having to go into the hospital or taking medications that caused unexpected side effects.

Upsetting Treatment Experiences You May Have Had

Instructions: Complete the checklist below to indicate which of the following upsetting treatment experiences you had during your psychotic episode.

Treatment experience:	**I experienced this**	**I did not experience this**
Forcibly taken to the hospital or emergency room		
Frightening or hurtful treatment		
Physically restrained or secluded in the hospital		
Serious problem or side effect related to medication		
Feeling embarrassed to be seen in an emergency room or hospital		
Forced to take medication		
Being frightened of other patients I saw in the hospital		
Threatened by a treatment provider		
Other treatment experience: ____ ______________________________		

Questions:

- For the treatment experiences that you indicated experiencing above, which ones are the most upsetting to look back on?
- What about those experiences are the most distressing to remember?
- When you consider the frightening symptoms you indicated above, and the distressing treatment experiences you just endorsed, which one or ones are the most upsetting to you when you look back on them?

Having a psychotic episode can involve frightening symptoms and distressing experiences related to your treatment

Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences

The stressful experiences you have described sometimes lead to problems that can interfere with everyday functioning. Use the checklist below to record which problems you may have experienced.

Post-Psychotic Episode Symptom Checklist

Instructions: From the two checklists above about your psychotic episode ("Upsetting Psychotic Experiences You May Have Had" and "Upsetting Treatment Experiences You May Have Had"), which experience (or combination of experiences) are the most upsetting when you look back on them now?

My most upsetting experience(s): ___________________________________

____

Below is a list of problems and complaints that people sometimes have in response to psychotic symptoms or treatment experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem over the past month. Many of these problems and complaints may be decreased or eliminated entirely when you and your clinician work together on telling your story of your psychotic episode.

Problem or Complaint — How Much has this Bothered You Over the Past Month

		Not at all	A little bit	Moderate	Quite a bit	Extreme
1.	Repeated, disturbing *memories, thoughts,* or *images* of the stressful experience?	1	2	3	4	5
2.	Repeated, disturbing *dreams* of the stressful experience?	1	2	3	4	5
3.	Suddenly *acting* or *feeling* as if the stressful experience *were happening again* (as if you were reliving it)?	1	2	3	4	5

4.	Feeling *very upset* when *something reminded you* of the stressful experience?	1	2	3	4	5
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of the stressful experience?	1	2	3	4	5
6.	Avoiding *thinking about* or *talking about* the stressful experience or avoiding *having feelings* related to it?	1	2	3	4	5
7.	Avoiding *activities* or *situations* because *they reminded you* of the stressful experience?	1	2	3	4	5
8.	Trouble *remembering important parts* of the stressful experience?	1	2	3	4	5
9.	*Loss of interest* in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling *distant* or *cut off* from other people?	1	2	3	4	5
11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your *future* will somehow be *cut short*?	1	2	3	4	5
13.	Trouble *falling* or *staying asleep*?	1	2	3	4	5
14.	Feeling *irritable* or having *angry outbursts*?	1	2	3	4	5
15.	Having *difficulty concentrating*?	1	2	3	4	5
16.	Being *"super-alert"* or watchful or on guard?	1	2	3	4	5
17.	Feeling *jumpy* or easily startled?	1	2	3	4	5

PCL-S for DSM-IV(11/1/94) Weathers, Litz, Huska & Keane National Center for PTSD

Sometimes when people have had a psychotic episode they develop negative beliefs about themselves, who they are, and what they are capable of. These beliefs can be "self-stigmatizing," meaning that they indicate the person thinks he or she is inferior to others or incapable of doing things because of their episode. The checklist below includes beliefs that people sometimes have after experiencing a psychotic episode.

Self-Stigmatizing Beliefs Checklist

Instructions: Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought. You and your clinician can discuss these upsetting thoughts and work on learning to challenge them in order to reduce some negative feelings you may be having over the past several weeks.

- ☐ I will never get better or recover.
- ☐ I am to blame for what happened.
- ☐ I am crazy and always will be.
- ☐ I can't trust myself because of what happened.
- ☐ I cannot be trusted because of what happened.
- ☐ I have no control over my actions now.
- ☐ I'm unpredictable or dangerous.
- ☐ I am unable to get or keep a regular job.
- ☐ I will never be able to have meaningful relationships or a family.
- ☐ I will lose control at any moment.
- ☐ I will be unable to care for myself because of what happened.

*Adapted from: Bruce Link, Ph.D., unpublished assessments

A psychotic episode can lead to upsetting memories of what happened to you, and negative beliefs about yourself and your capabilities.

With the help of your clinician, by "telling your story" about what happened, and challenging your negative beliefs, you can process your experience and develop a positive attitude about your future.

First-Person Account of a Psychotic Episode, Part I of "Michael's Story"

In order to tell your own story of your experience with psychosis, it can first be helpful to learn how other people with similar experiences have coped, how they have gotten their life back on track, and what they have learned about themselves. This can help you understand your own experience better, and get your own life back on track.

Below is a description of a young guy named Michael who experienced a psychotic episode. Review his story with your clinician and/or on your own at home.

***Michael**: "In my life, things always went pretty well for me overall. I did okay in school, had some friends, played in the marching band at school, got along with my parents pretty well. Things weren't great all the time, but they were pretty normal for the most part. When I went off to college (I went to a state school that was about 4 hours from my hometown), I was able to get through that freshman year, but then when I went back for my sophomore year, things started feeling really stressful. And not just the regular things like exams and papers and trying to meet girls, but everything. I started to get the feeling that my roommate didn't want me around, then I really felt like he was trying to poison me. He used to make these powdered protein shakes all the time, and was always asking me if I wanted to try one. Of course I never did because I thought he was dangerous. I started to think about that all the time, and started wondering if the whole school was in on it too. As a result, I stopped going to the cafeteria and was even reluctant to order in take-out because I was scared that on the way up to my room, someone would give the poison to the delivery guy and he would slip it into my meal. I lost about 15 lbs in just a couple of months, didn't sleep at all, and didn't attend my classes because I was always working on staying safe and protecting myself. I smoked some pot to help calm me down, but I wasn't sure if that helped or not. I think it may have made things worse.*

In November, the voices came on, telling me that I would be killed and so would my family if I didn't do something to stop the school from persecuting me. I was so terrified and confused and I felt like I had no one to talk to. My roommate stopped hanging out in our dorm and barely looked at me when he came in to get clothes or books. I was really lonely but also too scared to talk to any of my friends from home about what was happening. The voices told me to keep everything to myself anyway. One day, I couldn't take it anymore and went into the common area of my dorm, holding my Swiss army knife, and screamed at all the students hanging out there, telling them that their lives were in danger and they were contributing to the harm and eventual downfall of my family.

That evening, things got really confusing and scary. The resident director came in to talk to me and brought a security guard with her. They took me downstairs to the main lobby and there was an ambulance there and a couple of police officers. I tried to explain that we were all in danger and that the school administration was evil, but no one would listen. I was taken to an old, kind of run-down hospital and given lots of drugs. I slept a lot. My parents were there. I don't remember much of what happened.

Since then my life has changed a lot. I'm not sure of what to make of what happened, I still don't remember a lot and my family seems to not want to talk about it. I've been living at home for the past year, going to the outpatient mental health center for some groups. I didn't go back to that school, needless to say. I feel really humiliated about what happened there. I feel like no one really knows what to say to me these days. I just feel at a loss, kind of numb, and pretty nervous all the time. It's hard to even get out of bed in the morning. I never thought my life would come to this.

Questions:

- What stands out to you about Michael's experience?
- Did anything similar happen to you?
- Which parts of Michael's experience were different from your experience?

Home Practice Options:

1. Share "Michael's Story" with a trusted family member or friend and discuss their reaction to Michael's experience, and impressions of how your experience may have been similar or different.
2. Reread "Michael's Story" this week at home. Underline parts that resonate with your experience and make notes in the margins of the handout if you'd like. Bring this handout to your session next week and further discuss it with your clinician.

First-Person Account of a Psychotic Episode, Part II of "Michael's Story"

This is the second part of Michael's story about his experience with psychosis. In this portion, Michael shares how having had psychosis has affected his life and what is important to him. He also discusses the steps he took to get back on track in his life, and what this journey has been like for him. Again, review this part of the story with your clinician and/or on your own at home.

Michael: *If I'm really honest about how psychosis has affected me, I would have to say that it has affected almost every part of my life. I can't help but think where I would be now if I hadn't gotten sick. First of all, I would be finished with my first semester of my junior year. I had always planned to study abroad for part of my junior year--maybe I would be in South America or Guatemala right now. Instead I'm not even finished with my sophomore year, so even if I go back to a different college next semester, I'll be older than everyone else and it's going to be hard to make friends.*

When I first got to school, I was starting to make some good new friends on the cross country team, but I was so stressed out that I didn't run track in the Spring and I lost touch with them. I was so relieved to come home for the summer after my freshman year, because I thought I'd be back to normal hanging out with my high school friends, but it seemed like they were not around. So I was left feeling like there was no one to hang out with and I was thinking that I would just stay away from everyone until I restarted college. Recently though my clinician came up with the idea that it might make sense for me to try to reconnect with some of my old high school friends, just to find out what they are up to. I did and it turned out that one of my good friends transferred to a local school after his first year because he wasn't happy there, so he kind of gets where I'm coming from. At least I have him to hang out with now. I haven't told him exactly why I left school--I think he thinks that I have depression or obsessive-compulsive disorder or something. I worry all the time though that he's going to hear gossip about how I went crazy at school--you know what a small world it is. Anyway, I've been thinking through with my clinician whether it makes sense to tell him a little bit about what I have been going through. I worry about him judging me.

It doesn't help that my parents are so uptight about what I did--I think they are really afraid that people in our town are going to think badly of us because of how I acted at school. I've noticed that they've become a little more standoffish from other people since I got sick. They don't know how to explain to their friends why I'm home from college--the other day I heard my mom saying that the college just wasn't a good fit for me and that I was taking off time to volunteer, which is totally untrue. So aside from being embarrassed about me to their friends and acting like nothing is wrong, they have me under a microscope at home. They are constantly nagging me to take my medication and complaining about my smoking.

One of the really stupid things I started doing since I was in the hospital is smoking cigarettes. I used to smoke only occasionally--like when I was hanging out with friends or drinking, but now I'm up to a pack a day, which is really dumb I know, but I've been really nervous and smoking seems to help a little. I really miss running, though, I used to run 5 miles a day, but now I'm getting out of breath when I walk up the stairs of my parents' house.

It has been a rough time, but one of the things I'm starting to think is that the worst is over. I've been going to a group at the mental health center with other people who have been in the hospital like me and seeing how they have moved on with their lives has really given me hope. Some of them are back in school and have jobs. Some of them have their own apartments and girlfriends or boyfriends. I now think that being able to get through psychosis is something that you have to be a strong person to do.

Questions:

- What stands out to you about Michael's experience?
- Did anything similar happen to you?
- Which parts of Michael's experience were different from your experience?

Home Practice Options:

1. Share "Michael's Story, Part II" with a trusted family member or friend and discuss their reaction to Michael's experience, and impressions of how your experience may have been similar or different.

2. Reread "Michael's Story, Part II" this week at home. Underline parts that resonate with your experience and make notes in the margins of the handout if you'd like. Bring this handout to your session next week and further discuss it with your clinician.

Telling Your Own Story

Now that you have learned about "Michael's story" the next step is to work on telling your own story—that is, your experience with psychosis. When working on your story, you may find that there are parts of it that are confusing or hard to

remember. Piecing your story together, and making sense of what happened, can help you better understand your experience, and what you have learned from it. This can help prepare you for moving forward with your life and your personal goals.

Pulling your story together can be challenging but rewarding. Your clinician will work together with you to fill in any missing gaps about what happened during the episode and after. You may also find it helpful to talk to family members or other people who you know and trust about what they remember of your experience. In order to help you write your "story," a set of probe questions is provided below that may help you remember different aspects of the experience that you want to include. Work with your clinician to recount your experience, and he or she will help you use some of the questions below as a guide to help you develop a clear story of what happened that is helpful to you.

Before the Episode:
Were there stressful situations in your life?
Were there any life changes?
Did you experience any upsetting feelings or symptoms?
Did you notice these problems yourself or not?
Did someone point out these problems? Who? How did you react to his or her feedback?
During the Episode:
Did you seek treatment on your own?
What drew people's attention to the fact that you needed assistance?
What do you remember about your experience at the ER or the hospital?
Who was involved in getting you to seek treatment?
How did you react to people who were involved? Family, friends, doctors, etc?
Are there things that you feel badly about having said or done around this time?
Did you have any distressing experiences related to your treatment? (Refer back to "Upsetting Treatment Experiences You May Have Had" Checklist)
General After-Effects of the Episode:
How has your life changed since you experienced psychosis?
Have you changed how you think about yourself since experiencing psychosis?
How have other people responded to you?

What is your biggest fear related to having had psychosis?
Do you experience intrusive memories about the episode? How do you cope with them?
<u>How the Episode Affected your *Social Life and Relationships*</u>:
How did psychosis affect how much you wanted to be with friends?
How did psychosis affect the types of activities you do with friends?
How did it affect whether you were the one initiating contact with friends or not?
How did it affect the quality or depth of your friendships and family relationships?
How comfortable do you feel sharing your experience with others?
What is it like to attend family celebrations lately?
How about romantic relationships?
How did this experience affect what you enjoy doing?
Do you still have interest in doing the same activities you did before the episode? Why or why not?
<u>How the Episode Affected your *School or Work*</u>:
What were your future school/work goals before your developed psychosis?
How about now? Have things changed, and if so, how and why?
What were some of the extra-curricular activities you were involved in before? How about now?
<u>How the Episode Affected your *Independence or Autonomy*</u>:
How did this affect your independence from your family members (e.g., parents)?
How do you feel about your current level of independence?
Are there things you used to do for yourself that you are no longer doing?
How satisfied/unsatisfied are you with your level of independence right now?
Are there things in your life that you don't have control over currently that you wish you did?
<u>How the Episode Affected your *Self-Care and Wellness*</u>:
What is your current physical health like?
Are there ways that the experience of psychosis or treatment have affected your health?
Are there activities that you used to do that made you feel healthy that you are not doing now?
How are you feeling about your appearance these days?
Are there things you used to do to pay attention to your appearance that you are not doing

now (e.g., showering, dressing well, washing and cutting your hair, etc)? If so, what are some reasons you are paying less attention to your appearance now?

Now that you and your clinician have taken some time to discuss different aspects of your experience with psychosis and its effects on your life, you can work on telling your own story about your personal experience (see "Michael's story" again for a guide). Use the space below to work on writing out your story, or try writing on a computer. You and your clinician can decide what works the best as far as where to start and what to include.

A suggested format is to include the following information:
1) What happened before the episode.
2) What happened during the episode.
3) What were some immediate after-effects of the episode.
4) What effects you are experiencing currently related to the episode.
5) Integrate into your story information about your experience that identified in earlier sections of this handout, "Upsetting Psychotic Symptoms You May Have Experienced" and "Upsetting Treatment Experiences You May Have Had").
6) Be sure to include information about healthy coping strategies that you used during this time and strengths that you possess that got you through this experience. Also include progress you have already made on getting your life back on track.

Take your time writing your story. You may find that you need to write it more than once, in order to fill in the gaps and to help you make new sense of what you experienced. If you like, your clinician would be happy to help you with processing your experience and telling your story.

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Home Practice Options:

1. Review your story and think about if you want to add anything. Write up a new draft and share it with your clinician in your next session.

2. Share your story with a trusted family member or friend and discuss their reaction to your experience. Ask them if they think there is anything important to add that you may have missed. Decide whether or not to incorporate their ideas into your story or discuss this with your clinician in your next session.

Summary Points for Telling Your Own Story:

- *It is common for people to have distracting thoughts and feelings related to symptoms they had and upsetting treatment experiences during their psychotic episode.*

- *Intrusive and distressing memories related to those upsetting experiences are common, as well as negative, self-stigmatizing beliefs about yourself.*

- *Learning how to "tell your story" us an effective way of organizing and understanding your memories, processing what happened, overcoming your distress when you look back on the episode, and understanding and learning from the experience.*

- *It often takes going over your story several times and writing it down in order to feel comfortable* with it, and ready to move on with your life.

#2: CHALLENGING SELF-DEFEATING THOUGHTS AND BELIEFS

As previously discussed in the "Telling Your Own Story" topic area, after someone has experienced a psychotic episode, they may develop thoughts and beliefs about their experience, themselves, and their capabilities. Sometimes these thoughts can be inaccurate, self-defeating, and stigmatizing, such as the belief that the person himself or herself is to blame for what happened. Identifying and correcting these thoughts can help you develop a more positive and realistic understanding of yourself and your experience, and help you prepare to move forward in your life with confidence and self-assurance.

In this topic area we will first identify any self-defeating thoughts you still may have using the same self-assessment form we used at the beginning of the last topic area. You will learn a method to identify and challenge inaccurate and self-defeating thoughts and beliefs, called "cognitive restructuring." You will then have the chance to use this cognitive restructuring skill to challenge some of your negative thinking in order to develop more positive and more accurate thoughts and beliefs about yourself and the effects of your psychotic episode. At the end of this topic you will complete the self-assessment form about your beliefs again, and the checklist of problems and complaints related to a psychotic episode that you also previously completed. This will tell you in which areas you have experienced a reduction in distress about your psychotic episode and in which areas you still need additional work.

Reviewing Your Self-Defeating Thoughts and Beliefs

For some people, "telling their story" about their psychotic episode, and making sense of their experience, naturally reduces self-defeating or stigmatizing thoughts and beliefs they may have about what happened. For some people, negative thoughts or beliefs may persist, and additional attention needs to focus on identifying and changing them. In order to see which of your negative thoughts and beliefs have changed since the beginning of the Processing the Psychotic Episode module, and which ones are still a problem, complete the Self-Stigmatizing Beliefs Checklist again to indicate which thoughts and beliefs you currently have about your psychotic episode.

Self-Stigmatizing Beliefs Checklist

Instructions: Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought over the past several weeks.

- ☐ I will never get better or recover.
- ☐ I am to blame for what happened.
- ☐ I am crazy and always will be.
- ☐ I can't trust myself because of what happened.
- ☐ I cannot be trusted because of what happened.
- ☐ I have no control over my actions now.
- ☐ I'm unpredictable or dangerous.
- ☐ I am unable to get or keep a regular job.
- ☐ I will never be able to have meaningful relationships or a family.
- ☐ I will lose control at any moment.
- ☐ I will be unable to care for myself because of what happened.

*Adapted from: Bruce Link, Ph.D., unpublished assessments

Questions:

- When you compare your response on this checklist to the ones you previously gave, which stigmatizing beliefs did you used to have that you no longer do? Why do you no longer believe that belief (or those beliefs)?
- When you compare your responses, which stigmatizing beliefs do you continue to endorse? Which of those beliefs is most distressing to you?

The Relationship Between Thoughts and Feelings

How people feel about themselves, in general and in different situations, is strongly influenced by what they think about themselves and those situations. For example:

- If you did poorly on a test and thought "I'm a failure," how would that make you feel? (Sad? Disappointed? Embarrassed?)
- If someone remembered your birthday by sending you card, and you thought "She cares about me," how would you feel? (Happy? Pleasantly surprised?)

How a person feels about something is often influenced by their thoughts and beliefs about the situation.

Question:

- What's a real-life example of how a feeling might be caused by a certain thought?

Thoughts Can Be Inaccurate

Sometimes the thoughts that lead to upsetting feelings are not completely accurate. In fact, some of the beliefs people have about themselves can be downright **wrong**, which can cause unnecessary negative feelings for no valid reason!

Example #1:

SITUATION	INACCURATE THOUGHT	FEELINGS	CONTRARY EVIDENCE	ACCURATE THOUGHT	FEELINGS
You're lying in bed at night sleeping and you hear a scratching at the window.	"Someone is trying to break into my apartment!"	- Anxiety - Fear	- Your cat is scratching to be let into your apartment.	"My cat wants to be let in."	- Surprise - Relief

Example #2:

SITUATION	**INACCURATE THOUGHT**	**FEELINGS**	**CONTRARY EVIDENCE**	**ACCURATE THOUGHT**	**FEELINGS**
You are walking down the street and you see a friend across the street. You shout "hello" but they don't wave or shout back.	"My friend is snubbing me, or he doesn't want to be seen with me in public."	- Hurt - Anger	- Your friend has a terrible cold and he didn't hear you shout to him.	"My friend didn't hear me. He wasn't deliberately ignoring me."	- Calm, not hurt or angry

Having lots of inaccurate, self-defeating, or stigmatizing thoughts and beliefs can keep a person feeling upset and stuck, and prevent them from moving on. People can develop some of these types of thoughts after an upsetting experience like having an episode of psychosis.

Questions:

- What's a real-life example of how an upsetting feeling might be caused by an inaccurate thought?
- Can you think of a personal example of when an upsetting thought that made turned out to be inaccurate? What did you do about it?
- Which of the beliefs from the Self-Stigmatizing Beliefs Checklist did you first check off and then later changed? Which beliefs did you first check off, and still continue to believe? Review these with your clinician.

Not all thoughts or beliefs that lead to upsetting feelings are accurate.

Some thought or beliefs about having a psychotic episode may be totally incorrect.

What Can Be Done About Inaccurate Thoughts and Upsetting Feelings?

When someone feels upset by something, it can be helpful to more closely examine the thoughts or beliefs that underlie those feelings. This can enable the person to evaluate whether they are accurate or not. If the thought is not totally accurate, it is best to come up with a more accurate thought, or a different way of looking at the situation. Examining one's thoughts in this way can help reduce upsetting feelings due to inaccurate and self-defeating thinking, and replace them with more accurate and more self-empowering thoughts.

Cognitive Restructuring

"Cognitive restructuring" (or "CR") is a skill for closely examining and challenging thoughts and beliefs that lead to upsetting feelings, including thoughts related to having a psychotic episode. A brief explanation of this skill is provided below.

In ***Cognitive Restructuring (CR)***, if you have a negative feeling related to a thought or belief, you take the following steps:

1. Identify the thought or belief that is making you upset.
2. Figure out the feeling or feelings are related to your thought.
3. Consider all the evidence that supports the *accuracy* of your thought, focusing on the most objective evidence possible.
4. Consider all the evidence that *does not* support the accuracy of your thought, focusing on the most objective evidence possible.
5. Come up with a new thought that is more accurate than your old thought or belief.
6. Note whether or not you still *feel* the same way as you did before you tried CR, or whether you feel less upset.

As noted in Steps #3 and #4 above, CR requires you to evaluate the evidence *supporting* your upsetting thought or belief, and the evidence *against* the thought or belief, *focusing on the most objective evidence possible*. When judging whether the evidence is objective or not, it can be helpful to think about whether the evidence would be accepted by someone who is independent or impartial to your situation. For example, is the evidence the type of evidence that might be accepted in a court of law, or by some scientists who are trying to evaluate a research question?

For example: John is walking down the street in the middle of the day and he begins to feel anxious when he notices that a man is walking 15 feet behind him. Read the types

of evidence below, and consider which ones are objective evidence and which ones are not. For each of your answers, why do you think the evidence is objective or not?

- John feels anxious, therefore he knows he must be in danger.
- John notices that the person has a gun bulging out of his pocket.
- The man rushes up to John and tells him "Give me your money or else!"
- John was mugged once a few years ago.

CR can be used to work on any upsetting thought or belief. Here we will focus on helping you use this skill to challenge upsetting thoughts or beliefs you have that are related to your experience of having had an episode of psychosis. When you complete this module, if you continue to experience distress related to these or other thoughts, you can further improve your CR skills in the Individualized Module called "Dealing with Negative Feelings."

> Cognitive Restructuring (CR) is a skill to help you identify and challenge inaccurate and self-defeating thoughts and beliefs that lead to upsetting feelings

Examples of Cognitive Restructuring

In order to learn how to use CR, it can be helpful to see some examples of how other people have challenged and changed self-defeating thoughts related to experiencing a psychosis. Review the examples below with your clinician and discuss how the first person (Sally) worked through her self-defeating thought, "Since I had psychosis, I can't achieve anything in my life," and how the second person (John) worked through his self-defeating thought of "I am to blame for what happened."

Example #1: Sally

SELF-DEFEATING THOUGHT	**FEELINGS**	**EVIDENCE *FOR***	**EVIDENCE *AGAINST***	**NEW THOUGHT**
"Since I had psychosis, I can't achieve anything in my	- Hopeless - Angry	- My life feels empty -I'm not in college	- Things are better than when I was in the hospital	"If I work hard and try, I can probably get much of what I

life"		anymore - Other people have told me I won't be able to work	- I'm in the supported education and employment program and working on re-enrolling in school - I am in treatment and I'm working hard on it - I've learned that lots of people with a psychotic episode have returned to work or school	want in life"

Example #2: John

SELF-DEFEATING THOUGHT	**FEELINGS**	**EVIDENCE *FOR***	**EVIDENCE *AGAINST***	**NEW THOUGHT**
"I am to blame for what happened"	- Guilt	- I was smoking pot before my episode occurred - I wasn't getting the sleep I needed when I began to have psychotic symptoms	- Pot does not cause psychotic episodes - I'm working with my treatment team to get better - I've stopped smoking pot	"My psychotic episode was not my fault and I'm doing what I can to recover from it"

Questions:

- Are either of these examples similar to some thoughts or beliefs you have had recently, based on your own experience? Which ones? When you consider the evidence for and against the thoughts in the examples, what does it make you think about your own self-defeating thoughts?

Practicing Cognitive Restructuring

Now that you have had a chance to see some examples of how CR worked for two other people, you can practice using the skill to address some of your own thoughts and beliefs related to your psychotic episode. Return to the most recent copy of the Self-Stigmatizing Beliefs Checklist that you completed (at the beginning of this handout). With your clinician's help, select a belief that you still endorse, and use the steps of CR to identify the feelings associated with the belief, examine the evidence supporting it and not supporting it, and come up with a new, more accurate and helpful way of looking at your experience. If you did not endorse any of the beliefs on the checklist, identify some other upsetting thoughts and feelings that you can use CR to examine and challenge. Use the Cognitive Restructuring Worksheet to keep track of the steps of CR.

CR is a skill that you get better and better at the more you try. Not only can CR help correct self-defeating and inaccurate beliefs you may have about your experience of having a psychotic episode, but it can also help you deal more effectively with other negative feelings you may have in your life. As with all other skills in life, the key is to "Practice, practice, practice!" Below is a blank Cognitive Restructuring Worksheet that you can use for practicing the skill.

SELF-DEFEATING THOUGHT	FEELING	EVIDENCE *FOR*	EVIDENCE *AGAINST*	NEW THOUGHT

Home Practice Options

1. Using the worksheet below, practice this CR skill one day each week with any upsetting thoughts you notice yourself having.

2. Take one or two of the self-stigmatizing thoughts from the Self-Stigmatizing Beliefs Checklist (at the beginning of this handout) that you checked off and use this skill to challenge these beliefs. If you get stuck, your clinician will help you.

3. Share this skill with a trusted family member or friend and ask them to help you work on your upsetting thoughts using CR.

Cognitive Restructuring Worksheet

Practice the CR Skill with your own upsetting thoughts. You can use some of the thoughts you checked off in the Self-Stigmatizing Beliefs Checklist (beginning of this handout) or any other upsetting thought.

Remember how to practice this skill:
1). Ask yourself "What am I thinking right now that is causing me to be upset?"
2). Identify a particular emotion that you are experiencing.
3) Jot down "hard" evidence that supports your self-defeating thought.
4) Jot down evidence that does NOT support your self-defeating thought.
5) Based on the Evidence Against, come up with a more helpful or realistic thought.
6) Once you have developed a new thought, check yourself to see how that new thought makes you feel.

SELF-DEFEATING THOUGHT	FEELING	EVIDENCE *FOR*	EVIDENCE *AGAINST*	NEW THOUGHT

Gauging your Improvement

In this module you have been working hard on processing your experience of having a psychotic episode, and how it has affected your life. You have told your story of your experience, and learned how to use CR to challenge and change some of you self-defeating, stigmatizing beliefs. It can be helpful to see how some of your thoughts and feelings related to your episode have changed over the last several weeks of processing your experience.

In order to see what has changed since you began work on processing your experience, complete the same two questionnaires that you initially completed at the beginning of this module, including the Post-Psychotic Episode Symptom Checklist and the Self-Stigmatizing Beliefs Checklist. To see which areas you improved in, with your clinician's help compare your current scores on the checklists with your initial scores.

You might continue to have some stigmatizing beliefs related to your experience. You may also still have some upsetting memories related to it. You may find two strategies helpful for dealing with these thoughts and memories:

- Continue to practice CR in order to challenge and change your upsetting thoughts and beliefs—sometimes it just takes more time and practice

- Share your personal story of what happened to you with other people whom you feel close to, and make any modifications in your story to include any missing parts—the more familiar your story is to you, and the easier it is for you to tell it, the more successful you will be in integrating your psychotic episode into your life

Post-Psychotic Episode Symptom Checklist

Instructions: From the last time you completed this Checklist (at the beginning of the Telling Your Story" topic handout), write down the most upsetting psychotic or treatment experience (or combination of experiences) you had below.

My most upsetting experience(s): ___________________________________

____

Below is a list of problems and complaints that people sometimes have in response to psychotic symptoms or treatment experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem over the past month. Many of these problems and complaints may be decreased or eliminated entirely when you and your clinician work together on telling your story of your psychotic episode.

Problem or Complaint — How Much has this Bothered You Over the Past Month?

		Not at all	A little bit	Moderate	Quite a bit	Extreme
1.	Repeated, disturbing *memories, thoughts,* or *images* of the stressful experience?	1	2	3	4	5
2.	Repeated, disturbing *dreams* of the stressful experience?	1	2	3	4	5
3.	Suddenly *acting* or *feeling* as if the stressful experience *were happening again* (as if you were reliving it)?	1	2	3	4	5
4.	Feeling *very upset* when *something reminded you* of the stressful experience?	1	2	3	4	5
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of the stressful experience?	1	2	3	4	5
6.	Avoiding *thinking about* or *talking about* the stressful experience or avoiding *having feelings* related to it?	1	2	3	4	5
7.	Avoiding *activities* or *situations* because *they reminded you* of the stressful experience?	1	2	3	4	5
8.	Trouble *remembering important parts* of the stressful experience?	1	2	3	4	5
9.	*Loss of interest* in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling *distant* or *cut off* from other people?	1	2	3	4	5

11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your *future* will somehow be *cut short*?	1	2	3	4	5
13.	Trouble *falling* or *staying asleep*?	1	2	3	4	5
14.	Feeling *irritable* or having *angry outbursts*?	1	2	3	4	5
15.	Having *difficulty concentrating*?	1	2	3	4	5
16.	Being *"super-alert"* or watchful or on guard?	1	2	3	4	5
17.	Feeling *jumpy* or easily startled?	1	2	3	4	5

PCL-S for DSM-IV(11/1/94) Weathers, Litz, Huska & Keane National Center for PTSD

Sometimes when people have had a psychotic episode they develop negative beliefs about themselves, who they are, and what they are capable of. These beliefs can be "self-stigmatizing," meaning that the person thinks he or she is inferior to others or incapable of doing things because of the episode of psychosis. The checklist below includes beliefs that people sometimes have after experiencing a psychotic episode. To see which areas you improved in, with your clinician's help compare your current scores on the checklist with your initial score.

Self-Stigmatizing Beliefs Checklist

Instructions: Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought. You and your clinician can discuss these upsetting thoughts and work on learning to challenge them in order to reduce some negative feelings you may be having over the past several weeks.

- ☐ I will never get better or recover.
- ☐ I am to blame for what happened.
- ☐ I am crazy and always will be.
- ☐ I can't trust myself because of what happened.
- ☐ I cannot be trusted because of what happened.
- ☐ I have no control over my actions now.
- ☐ I'm unpredictable or dangerous.
- ☐ I am unable to get or keep a regular job.
- ☐ I will never be able to have meaningful relationships or a family.
- ☐ I will lose control at any moment.
- ☐ I will be unable to care for myself because of what happened.

*Adapted from: Bruce Link, Ph.D., unpublished assessments

Growing from Your Experience

Your experience with a psychotic episode was a challenging one that may have produced a great deal of worry and confusion to you, and others who care about you. In telling your story about your experience, you have taken important steps toward developing a better understanding of what happened before, during, and after your episode, and being able to integrate the experience into your overall life. You have also challenged and changed some of your own self-defeating and self-stigmatizing beliefs you had about your experience, and have learned a new skill (cognitive restructuring) to help you deal with other upsetting thoughts and beliefs. Everyone experiences different challenges and setbacks in their lives. Your willingness to learn from your own experience, and to closely examine and challenge your own thinking when it makes you feel bad, can help you grow as an individual with a more complete sense of yourself and your capabilities. This type of personal growth, which you can expect to continue after you move on from this module, can both enrich your appreciation of your own resiliency in the face of life challenges, and facilitate your ability to achieve your personal goals.

Summary Points for Challenging Self-Defeating Thoughts and Beliefs:

- *Thoughts and beliefs related to a psychotic episode can be self-defeating and distressing.*
- *Thoughts and beliefs can be inaccurate.*
- *Cognitive restructuring is the skill of recognizing the thoughts underlying negative feelings, evaluating their accuracy, and changing them when they are not accurate.*
- *More accurate thoughts and beliefs are usually associated with a reduction in distress.*
- *Cognitive restructuring can be used to challenge and change self-defeating and stigmatizing beliefs that people sometimes develop often with a psychotic episode.*

Clinical Guidelines for Developing Resiliency Module

OVERVIEW:

The Developing Resiliency Module is broken down into two sections-standard sessions and individualized sessions. The first 3 topics (How can I develop resiliency? Using Your Strengths, and Finding the Good Things Each Day) will be completed as Module #6 at the end of the Standard Modules. During Module #7 Building a Bridge to Your Goals, clinicians work collaboratively with each client to decide which of the Individualized Modules will be completed as part of ongoing treatment. The second section of the Developing Resiliency Module-Individualized Sessions (Module #14) is included as a section clients can choose to complete after the standard modules. Clients can complete Module #14 either as a stand alone Individualized Module or with single exercises integrated into the first session or two of each of the Individualized Modules. Before beginning each Individualized Module, each client should complete one Resiliency exercise from Module #14. If the client chooses not to complete any of the Individualized Modules, he or she has the option of completing any of the exercises in Module #14.

Each exercise (except How Can I Develop Resiliency) is broken down into two parts. Part I provides the rationale for the exercise, gives the client a chance to practice the skill, and helps the client make a plan to use the skill before the next session. Part II is designed to follow-up with the client to determine the success of using the skill and the impact the skill had on their mood, social relationships, level of stress, etc.

Goals

1. Provide information on and help client identify with the resiliency process.
2. Help the client build resiliency through using strengths and paying attention to the good things that happen.

Handouts

Developing Resiliency-Standard Sessions

1. Exploring Your Resilience
2. Using your Strengths Parts I and II
3. Finding the Good Things in Each Day Parts I and II

Developing Resiliency-Individualized Sessions

4. Gratitude Visit Parts I and II
5. Counting Your Blessings Parts I and II
6. Savoring Parts I and II
7. Mindfulness Parts I and II
8. Active/Constructive Responding Parts I and II
9. Life Summary Parts I and II
10. Practicing Acts of Kindness Parts I and II

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- If client has a home practice assignment, discuss/review the home practice assignment using the Home Practice Follow-up in Part II of the handout. Praise all efforts and problem-solve obstacles to completing home practice.
  - The questions serve to help the client become more aware of the benefits of the exercise and address any challenges the client may have encountered trying the exercise.
- Follow-up on goals.
- Set the agenda.
- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help the client remember)

GENERAL TEACHING STRATEGIES:

- The client has been building on his or her definition of resiliency throughout the basic modules. Review the client's definition of recovery, thoughts about resilient qualities, and the client's identification of resiliency in his or her narrative.
- The educational process should be collaborative. Do not treat the client as a student, but as someone with whom you are trying to share information and come to a common understanding.
- When discussing a given topic (e.g., client strengths), ask the client to give concrete examples of how he or she thinks the concept applies to their situation, which will help them to better remember and utilize the concept.
- Go at a comfortable pace, but do not force the material on the client. Because of possible cognitive difficulties, it may be necessary to present the information in small chunks.
  - Each clinical guideline provides a Suggested Agenda table of suggestions to break up the modules based on a person who is working at a slow or moderate

pace. Other clients may be knowledgeable enough to go through the handout in one session.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice must be reviewed before starting a new handout. In the Developing Resiliency Module part of the educational process is done by reviewing the client's experience.
- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.
- You can either take turns reading the text out loud or summarize the text for the client.
- The highlighted boxes are useful talking points and take home message for the client. It may be used to help the client to connect facts with his or her own life situation and goals.
- You should ask the client questions that are bolded to facilitate discussion, assess the client's knowledge, and understand his or her perspective.
- The tables can be filled out together or used as a discussion tool to individualize the topic to the client's situation.
- You can use one of the home practice suggestions or individualize the home practice for the client to practice the skills in a situation connected to his or her goal.

ADDITIONAL RESOURCES:

- Because "resilience" may be a new topic for some clinicians, we have provided below additional resources on resilience-related topics:

Bryant, F. B., & Veroff, J. (2007). *Savoring: A new model of positive experience*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: The Penguin Press.

Neenan, M. (2009). *Developing resilience: A cognitive-behavioural approach*. New York, NY US: Routledge/Taylor & Francis Group.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York, NY US: Free Press.

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist, 61*(8), 774-788.

#1: Clinical Guidelines for "Exploring Your Resilience"

OVERVIEW:

This handout reviews the process of developing resiliency and introduces common features of resiliency. The handout helps the client identify personal qualities that he or she sees as resilient and reviews personal resiliency stories.

Goals

1. Review a personal story of resiliency.
2. Identify important personal elements of resiliency.

Handouts

- Exploring Your Resiliency.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Reviewing a resiliency story.	Session 1-Reviewing a resiliency story and identifying resilient qualities.
Session 2-Identifying resilient qualities.	

TEACHING STRATEGIES:

- Review how client has built upon definition of recovery and resiliency from the Goal Setting, Psychoeducation, and Processing the Illness modules.
- Connect the resiliency process with making progress towards recovery and the client's goals.
- Use the My Important Elements of Resiliency Table to help the client connect his or her strengths to the process of building resiliency.
- Discuss how client's resilient qualities could help him or her move forward in recovery.
- Discuss how the client can share the information she or he has learned about building resiliency with a family member or friend. Also, help the client practice how to approach this person to ask about what resilient qualities that he or she has noticed in the client.

TIPS FOR COMMON PROBLEMS:

1) Be prepared for client to have a difficult time identifying resilient qualities.

- Focus on some of the simple challenges that he or she has faced and the qualities that the client found to be the most helpful.
- It may be more helpful for client to think of examples from the lives of people that he or she admires or finds inspiring. Ask the client to think about the qualities that the person could have used to get through the experience.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the client has retained about building resilience. You can assess a client's knowledge using the following questions:

  1. What are some examples of resilient qualities?
  2. What are (your) resilient qualities?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "EXPLORING YOUR RESILIENCE":

Therapeutic Goal	***Techniques & Probes***
Review a personal story of resiliency.	• Practice how the client could share a story of resiliency with a family member or supporter. • Discuss how sharing this story with a family member or supporter could help that person see that recovery is possible for the client.
Have the client identify his or her resilient qualities.	• Review strengths identified from the Brief Strengths Test • Identify resilient qualities from client's resiliency story: – *"You recently talked about a time in your life when you faced a significant challenge. Which qualities helped you face this challenge?"* • Use the Identify Important Resilient Qualities table to help the client list his or her resilient qualities and why they were important or helpful.

#2: Clinical Guidelines for "Using Your Strengths"

OVERVIEW:

This handout helps the client find new ways to use their strengths in their daily life. In Part I of the handouts, clients can learn strategies to help them use their strengths more often in different situations. In Part II (follow-up session), clients reflect on how it felt to use their strengths and make a plan to use their strengths more often in the future.

Goals

1. Review the client's top 5 strengths.
2. Help the client identify new ways to use his or her strengths.
3. Help the client make a plan to use their strengths in a new way.

Handouts

- Using Your Strengths Parts I and 2
- Home assignment worksheet-Using Your Strengths Worksheet
- Brief Strengths Test Assessment and answers

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Review strengths that represent the client.	Session 1- Review strengths that represent the client. Identify new ways to use strengths and make a plan to use strengths in a new way.
Session 2-Identify new ways to use strengths and make a plan to use strengths in a new way.	Session 2 - Follow-up-Identify ways to continue using strengths.
Session 3 -Follow-up-Identify ways to continue using strengths.	

TEACHING STRATEGIES:

- Review client's strengths from the Brief Strengths Test and how he or she has incorporated those strengths into their goals and strategies to help them better manage their illness.

- Provide a rationale for this exercise that people do not always use their strengths to their fullest capacity in situations and it can be helpful to try new ways to use their strengths.

- Discuss how finding ways to use client's strengths in new ways is a helpful strategy to find activities that will be both engaging and challenging.

- Discuss how the client could use his or her strengths in his or her daily life. You can find additional suggestions on how to use strengths at http://www.viacharacter.org/?TabId=132 or The Happiness Institute's Guide to Utilizing Your Strengths at http://www.thehappinessinstitute.com/freeproducts/default.aspx

- Build client's motivation to use his or her strengths by discussing the benefits of using strengths in helping the client make a step toward his or her goal, finding something fun and interesting to do, and connecting with other people.

- Suggest ways that the client could include a family member or supporter who could help client use his or her strengths.

TIPS FOR COMMON PROBLEMS:

- Client has trouble finding ways to use his or her strengths

  - Help the client think of many different options. The resources listed above have many different ideas from very simple activities to more time consuming ones.

  - Client could also ask a family member or supporter to come up with some ideas for ways he or she could use his or her strengths.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the client has retained his or her strengths. You can assess a client's knowledge using the following questions:

  1. What are your strengths?
  2. How can using your strengths help your recovery?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "USING YOUR STRENGTHS":

Therapeutic Goal	***Techniques & Probes***
Review top 5 strengths that represent the client.	• Review responses from Brief Strengths Test and how client has incorporated those strengths in treatment.
Help the client identify new ways to use his or her strengths.	• Brainstorm ideas for the client to use his or her strengths in new ways. • Ask the client to write down some ideas to use his or her strengths.
Help the client make a plan to use their strengths in a new way.	• Help the client identify ways to use strengths that he or she would like to try. • Discuss what the client would need to do to try some of the new ways to use strengths. • Make a plan with client to use strengths in a new way.
Follow-up to see how the client used strengths.	• Problem-solve any challenges to using strengths. • Review emotions associated with using strengths. • Identify ways the client could keep trying out new ways to use strengths.

#3: Clinical Guidelines for “Finding the Good Things in Each Day”

OVERVIEW:

This handout presents strategies for paying attention to the good things that happen. It is designed to help the client notice and remember positive events that occur throughout the day In Part I of the handout, clients are prompted to think about why good things happen to them and who is responsible for the good things that happen. In Part II (follow-up session), clients learn to identify positive emotions they felt when the good things happened and how other people responded when they shared this information with them.

Goals

1. Provide information about how recognizing the good things can improve mood.
2. Review how to pay attention to good things during the day.
3. Identify ways to maximize making good things happen.

Handouts

- Finding the Good Things in Each Day Parts I and II
- Positive Emotion Poster
- Home assignment worksheet- Finding the Good Things in Each Day Worksheet

SUGGESTED AGENDA:

Slow-and Medium-Paced
Session 1-Provide information about how recognizing good things improves mood. Review how to pay attention to good things during the day.
Session 2 - Follow-up-Identify ways to maximize making good things happen.

TEACHING STRATEGIES:

- Ask client to think about the good things that have happened recently.
- Help client identify emotions associated with the good things using the Positive Emotions poster.
- Prompt client to think about why the good thing happened to him or her. Listen for situations in which clients underemphasize their role in making good things happen. Explore the reasons why the client thinks the good things happened to him or her.

- Identify the client's role in making the good thing happen. For example, a client might think that their neighbor brought over a gift because she felt sorry for the client rather than because the neighbor wanted to thank the client for taking care of her cat the last time she went on vacation.

- Help client practice sharing good things with a family member or friend. Identify how the client could approach that person and start the conversation.

TIPS FOR COMMON PROBLEMS:

- Be prepared for client to not be able to think of good things.

  - Focus on what the client did over the past 24 hours.

  - Focus on the simple things, such as: the sun was out this morning, someone let me go in front of them to get on the bus, I enjoyed my lunch, an attractive person smiled at me on the street, or I answered a question during my class.

  - Use the Positive Emotions poster to help the client think about times in the last couple of days that he or she felt a positive emotion. Help the client identify what he or she was doing at the time.

  - If client still can't identify a good thing, brainstorm ideas of what things make the client feel one of the positive emotions

    - For example, think about the last time you smiled or laughed, what was it that made you smile?

EVALUATING GAINS:

- After completing this handout, it may be helpful to periodically assess what the client has learned about recognizing the good things each day. You can assess a client's knowledge using the following questions:

  1. How does thinking about good things affect your emotions?
  2. How can you recognize good things during the day?
  3. What is your role in making good things happen?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "FINDING THE GOOD THINGS IN EACH DAY":

Therapeutic Goal	*Techniques & Probes*
Provide information about how recognizing the good things in one's life can help improve mood.	• Discuss how recognizing good things is connected to how you feel.
Review how to pay attention to good things during the day.	• Identify strategies to pay attention to the good things that happen. • Discuss good things that have happened to the client recently. • Ask the client how he or she could share good things with a family member or friend. • Practice approaching that person to tell them about good things.
Follow-up-Identify ways to maximize making good things happen.	• Problem-solve challenges to noticing the good things. • Identify emotions associated with remembering the good things. • Help the client identify reasons why the good things happened and what his or her role was. • Help the client think of ways to make more good things happen.

Introduction to Developing Resiliency-Standard Sessions

Introduction and Module Overview

In this module you will complete 3 exercises (Exploring Your Resilience, Using Your Strengths, and Finding the Good Things in Each Day) to help you explore resiliency and then you will make a choice about which of the remainder of the exercises you want to complete. The handouts in this module will be about 2-3 sessions long. When you review the handouts with your IRT clinician, you will review a resiliency topic and make a plan to see if it is a helpful strategy in your life. You may find that some of the resiliency strategies are more helpful than others. The handouts may be divided into 2 sections (Part I and Part II). Part I provides a brief rationale of how the skill could be helpful followed by an exercise that will help you practice the skill. Part II asks questions about your experience using the exercise and gives some suggestions for strategies to continue using the skill. At the end of Module #7: Building a bridge to your goals, you will have an opportunity to complete additional resiliency topics.

In this module we will:

- Learn strategies to build resilience and increase positive emotions.
- Identify new ways to use your strengths.

What I expect from you:

- Work collaboratively to try new strategies to build resiliency.

What you can expect from me:

- Willingness to provide examples of the exercises to build resiliency.
- Help identifying new ways to use your strengths.

#1: Exploring Your Resilience

Over the past sessions, you have explored how to use your strengths in treatment, set personal meaningful goals, and examined resiliency stories in your life and in others. As you have seen, you have demonstrated your resiliency in many different ways and you will have many more opportunities to take a resiliency perspective throughout your recovery. Each time you use your strengths to cope more effectively in a stressful situation or discover new ways to use your strengths in your life you are developing resiliency.

Check it out:

✓ There are many different ways to define and develop resiliency. People can use a variety of strategies to help them develop resiliency. Think back to the strengths you have used in treatment and the resiliency stories that you shared with your supporter and that he or she shared with you. What stands out the most from those stories? Use the "My Important Elements of Resiliency" table below to first review what resilient qualities are important to you and your strengths that were identified on the Brief Strengths Test. Second, think about why this quality or strength would be important in your life and how it could help you make progress towards your goal.

My Important Elements of Resiliency

Resilient Quality or Strength from the Brief Strengths Test	Why is it important?
1.	
2.	
3.	
4.	
5.	

The resiliency exercises in this module and throughout IRT focus on helping you build resiliency and the common qualities associated with resiliency.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Share what you have learned about resiliency with a family member or supporter. If this is the same person who shared his or her story of resiliency with you earlier, thank that person.

2. Pick one story from your past that best describes resiliency in your life. Write the story down and share it with a family member or supporter.

#2: Using Your Strengths-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

People who demonstrate resilience are highly aware of their strengths and have learned how to use their strengths to help them cope in difficult situations; more fully enjoy the good things in life, and find meaning and purpose in their life. Additionally, people enjoy activities more if they are doing something they are good at, such as using one of their strengths, and if the activity is challenging to them. These types of activities most often lead to feeling more invested in what you are doing and getting more enjoyment out of life.

The following exercise helps you find activities that use your strengths and challenge you at the same time. The questions below will help you explore new ways to use your strengths and help you and your IRT clinician make a plan for you to use your strengths each day. Your IRT clinician will ask you about your experience using your strengths during the next session.

- Review your top 5 strengths from the Brief Strengths Test.

Top 5 Strengths

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

Think about ways that you use your top 5 strengths in your life. Make a list of different ways you can use one or more of your strengths in a way that you haven't before. Some examples of ways to use your strengths include:

- Curiosity-trying food from a different culture or going somewhere you have never been before such as a museum or historical place
- Creativity-offering a friend a creative solution, beginning a new art or music project
- Appreciation of Beauty-make your living space beautiful, take a walk outside and notice all of the wonders of nature around you
- Humor-learn a new joke and tell it to friends and family members, read the comics every day, check out YouTube, watch Comedy Central on television

Suggestions for how I can use my strengths in ways that I may not have considered:

____

____

____

____

____

____

____

____

____

____

Question:

Think about the suggestions listed above. Which of these activities would you be willing to try out over the next week? Use the table below to make a list of the activities you plan to try out in the coming week.

I am willing to try using my strengths
1.
2.
3.
4.

Home Practice

1. Each day next week, try to use one of your strengths in a way that you haven't before. You can do this by modifying something you already do on a regular basis to make better use of your strengths or by creating a new activity altogether. What's important is that it is something new and different from what you usually do.

   Write down how you used your strength.

Using Your Strengths Worksheet

Monday:____

Tuesday:____

Wednesday:____

Thursday:____

Friday:____

Saturday:____

Sunday:____

#2: Using Your Strengths- Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- Did you have any difficulty finding a way to use your strengths? If so, which ones? What made it difficult to use those strengths?

- Sometimes it is easier to think of ways to incorporate your strengths into things you already do. What are some ways that you can take tasks that you already do on a regular basis and modify them to make better use of your strengths? For example, a person who plays an instrument may want to use creativity in a different way by learning to paint or draw. A person with the strength of kindness may want to do something nice for a roommate or neighbor such as cleaning a room in the apartment or taking the garbage can to the curb on trash day.

- There are many ways to cope with stressful situations. When you are faced with a problem, you can choose how to respond based on your strengths. For example, you might use kindness to take care of yourself if you are feeling ill. You could also use humor or perspective to reframe the situation or look at the situation from a different perspective. Think about how you could use your strengths to help you cope when you are feeling stressed.

#3: Finding the Good Things in Each Day-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

Part of recovery is focused on feeling better. One way to improve your mood is to become more aware of the good things that happen to you. The goal of this strategy is to help you notice and remember positive events that occur throughout your day, and to end your day on a positive note by thinking and writing about those positive events.

The following exercise will help you identify strategies to notice the good things that happen to you each day. You will practice identifying good things with your IRT clinician and make a plan to write down the experiences you identify at the end of each day. Then your IRT clinician will ask you about your experience during your next session.

Tips to help pay attention to the good things during the day:

- Try to focus on things that happened *that day* instead of things for which you are generally grateful in your life. These might include things such as spending time doing something fun with a friend, getting a good night's sleep, eating your favorite food, meeting a new person, or finishing a project.

- At first, it may be difficult to remember the good things that happened each day. The more you practice this skill the easier it will be for you to remember the good things. It may help if you are on the lookout for good things to write. This will increase the chances that you will both notice and remember positive events.

Questions:

- Think about some good things that happened to you recently. What were they?

- Why do you think those good things happened?

Home Practice

1. Each evening before bed, write down at least one thing that went well that day using the Finding the Good Things in Each Day Worksheet. This thing can be ordinary and small in importance or relatively large in importance. Next to each positive event in your list, answer the question "Why did this good thing happen?" After you have written down the at least 1 good thing, share it with a supporter or family member the next day.

   - Try not to write the same things each day such as I have a great family. Instead try and be more specific, detailing what happened *that day* to remind you of the things for which you are generally grateful (for example, *"I spent the day with my family at the beach and had a great time. I was reminded about how much fun we have together.")*

Finding the Good Things in Each Day Worksheet

Write down at least 1 thing that went well at the end of each day. Be sure to focus on something that happened that day. Share your good things with a friend or family member.

Monday

Good Things	Why did this good thing happen?	With whom did I share the good things?

Tuesday

Good Things	Why did this good thing happen?	With whom did I share the good things?

Wednesday

Good Things	Why did this good thing happen?	With whom did I share the good things?

Thursday

Good Things	Why did this good thing happen?	With whom did I share the good things?

Friday

Good Things	Why did this good thing happen?	With whom did I share the good things?

Saturday

Good Things	Why did this good thing happen?	With whom did I share the good things?

Sunday

Good Things	Why did this good thing happen?	With whom did I share the good things?

#3: Finding the Good Things in Each Day-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- Were you able to come up with at least 1 good thing every day? If it was difficult, what made it difficult for you? Did it become easier to do so as the week progressed?
- Review the positive emotions worksheet below. Use the list to help you described how you felt when these good things happened to you.
- How did other people respond to you when you shared your good things with them? How did their response make you feel?
- Think about your role in making good things happen. As you look at the list of good things that happened over the last week, what kinds of reasons did you give for "why" your positive events happened?
  - Do you notice any patterns in terms of why you thought good things happened?
  - What kinds of things made your list more than once?
- Review your list of good things that happened and pay attention to what kinds of things made your list more than once. Think about ways you can maximize the amount of good things that happen to you, such as attending activities with friends or family or sharing a meal with your family or a friend. What are some situations in which good things happen for you?

Love Adoration Affection Arousal Attraction Caring Charmed Close Compassion
Desire Enchantment Fondness Infatuation Kindness Liking Longing
Lust Passion Sentimentality Sympathy Tenderness Warm

Interest
Curiosity
Intrigue
Surprise
Amazement
Astonishment
Awe
Wonder

LOVE

Positive Emotions

JOY

Boldness
Bravery
Courage
Determination
Powerfulness
Mastery
Sense of Competence
Capability

Pride Rapture Relief Satisfaction Thrill Triumph Zaniness Zest
Glee Happiness Hope Jolliness Joviality Jubilation Optimism Pleasure
Enjoyment Enthrallment Enthusiasm Excitement Exhilaration Gaiety Gladness Zeal
Joy Amusement Bliss Cheerfulness Contentment Delight Eagerness Ecstasy Elation

Summary Points for Developing Resiliency:

- *You can build resiliency in many different ways in your life using your strengths.*
- *Finding new ways to use your strengths can help you find meaning and purpose in your life, cope better in stressful situations, and build resiliency.*
- *Becoming more aware of the good things that happen to you each day can increase your positive emotions and lead to making more positive experiences happen in your life.*

Clinical Guidelines for Building a Bridge to Your Goals

OVERVIEW:

This module provides a structure to use collaborative decision making to help the client decide how to proceed in his or her treatment. You should discuss client's progress towards goals, barriers the client has faced or could potentially face working towards goals, strengths, and helpful strategies from the Standard modules. You should also work with the client to identify areas of functioning or distress that the client can address in the Individualized modules. At the end of the module, you help clients develop a Personalized Treatment Plan in which the clients decides what treatment they want to continue and the next steps in making progress towards their goal(s).

Goals

1. Use collaborative decision making to help the client decide how he or she wants to proceed in treatment.
2. Review progress towards goal(s) and make modifications if necessary.
3. Discuss barriers to achieving goal(s), personal strategies, and helpful strategies from the Standard modules.
4. Assess potential areas of functioning and distress that could be addressed in the Individualized modules.
5. Help client develop a Personalized Treatment Plan.

Topic Areas

1. Goal Setting Review
2. Moving Ahead with a Plan-Transitions in Treatment

If needed-#3: Setting Goals Handouts (from Assessment and Initial Goal Setting)
Worksheets-IRT Goal Planning Sheet

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.

- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.

- Set the agenda.

- Review goal planning sheet. Follow-up on existing goals or help client set a personal goal. Make any modifications or changes based on need. Take advantage of opportunities to role play and practice skills.

- Summarize progress made in the current session.

- Agree on home practice to be completed before the next session. (Consider writing it down to help person remember)

GENERAL TEACHING STRATEGIES:

- The educational process should be collaborative. Do not treat the client as a student, but as someone with whom you are trying to share information and come to a common understanding.

- Help the client to understand the benefits of recovery. Not every client will be immediately invested in his or her recovery. Help the client examine the evidence to change or not to change. Weigh the advantages and disadvantages of changing to those of not changing.

- Allow plenty of time for interaction. During this module, the client is the expert about his or her goals, barriers to achieving goals, strengths, and helpful strategies.

- Strive for shared decision making. Respect the client's wishes for treatment, identify options, and clarify the steps in making the decision.

- Identify the benefits and drawbacks of each decision.

- Offer opportunities for asking questions.

- Go at a comfortable pace. Because of possible cognitive difficulties, it may be necessary to present the information in small chunks.
  - Each handout provides a table of suggestions to break up the information based on a person who is working at a slow or moderate pace. Other clients may be knowledgeable enough to go through the handout in one session.

GENERAL INSTRUCTIONS FOR THE TOPIC AREAS:

- Home practice must be reviewed before starting a new handout.

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.

- You can either take turns reading the text out loud or summarize the text for the client.
- The highlighted boxes are useful talking points and take home message for the client. It may be used to help the client to connect facts with her own life situation and goals.
- You should ask the client questions that are bolded to facilitate discussion, assess the client's knowledge, and understand her perspective.
- The tables can be filled out together or used as a discussion tool to individualize the topic to the client's situation.
- The "Check it Out" sections are placed throughout the handouts as opportunities to practice a skill or concept in session with the client. After reviewing the skill or concept with the client, there will be a description of how to practice it in session. The client practices the skill through a role play with the clinician.
- You can use one of the home practice suggestions or individualize the home practice for clients to practice the skills in a situation connected to their goal.

#1: Clinical Guidelines for Goal Setting Review

OVERVIEW:

In this handout, the client is provided with information to help make a decision about whether or not to continue with treatment. If the client has not already set a goal, he or she has a chance to go back and review the goal setting process and complete a Goal Planning Sheet. If a client has completed a Goal Planning sheet, you will help the client review progress towards the goal, barriers that client has experienced or could potentially experience related to his or her goal, strengths, and strategies that the client found useful in the Standard modules. You will also help the client assess current levels of distress and areas of functioning to determine which of the Individualized modules could help client improve functioning and make progress towards a goal.

Goals

1. Review progress towards goals.
2. Identify barriers to achieving a goal and/or potential barriers.
3. Review personal strengths and helpful strategies that the client learned in the Standard modules.
4. Assess areas of functioning and levels of distress that the client is experiencing which may be addressed by the individualized modules.

Handout

1. Goal Setting Review

If needed-#3: Setting Goals Handouts (from Assessment and Initial Goal Setting)
Worksheets-IRT Goal Planning Sheet

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Goal Progress or Setting a Goal, Barriers, and Strengths	Session 1- Goal Progress or Setting a Goal, Barriers, Strengths, Helpful Strategies, Assessing areas of functioning and level of distress
Session 2-Helpful Strategies, Assessing areas of functioning and level of distress	

TEACHING STRATEGIES:

- Review teaching strategies from the Initial Goal Setting Clinical Guidelines as needed.
- Discuss progress towards goal. Review steps to make sure they are reasonable.
- Celebrate progress towards a goal, even the small steps. Praise attempts to complete a step. Take the opportunity to break down the step into smaller pieces as necessary to help the client complete the step.
- Make progress towards goals a priority. Remind clients how treatment can be tailored to help them make progress towards personal goals.
- Record progress on the IRT goal planning sheet. Be sure that the client has a copy and there is a copy in the client's records.
- Help client identify challenges or obstacles that he or she faced while working towards goal. Discuss potential challenges that client may face in the near future while working towards goals.
- Review client's strengths from the Brief Strengths Test. Discuss how client has incorporated these strengths into daily life and treatment. Identify how the client can continue to use strengths moving forward in recovery.
- Review strategies that client has found helpful in the Standard modules.
- Review the different areas of functioning with the client. Assess client's current level of functioning, distress associated with different areas of his or her life, and whether or not client would like to make a change.
- To assess persistent posttraumatic stress disorder (PTSD) symptoms related to the client's psychotic episode and self-stigma, review the Post-psychotic Episode Symptom Checklist (PPEPC) and the Self-Stigmatizing Beliefs Checklist (SSBC) completed at the end of the Processing the Psychotic Episode module. High scores on the PPEPC (total score over 45) or the SSBC indicate the client could benefit from the Dealing with Negative Feelings individualized module, which teaches cognitive restructuring as a skill for reducing negative feelings, including stigmatizing beliefs and PTSD symptoms related to the episode.
- Sometimes, clients have had trauma in their past, unrelated to psychosis, and they may have PTSD from other sorts of traumatic events (i.e., childhood abuse, assault, crime victimization, etc.). If the client indicates a history of trauma and/or you suspect trauma/PTSD, you can administer the PTSD Checklist (PCL) which can be found in the Dealing with Negative Feelings Module. On the PCL, write down the (most distressing) traumatic event that the client has noted and give the client the PCL to complete related to that event. A total PCL score $\geq$ 45 indicates probably PTSD, and suggests the client would benefit from the Dealing with Negative Feelings module, which teaches cognitive restructuring as a self-management skill, a treatment which has been shown to be

effective for PTSD. Scores on the PCL < 45 indicate that the client does not have probable PTSD and should not be targeted for treatment.

- Check to see if client understands the information.

- At the end of the handout, summarize the findings from the different sections for the client. Present the information that he or she has learned since beginning treatment and how that information fits into the next steps for treatment.

TIPS FOR COMMON PROBLEMS:

- Be prepared for client to feel stuck and not think he or she has made progress towards goals.

  - Identify small steps client has taken to work towards goals.

  - Normalize the difficulties of setting a goal and working to achieve it.

  - Review goal planning sheet. Break down the short-term goals into smaller steps as needed.

- Be prepared for client not to identify any areas that are causing difficulties.
  - Gently introduce information that client has shared in the past about areas of functioning.
  - Connect the area of functioning to client's goals.

EVALUATING GAINS:

- After completing this module it may be helpful to periodically assess a client's knowledge using the following questions:

  1. What progress have you made towards your goal?
  2. How have you used your strengths in treatment?
  3. What have been the most helpful strategies you have learned in treatment?
  4. How could these strategies help you achieve your goal?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "GOAL SETTING REVIEW":

Therapeutic Goal	*Techniques & Probes*
Review progress towards goal or set a goal.	• If client has already completed a goal planning sheet, review progress towards short-term goal. • Help client make modifications as necessary. • Use handouts from Initial Goal Setting to help the client who hasn't set a personal goal.
Identify barriers to achieving a goal and/or potential barriers.	• Ask client about the greatest challenge he or she has faced while working towards the goal. • Reinforce positive feelings with client's accomplishment. • Ask clients about what potential barriers they could face moving forward towards their goal.
Review personal strengths and helpful strategies that the client learned in the Standard modules.	• Review client's top 5 strengths from the Brief Strengths Test. • Identify how client has used strengths in treatment. • Discuss helpful strategies from the Standard modules and connect them to the client's goal.
Assess areas of functioning as well as distress the client may be experiencing.	• Review the different areas of functioning with client. • Assess any difficulties or distress. • Discuss client's desire to change and how treatment could be helpful.

#2: Clinical Guidelines for Moving Ahead with a Plan: Transitions in Treatment

OVERVIEW:

During this topic area, the client will review the use of information gathered from the first handout to make a plan for continued treatment. You will help the client make a plan by reviewing the goals and strategies of the Individualized modules. You will also discuss how IRT can help clients make steps towards their goal, help overcome barriers to making progress towards the goal, build on helpful strategies learned in the Standard modules, and/or help the client improve an area of life. By the end of the module, the client develops a Personalized Treatment Plan that explains what treatment he or she wants to continue in IRT and how staff and clinicians can help the client make progress towards his or her goal.

Goals

1. Review goals and strategies in the Individualized modules.
2. Discuss how the Individualized modules can benefit client's goals, build strengths, and improve areas of functioning.
3. Develop a Personalized Treatment Plan.

Handout

1. Moving Ahead with a Plan-Transitions in Treatment

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Review goals and strategies of Individualized modules and discuss how Individualized modules benefit client	Session 1- Review goals and strategies of Individualized modules, discuss how Individualized modules benefit client, and develop Personalized Treatment Plan
Session 2-Develop Personalized Treatment Plan	

TEACHING STRATEGIES:

- Respect the client's preferences for continuing treatment. Use this opportunity to inform client about how IRT could help him or her continue in recovery.
- Connect the goals of the Individualized modules to the client's goals and how they could help decrease distress and improve functioning.
- Clarify the client's needs, ideas, and expectations for treatment.
- Find out how the client wants you (the clinician) involved in the decision.
- Find out how the client wants other people involved in the decision. If possible, suggest client review the information about goals, strengths, and areas of life with a family member or supporter.
- Offer opportunities for client to ask questions about continuing treatment.
- The Personalized Treatment Plan may or may not involve continuing with IRT and the Individualized modules. Be sure to make a plan for client to continue working towards his or her goal and using the Goal Planning Sheet.

TIPS FOR COMMON PROBLEMS:

- Client may not see the need for an Individualized module despite his or her problem.
  - Connect client's goal to the obstacles being experienced by the client and describe how the module could be helpful.
  - Remind client of how he or she used a strategy from the Standard module that was helpful.
  - Respect the client's decision. He or she may not be ready to make a change at this point or to continue with treatment.

EVALUATING GAINS:

- After completing this module it may be helpful to periodically assess a client's knowledge using the following questions:

1. Which Individualized module do you think could by helpful to you?
2. What is your Personal Treatment Plan?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "MOVING AHEAD WITH A PLAN: TRANSITIONS IN TREATMENT":

Therapeutic Goal	*Techniques & Probes*
Review goals and strategies in the Individualized modules.	• Summarize how the Individualized modules could help client make progress towards a goal or help improve functioning.
Discuss how the Individualized modules could benefit client's goals, build strengths, and improve areas of functioning.	• Reinforce successful achievements the client made in the Standard modules and how the Individualized modules could help the client continue to make progress. • Offer the client choices and respect his or her decision.
Develop a Personalized Treatment Plan.	• Help client complete each section and whether or not he or she would like to continue IRT. • Help client develop a plan to continue making progress towards his or her goal.

Post-Psychotic Episode Symptom Checklist

Instructions: From the two checklists above about your psychotic episode ("Upsetting Psychotic Experiences You May Have Had" and "Upsetting Treatment Experiences You May Have Had"), which experience (or combination of experiences) are the most upsetting when you look back on them now?

My most upsetting experience(s): ____

____

Below is a list of problems and complaints that people sometimes have in response to psychotic symptoms or treatment experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem over the past month. Many of these problems and complaints may be decreased or eliminated entirely when you and your clinician work together on telling your story of your psychotic episode.

Problem or Complaint **How Much has this Bothered You Over the Past**

		Not at all	A little bit	Moderate	Quite a bit	Extreme
1.	Repeated, disturbing *memories, thoughts,* or *images* of the stressful experience?	1	2	3	4	5
2.	Repeated, disturbing *dreams* of the stressful experience?	1	2	3	4	5
3.	Suddenly *acting* or *feeling* as if the stressful experience *were happening again* (as if you were reliving it)?	1	2	3	4	5
4.	Feeling *very upset* when *something reminded you* of the stressful experience?	1	2	3	4	5
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of the stressful experience?	1	2	3	4	5
6.	Avoiding *thinking about* or *talking about* the stressful experience or avoiding *having feelings* related to it?	1	2	3	4	5
7.	Avoiding *activities* or *situations* because *they reminded you* of the stressful experience?	1	2	3	4	5

8.	Trouble *remembering important parts* of the stressful experience?	1	2	3	4	5
9.	*Loss of interest* in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling *distant* or *cut off* from other people?	1	2	3	4	5
11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your *future* will somehow be *cut short*?	1	2	3	4	5
13.	Trouble *falling* or *staying asleep*?	1	2	3	4	5
14.	Feeling *irritable* or having *angry outbursts*?	1	2	3	4	5
15.	Having *difficulty concentrating*?	1	2	3	4	5
16.	Being *"super-alert"* or watchful or on guard?	1	2	3	4	5
17.	Feeling *jumpy* or easily startled?	1	2	3	4	5

PCL-S for DSM-IV(11/1/94) Weathers, Litz, Huska & Keane National Center for PTSD

Introduction to Building a Bridge to Your Goals

Introduction and Module Overview

These handouts are designed to help you review your goal(s) and determine the next steps you need to make to move forward in your recovery. You can assess which of the Individualized Modules can help you in your recovery by helping you take a step closer to your goal or reducing distress associated with your illness. If you have not yet set a goal, this is an opportunity for you to go back and identify your personally meaningful goal and break it down into manageable steps. If you have been working towards your goal, it may be helpful to think about the progress you have made since beginning treatment and re-evaluate your short-term goals and the steps you have identified to help you reach those goals. In this topic area you will:

- Set a personally meaningful goal that is broken down into 1 to 3 short-term goals and steps to help you achieve the short-term goals (if you have not done so already).
- Evaluate your commitment to your personally meaningful long-term goal.
- Review progress towards your personal goal and make changes and modifications if clarification of the short-term goals or steps is needed.
- Identify challenges and/or obstacles that have made it difficult for you to achieve your goal.
- Identify problem areas or personal challenges in different areas of functioning.
- Review the goals of the Individualized Modules and determine if the goals match with your current needs and personal goal.

- Develop a plan to move forward in your recovery and continued goal progress that can include a combination of treatment (Individualized Modules), planning for goal follow-up, and a supportive network.

What I expect from you:

- Willingness to discuss your goals and challenges you have faced in your recovery.
- Exploration of all available options that can help achieve personal goals and move forward in recovery.

What you can expect from me:

- Balanced approach to discussing progress in treatment and next steps for treatment and recovery.
- Presentation of all options for continued treatment and possible next steps.

This module focuses on helping you make a plan to continue your progress towards achieving your personal goal.

#1: GOAL SETTING REVIEW

Now that you have completed most of the Standard Modules, it can be helpful to review your strengths and areas for improvement and re-examine your goals. If you have already completed a Goal Planning Sheet, please complete the following section. If you have not yet fully completed a Goal Planning Sheet, please go back and review the Goal Setting Handouts from the Assessment and Goal Setting Module.

Review your Goal Planning Sheet

- Review your Goal Planning Sheet and answer the following questions:
  - Describe the progress you have made since you began working towards your goal. Review your short-term goals and steps to make sure that they are reasonable for you to accomplish in a short time period.
  - Review your ratings on the Satisfaction with Areas of My Life questionnaire from the Assessment and Goal Setting Module. Has your situation changed? Does your long-term goal still address your most important area?
  - Has your situation changed since you set your original long-term goal? If yes, how does that affect your long-term goal? Since you originally set your goals, you may have experienced a life change. Has that changed your priorities for your long-term goal?
  - Is the long-term goal that you selected originally still a priority for you?
- Since completing the Brief Strengths Test, Education about Psychosis and Processing the Illness modules, what strengths and resilient qualities have you identified in yourself? How could those be important in taking a step towards your goal? Could you incorporate those into your current long-term goal?
- Based on your answers, if your priorities or situation has changed and you want to change your long-term goal. Use the Goal Setting Handouts to help you complete a new Goal Planning Sheet.

Identify Challenges to Goal Attainment

Often when people set goals for themselves, they will encounter challenges and obstacles that create a barrier to achieving their goal. Before moving ahead in treatment, it can be helpful to identify challenges that you have faced since you set your goal or challenges that you might anticipate facing in the near future. In the table below, there is a list of common barriers associated with achieving a goal. Review the list of barriers to goal attainment and mark the ones that have been an obstacle for you and the ones that have the potential to be in the near future. This information will help you make a plan later in the module as you decide how to best achieve your goal.

Barriers to Goal Attainment

(adapted from Clarke et al., 2006)

Barriers to Goal Attainment	Has Been Problem in Past	Potential to Be Problem
Not enough support (needed help filling out an application, didn't have a supporter to practice with, no financial support available)		
Physical Health problems (always tired, not sleeping)		
Mental Health problems (depressed, anxious, disorganized, fearful)		
Feelings of frustration, boredom, or unhappiness		
Not generally motivated (lost interest in the goal, goal no longer important to me)		
Goal was too difficult (steps seemed to big to complete)		
Goal was too easy (goal was no longer a challenge)		
Forgot to work on goal (difficulty remembering after session)		

Stressful relationships (arguments with my family)		
Goal no longer seemed achievable (lost confidence in ability to achieve goal)		
Tasks to complete goal did not seem relevant (homework did not match goal)		
People were critical of me choosing this goal (people made fun of my goal)		
No experience setting goals (don't understand how to set goals)		
Other:		
Other:		

Questions: Of the barriers you identified, which ones did you find to be the most problematic (if any)?

What resources do you have that can help you overcome those challenges?

Of the barriers you identified, are there any urgent issues that you feel need to be addressed immediately?

Which barriers would you like to overcome by developing an action plan?

1.____

2.____

3.____

Why did you select those areas?

Keep these challenges in mind as you continue through the remainder of the handout. In topic #2: Planning the Next Steps-Developing an Action Plan, you will work collaboratively with your IRT clinician to decide on strategies to address the barriers you identified above.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Discuss your goals and progress towards your goals with a family member or supporter. Ask them what changes they have noticed since you began treatment?

2. Put together a piece of art that captures the essence of your goals and the progress you have made in treatment. This could be a collage, a photograph, a drawing, a poem, or a short story. Share your artwork with a family member or friend.

Helpful Strategies You Learned in IRT

As you plan ahead in your treatment and recovery, you have an opportunity to recall what has been the most helpful to you in treatment thus far. The following section provides an opportunity to use the information that you have learned in IRT to help you plan what you want your treatment to look like and what strategies have the potential to be the most helpful. The Goals and Strategies in the Standard Modules table will help you think about the Standard modules that you have completed with your IRT clinician. Review the table with your clinician and identify which strategies you found to be the most helpful and why they were helpful and which strategies you are still using and why.

Goals and Strategies in the Standard Modules

Modules	Goals and Strategies	This was helpful because
Orientation	• Description of NAVIGATE and IRT • Using relaxed breathing to cope with stress	
Assessment and Goal Setting	• Defining recovery and resiliency • Identifying strengths and areas of improvement • Setting a personally meaningful goal • Breaking the goal into smaller manageable steps	
Education about Psychosis	• Information about the symptoms of psychosis and diagnosis • Information about psychiatric medications • Strategies to improve taking medication • Identifying common areas of stress • Developing a plan to cope more effectively with stress • Identifying personal resilient qualities and how you have used them in your life	
Relapse Prevention Planning	• Recognizing and responding to early warning signs and triggers • Developing a Relapse Prevention Plan to prevent or decrease the severity of a relapse	

Processing the Illness	• Understanding the effects of a psychotic episode • Telling your own story • Challenging self-defeating thoughts and beliefs	
Developing Resiliency	• Exploring your own resiliency • Learn strategies for building positive emotions • Identify strategies for using your strengths	

Questions: Think about the strategies and information in the Standard modules that you found to be the most helpful. What do you think could be helpful moving forward towards achieving your goal? (For example, discovering that using your strength in creativity was helpful when making a plan for coping with stress and incorporating it into your Goal Planning Sheet.)

What strategies could be helpful in achieving your goal and moving forward in treatment?

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Review the Goals and Strategies in the Standard Modules with a family member or supporter. Discuss how treatment has helped (or could help) you make progress towards a goal and how you think it could be helpful to you in your recovery.

Explore areas for improvement

In this section, you can explore different areas in your life that are difficult or causing you some distress. First, answer the questions to help you identify which areas in your life are most distressing. The table that follows the questions will help you organize your answers and can be used in topic #2: Planning the Next Steps-Developing an Action Plan. Your answers to these questions will help you and

your IRT clinician understand which areas of your life could interfere in your recovery and achieving your goals.

1. Describe your current mood. How do you feel?

2. Have you been feeling depressed or sad recently? If yes, what has been making you feel depressed or sad?

3. Have you been feeling distressed or worried recently? If yes, what has been making you feel distressed or worried?

4. Have you been troubled by negative, self-stigmatizing thoughts about yourself and what having had a psychotic episode means about you and your life? Review your scores on the Self-Stigmatizing Beliefs Checklist, completed at the end of the Processing the Psychotic Episode module.

5. Have you been, troubled by upsetting memories, thoughts, or images related to your experience of psychotic symptoms or treatment experiences, or have you avoided situations that remind you of these experiences? Review your scores on the Post-Psychotic Episode Symptom Checklist, completed at the end of the Processing the Psychotic Episode module. Total scores ≥ 45 indicate significant PTSD symptoms related to your episode.

6. Sometimes, it is common for people to have experienced other sorts of stressful experiences in their lives, unrelated to their experience of psychotic symptoms. These are sometimes caused "traumas" or "traumatic events" and can sometimes lead to "post-traumatic stress disorder" (PTSD). If you and your clinician have talked about your having had these sorts of experiences, this is a good time to review how you are doing. Have you been troubled by upsetting memories, thoughts, or images related to other upsetting life experiences, or have you avoided situations that remind you of these experiences? Complete the PTSD Checklist (PCL) related to the same event as you were evaluated in your previous interview. Total scores ≥ 45 indicate probable PTSD related to your upsetting life event.

7. What symptoms/experiences have you found to be most distressing recently? (For example, feelings of depression or anxiety, substance use, lack of motivation, difficulty connecting with friends and/or family, or irritability.)

8. Do you have any beliefs that are distressing to you? If yes, what are those beliefs and how distressing are they?

9. Have you heard any voices or noises that other people can't hear in the last week? If yes, how often have you heard them and how distressing have they been?

10. Have you had difficulties or consequences in your life related to using substances (i.e., legal problems, blacking out, losing friends)? If yes, what difficulties?

11. Do you feel an increased need to use substances to help you cope with distress or difficulties in your life? If yes, would you be interested in cutting down or stop using and finding a different way to cope with stress?

12. Do you currently smoke cigarettes? If yes, would you be interested in strategies to help you cut down or stop smoking?

13. Have you had difficulty getting along with your friends and/or family members? If yes, what do you think is the problem?

14. Do you sometimes feel isolated and find it difficulty to make friends or spend time with family members? If yes, would you be interested in learning strategies to connect with other people and find things to do with your time?

15. Have you noticed any side effects associated with taking your psychiatric medications such as gaining weight? Would you be interested in learning strategies to help you lose weight?

Areas of My Life I Would Like to Change

Area of my life	Causing some distress in my life	I would like to change
Symptoms of depression or anxiety		
Stigmatizing beliefs about myself and my capabilities		
Posttraumatic stress disorder (PTSD) symptoms due to my psychotic episode or other traumatic life events		
Auditory hallucinations (voices)		
Distressing thoughts		
Substance use		
Friendships		
Enjoyable activities (hobbies or activities for fun)		
Family relationships		
Intimate relationships		
Health (weight gain or smoking)		
Other:		

Questions: Of the areas you identified, which areas would you most like to change?

1._______________________________________

2._______________________________________

3._______________________________________

Why did you select those areas?

Are there areas you are not satisfied with but you do not want to change? If yes, why don't you want to change that area?

What resources do you have in those areas?

Summary Points for Goal Setting Review

- *As you plan ahead in your treatment and recovery, it can be helpful to review your progress towards your goals, challenges you have faced, your strengths and areas you would like to continue to improve.*
- *Review your Goal Planning Sheet. Discuss your greatest accomplishment (step and/or goal you completed) and most problematic barrier.*
- *Review the modules that you have completed in IRT and the strategies you found to be the most and least helpful. Discuss how you could apply this information as you move forward in treatment.*

#2: MOVING AHEAD WITH A PLAN: TRANSITIONS IN TREATMENT

This handout provides information about how to use the Individualized modules to help you as you move forward in treatment. The following sections explore the goals and strategies of the Individualized modules which can be combined with the information from the progress towards your goal, obstacles or barriers associated with your goal, and areas of your life that you want to change to help you decide how to best continue in your treatment. As you move forward towards achieving your goals and in your recovery, the Individualized modules may offer strategies to help you in your journey. You can develop a plan that best meets your needs.

Individualized Modules

The remainder of IRT is organized around what strategies and information will best help you in your recovery. You may decide to do none, one, or any combination of the Individualized modules depending on your needs and goals. The Individualized Module Table provides a list of the Individualized modules and their goals. Review the table with your IRT clinician and discuss which modules can help you as you work towards your goal.

Individualized Module Table

Individualized Module	Goals and Strategies	This could help me to:
Developing Resiliency (done as part of each Individualized module or as a separate module)	• Recognize the benefits of gratitude and learn how to incorporate gratitude into daily life • Learn strategies and benefits of savoring and mindfulness	

	• Learn active/constructive responding and the benefits for personal relationships • Recognize your priorities in life and develop a plan to start doing them • Learn how practicing acts of kindness can lead to positive emotions and improved relationships	
Dealing with Negative Feelings	• Understand role of thinking underlying emotional reactions to situations • Learn how to recognize and change Common Styles of Thinking that can be associated with emotional distress • Learn the 5 Steps of Cognitive Restructuring to manage negative feelings • Use cognitive restructuring to reduce or eliminate self-stigmatizing thoughts, anxiety, depression, PTSD symptoms, distress related to hearing voices, thought about suicide or hopelessness	
Coping with Symptoms	• Identify symptoms that bother you • Learn coping strategies for the following symptoms as identified: depression, anxiety, hallucinations, sleep problems, low stamina and low energy, and worrisome thoughts	
Substance Use	• Learn basic facts about alcohol and drugs	

	• Learn the effects of substance use on psychosis • Learn how to get support and use resiliency to overcome barriers to quitting • Learn strategies to deal with social situations that lead to substance use • Learning to identify and cope with triggers • Developing a Relapse Prevention Plan	
Having Fun and Developing Good Relationships	• This module has 3 sub-modules	
A. Having Fun	• Strategies to revive interest and participation in previously enjoyed activities • Strategies to develop new fun activities • Strategies to get the most out of your fun	
B. Connecting with People	• Strategies to re-connect with old friends • Strategies to make new friends	
C. Improving Your Relationships	• Strategies to improve communication • Understanding how to manage disclosure • Learn strategies for picking up on social cues	

Making Choices about Smoking	• Review information about the benefits and costs of smoking and quitting • Explore whether smoking cigarettes interferes with personal goals around health • Help you weigh the pros and cons about smoking cigarettes or cutting down or quitting • Work together to develop a personalized plan to assist you to take the next steps towards quitting or cutting down (if you choose to do so)	
Living Healthy	• Tips for preventing weight gain • Strategies to promote weight loss • Learn skills to improve nutrition and activity levels	

Questions:

Review your Goal Planning Sheet. Do any of the Individualized modules help you get closer to achieving your goal or offer skills that would help you achieve your goal? If yes, which ones?

Review the barriers that you faced as you worked towards your goal or potential barriers that you may face. Do any of the Individualized modules help you overcome those barriers? If yes, which ones?

Review the strategies you found helpful in the Standard modules. Do any of the Individualized modules help you build on those strategies? If yes, which ones?

Review the areas that you identified as causing distress or difficulty in your life. Do any of the Individualized modules help you learn strategies to cope more effectively? If yes, which ones?

Which of the Individualized Modules best fit with your goals for treatment and your recovery?

1.____

2.____

3.____

Developing Personalized Treatment

The following chart can help you write down what you want to happen in your treatment. You can use the information above to help you decide which modules, strategies, and goal follow-up will best help you move forward in your life and recovery. Review and discuss each section with your IRT clinician so your treatment reflects your needs and builds on your strengths.

Personalized Treatment Plan

What are my goals for treatment (personal goal, strengths, and areas of improvement)? 1. 2. 3. 4.
What strategies and/or strengths would I like to build in treatment? 1. 2. 3. 4.
I would like to continue in treatment with the following modules or if not continuing with the Individualized modules, list the steps to continue towards achieving personal goal: 1. 2. 3. 4.
I would like the following support as I continue treatment (people who can help me and how they can be help me achieve my goal): People How to be helpful 1. 2. 3. 4.

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Review your Personalized Treatment Plan with a family member or supporter. Discuss how your supporter can help you work towards your goal and move forward in your recovery. Be sure to share the information that you used to develop your plan (goals, barriers to goals, strategies from Standard modules, strengths, and areas of improvement)

Summary Points for Moving Ahead with a Plan – Transitions in Treatment

- *Treatment is a continued collaboration between you and your IRT clinician who can help inform you about the options in the Individualized modules.*
- *Deciding on your next steps in treatment involves taking into account information about your goals, progress towards your goals, barriers as you work towards your goals, your strengths and helpful strategies, and areas that you want to improve.*
- *Developing personalized treatment can be done by making a plan that discusses your goals for treatment and takes into account your personal goals, strengths, and areas of improvement along with the supporters who can help you move forward in your recovery.*

Clinical Guidelines for Dealing with Negative Feelings Module

OVERVIEW OF MODULE:

Negative feelings such as depression, anxiety, guilt, frustration, anger, and suicidal thinking are common in people who have experienced a first episode of psychosis. These feelings may be primary in people with a first episode of psychosis because depression and anxiety often precede the onset of psychotic symptoms. Negative feelings may also be related to the multiple losses and challenges associated with developing a major mental illness and its disruptive effects on people's lives. In addition, negative feelings may be related to psychotic symptoms such as hallucinations and delusions, which may be distressing in their own right or because they lead to unrealistic fears. Furthermore, significant numbers of clients who have had an episode of psychosis have posttraumatic stress disorder (PTSD) due to traumatic experiences in their lives (not including psychotic symptoms and treatment), such as physical or sexual abuse or assault, the sudden unexpected death of a loved one, witnessing violence, or being in an accident, disaster, or type of mass violence. Finally, suicidal thinking and suicide attempts are often related to negative feelings, and are significant problems in first episode psychosis. It is important to address any suicidal thoughts as soon as they are detected.

This module focuses on teaching cognitive restructuring as a strategy for helping clients reduce their negative feelings. Cognitive restructuring has a strong evidence base across multiple clinical populations for helping people reduce or eliminate negative feelings such as anxiety, depression, PTSD symptoms, and distress due to psychotic symptoms. Cognitive restructuring is based on the assumption that how people react emotionally to different situations, especially in terms of negative feelings, is strongly influenced by their thoughts and beliefs about themselves, other people, and the world in general. Teaching people how to recognize the thoughts that underlie their negative feelings, and to examine those thoughts critically, can often reduce the negative emotions associated with them.

Most clients in IRT will have been taught a rudimentary approach to cognitive restructuring in the Processing the Psychotic Episode module (in the topic area of "Challenging Self-Defeating Thoughts and Beliefs"). In the Dealing with Negative Feelings module, a more powerful approach to cognitive restructuring is taught that is specifically tailored to address negative feelings. In the first topic area, "Taking Charge of Your Negative Feelings," the relationship between thoughts and feelings is established, and then clients are taught how to recognize and challenge "Common Styles of Thinking," or inaccurate thinking patterns that often lead to negative feelings, such as "catastrophizing" and "all-or-nothing thinking." Recognizing and changing Common Styles of Thinking often reduces negative feelings.

In the second topic area ("Cognitive Restructuring for Negative Feelings"), a 5 step approach to cognitive restructuring is taught that builds on the Common Styles of Thinking. While recognizing and changing Common Styles of Thinking is useful for addressing negative feelings due to inaccurate thinking, the 5 Steps of Cognitive Restructuring is a more broadly applicable skill for dealing with negative feelings. Not only does the 5 Step method prompt clients to develop an alternative more accurate thought when the evidence does not support their upsetting thought, it also prompts them to develop an action plan for dealing with situations in which a careful examination of the evidence indicates that the individual's concerns are realistic and need to be addressed. Early practice with the 5 Steps of CR focuses on using the skill to

deal with any upsetting feelings. When the client is familiar with the skill, the clinician uses it to directly target symptoms related to negative feelings that the client has endorsed.

An important part of the Dealing with Negative Feelings module is the evaluation of changes in distressing symptoms over the course of the module, using standardized measures that tap the specific symptoms that are being targeted. Depending on the negative feelings that are being targeted in the module, either previously administered measures are administered again over the course of the module to evaluate change and identify problematic symptoms, or new measures are administered at the beginning of the module and again to assess change.

Most clients can be expected to complete this module in a total of 7-12 sessions. However, many clients will continue to benefit from additional practice of cognitive restructuring after going onto another module. You can encourage clients to continue practicing the cognitive restructuring skill after completing this module by collaboratively developing home assignments with them to practice the skill, briefly checking in with them about their progress in using it, and helping them troubleshoot difficulties they experience using the skill on their own.

In IRT, the Dealing with Negative Feelings module is one of two individualized modules for helping clients address upsetting feelings. The other module is Coping with Symptoms, which addresses a variety of symptoms including depression, anxiety, psychotic symptoms, and negative symptoms by teaching strategies aimed at improving coping without attempting to examine the thoughts or beliefs underlying negative feelings associated with these symptoms. Clients with negative feelings may benefit from either or both modules. Assessments of distressing symptoms should be given at the end of whichever module is provided first in order to determine whether providing the other module might also be helpful for addressing negative feelings.

Goals

1. Teach the skill of Cognitive Restructuring (CR) and Problem Solving/Action Planning as self-management tools to help the client deal with negative feelings.
2. Help client use these skills to deal with negative feelings such as depression and anxiety, including negative feelings related to self-stigmatizing beliefs, psychotic symptoms, PTSD symptoms, and hopelessness.

Handouts

Introduction to Dealing with Negative Feelings Module

1. Taking Charge of Your Negative Feelings
2. Cognitive Restructuring for Negative Feelings

Note: The 5 Steps of Cognitive Restructuring Note Card (optional) is included at the end of the Clinical Guideline for Handout #2.

MEASURES:

Based on the nature of the client's negative feelings, standard measures are selected and used to track changes in symptoms from before, during, and after completion of this module. Blank copies are provided at the end of the Clinical Guidelines for this module. The following list

summarizes the measures and when they are administered to clients with corresponding symptoms:

1. Self-Stigmatizing Beliefs Checklist (SSBC): for clients with persistent self-stigmatizing beliefs after the Processing the Psychotic Episode module, this questionnaire is completed at end of Processing the Psychotic Episode module, again at the beginning of the second topic area in this Dealing with Negative Feelings Module, “Cognitive Restructuring for Negative Feelings”, and again at the end of that same topic area.

2. Post Psychotic Episode Symptom Checklist (PPESC): for clients with persistent PTSD symptoms *related to psychotic or treatment experiences,* this questionnaire is completed at the end of Processing the Psychotic Episode module, again at the beginning of the second topic area in this Dealing with Negative Feelings Module, “Cognitive Restructuring for Negative Feelings”, and again at the end of that same topic area.

3. PTSD Checklist (PCL): for clients with persistent PTSD symptoms *due to a traumatic event unrelated to their psychotic episode,* this questionnaire is completed again at the beginning of the second topic area in this Dealing with Negative Feelings Module “Cognitive Restructuring for Negative Feelings,” and again at the end of that same topic area.

4. Depression Anxiety Stress Scale (DASS): for clients with significant anxiety or depression, this questionnaire is completed 3 times: 1) at the beginning of the “Taking Charge of Your Negative Feelings” topic area of this Dealing with Negative Feelings module, 2) again at the beginning of the second topic area, “Cognitive Restructuring for Negative Feelings,” and 3) again at the end of that same topic area.

5. Beliefs About Voices Questionnaire (BAVQ): for clients with significant distress related to hallucinations, this questionnaire is completed 3 times: 1) at the beginning of the “Taking Charge of Your Negative Feelings” topic area of this Dealing with Negative Feelings module, 2) again at the beginning of the second topic area, “Cognitive Restructuring for Negative Feelings,” and 3) again at the end of that same topic area.

6. Beck Hopelessness Scale (BHS): for clients with significant suicidal thinking or behavior, this questionnaire is completed 3 times: 1) at the beginning of the “Taking Charge of Your Negative Feelings” topic area of this Dealing with Negative Feelings module, 2) again at the beginning of the second topic area, “Cognitive Restructuring for Negative Feelings,” and 3) again at the end of that same topic area.

Key to abbreviations of assessments:

BAVQ	Beliefs About Voices Questionnaire
BHS	Beck Hopelessness Scale
DASS	Depression Anxiety Stress Scales
PCL	PTSD Checklist
PPESC	Post Psychotic Episode Symptoms Checklist
SSBC	Self-Stigmatizing Beliefs Checklist

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.
- Follow-up on goals.
- Set the agenda.
- Teach and practice new material and skills (and/or review materials from the previous session if necessary).
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session.

GENERAL TEACHING STRATEGIES:

- All of the teaching in this module should be highly interactive in order to ensure that the client understands the relevance of the concepts to his or her personal experiences, including: the relationship between thinking and feeling, the fact that thoughts leading to negative feelings may be inaccurate, the value of examining the accuracy of upsetting thoughts and changing them when they are inaccurate, and the value of developing an action plan to deal with situations in which the client has a realistic concern.
- People are often slow to change their thoughts and beliefs, even in the face of strong evidence against them; when working with clients to examine the accuracy of upsetting thoughts, it is often preferable to focus on helping clients make smaller changes in their thoughts in order to make them more accurate, rather than major changes that the client may resist or reject (e.g., emphasize the question of whether the thought or belief is completely accurate, or might contain some inaccuracies that could be corrected by another, less upsetting thought).
- When the client decides that a thought is not entirely true, and a new, more accurate thought is developed, make sure that the client believes that this new thought is indeed more accurate than the old one, and then check to ensure that the new thought is associated with less distress than the old one.
- You should always avoid directly confronting the client about the accuracy of certain beliefs, and remember that the purpose of cognitive restructuring is to serve as a client-guided self-management tool for dealing with negative feelings.
- First focus on helping clients learn how to use cognitive restructuring to deal with any upsetting feelings. Then use cognitive restructuring to help the client directly address distressing symptoms that he or she endorsed on the brief symptom measures given prior to this module or at the beginning of the module.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice should be reviewed at the start of every session. By reviewing home practice at the beginning of each session, the client understands the importance of practicing the skills learned and also takes personal responsibility for the use of the skills.

- The Introduction to Dealing with Negative Feelings handout provides a brief rationale for the overall module, and a message of hope for the client coping with negative feelings. The Taking Charge of Your Negative Feelings handout establishes the role of thinking in leading to negative feelings, and the fact that thoughts may be inaccurate and correcting them may reduce negative feelings, and teaches clients how to recognize and correct common but inaccurate thinking patterns (called Common Styles of Thinking). The Cognitive Restructuring for Negative Feelings handout teaches a 5-step skill for examining thoughts leading to upsetting feelings and either changing those thoughts (when they are inaccurate) or developing an action plan to address the upsetting situation (when the thoughts are accurate).

- Worksheets are included in the handouts that should be used to teach the skills in session, and for the client to practice the skills as home assignments, including the Common Styles of Thinking Worksheet, the 5 Steps of Cognitive Restructuring Worksheet, and the Action Plan Worksheet.

- The client should be encouraged to practice the skills taught in sessions as often as possible at home, with daily practice as the goal. It is important to make sure that clients have multiple blank copies of the worksheets at their disposal to increase the likelihood of success with home practice.

- A copy of The 5 Steps of CR note card is provided at the end of the Clinical Guidelines for handout #2 (Using Cognitive Restructuring for Negative Feelings). This optional card can be photocopied and given to clients once they have a basic understanding of the CR skill and have used the 5 Steps of CR Worksheet with some success. The purpose of the note card is to help clients generalize the skills more easily within their day-to-day activities. They can put copies of the note card where they can easily find them (e.g., place in their wallets or purses, post in their rooms, put in their backpacks) to serve as a reminder of the steps of the skill. Clients often appreciate having laminated copies, which are both more attractive and sturdier.

- The clinical guides for handout #1 and handout #2 refer to "brief symptom assessments." The PPESC and SSBC were previously administered in the Processing the Psychotic Episode, a standard module. The PCL related to lifetime traumatic events was administered in the Bridging module to clients where trauma or PTSD was endorsed by the client (or suspected by the clinician). The DASS, BAVQ, and BHS are administered at the beginning of the Dealing with Negative Feelings module to clients who have significant distress related to depression or anxiety, hallucinations, or suicidal thinking or behavior, respectively. Measures that tap symptoms that are being targeted for treatment in this module are given again after completing the first topic area ("Taking Charge of Your Negative Feelings") and again after completing the second topic area ("Cognitive Restructuring for Negative Feelings") to evaluate change. The following table summarizes key information about identifying target symptoms and using assessments for evaluating them:

Identifying Target Symptoms and Using Assessments for Evaluating Them

Target symptom	Identification procedure	Baseline assessment for Dealing with Negative Feelings module	Follow up assessments for Dealing with Negative Feelings module
Self-stigmatizing beliefs	High levels of self-stigmatizing beliefs present after the Processing the Psychotic Episode module	SSBC administered at end of Processing the Psychotic Episode module	SSBC at beginning and end of Topic 2 (Cognitive Restructuring for Negative Feelings)
PTSD symptoms related to psychotic episode	High levels of PTSD symptoms present after Processing the Episode module	PPESC administered at end of Processing the Episode module	PPESC at beginning and end of Topic 2
PTSD due to lifetime traumatic event(s)	Client reports history of trauma and/or clinician suspects this and gets confirmation from client, reports of other treatment team members	PCL (score of 45 or over) administered in Bridging module	PCL at beginning and end of Topic 2
Depression	Client self report; reports of other treatment team members	DASS at beginning of Topic 1 (Taking Charge of Your Negative Feelings) of Dealing with Negative Feelings module	DASS at beginning and end of Topic 2
Anxiety	Client self report, reports of other treatment team members	DASS at beginning of Topic 1 of Dealing with Negative Feelings	DASS at beginning and end of Topic 2
Distress due to auditory hallucinations	Client self report, reports of other treatment team members	BAVQ at beginning of Topic 1 of Dealing with Negative Feelings	BAVQ at beginning and end of Topic 2
Suicidal thinking	Client self report, reports of other treatment team members	BHS at beginning of Topic 1 of Dealing with Negative Feelings	BHS at beginning and end of Topic 2

#1: Clinical Guidelines for "Taking Charge of Your Negative Feelings"

OVERVIEW:

After a brief overview of the topic area, you will initiate a brief discussion with the client about negative feelings that he or she has recently experienced. Following this, you will establish the relationship between thoughts and negative feelings, how some thoughts may be inaccurate, and how correcting inaccurate thoughts may reduce those negative feelings. You will then introduce the Common Styles of Thinking, which are common but inaccurate ways of thinking about different situations, such as "catastrophizing" or "all-or-nothing thinking." You will review each of the different Common Styles of Thinking to discuss why it is inaccurate and to prompt the client to identify personal examples of when he or she may have engaged in that style. You will then show the client how to use the Common Styles of Thinking Worksheet to evaluate upsetting thoughts, and develop a home practice assignment for the client to begin recognizing and changing Common Styles of Thinking that lead to negative feelings.

Goals

1. Provide an introduction to the module and rationale for how these skills will be helpful for decreasing negative feelings.
2. Help client understand common types of emotional distress and discuss his or her recent negative feelings.
3. Establish the relationship between thoughts and negative feelings, how thoughts may be inaccurate, and how correcting them may reduce negative feelings.
4. Introduce and teach client how to recognize and change Common Styles of Thinking that lead to negative feelings in session and for home practice.

Materials Needed

1. Introduction to Dealing with Negative Feelings Module.
2. Topic handout #1 - Taking Charge of Your Negative Feelings.
3. Brief symptom assessments previously administered in the Processing the Psychotic Episode module (SSBC and PPESC) and Bridging module (PCL related to other lifetime traumatic events if PTSD identified in the SCID). Blank copies of these assessments are located at the end of the clinical guide for this module.
4. Additional brief symptom assessments to administer if the client expresses problems with depression or anxiety (DASS), hallucinations (BAVQ), or suicidal thinking or behavior (BHS). Blank copies of these assessments are located at the end of the clinical guide for this module.

Key to abbreviations of assessments:

BAVQ	Beliefs About Voices Questionnaire
BHS	Beck Hopelessness Scale
DASS	Depression Anxiety Stress Scales
PCL	PTSD Checklist
PPESC	Post Psychotic Episode Symptoms Checklist
SSBC	Self-Stigmatizing Beliefs Checklist

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Introduction and Module Overview; Review/Discussion of client's domains of emotional distress from assessments done in Processing the Psychotic Episode module (SSBC, PPESC) or Bridging module (PCL related to same lifetime traumatic event as assessed in SCID diagnosis of PTSD); administer the DASS if client identifies problems with depression or anxiety, the BAVQ if problems with hallucinations, and the BHS if the client has problems with suicidal thinking or behavior; Where do Negative Feelings Come From?; Changing Negative Feelings; Begin Common Styles of Thinking	Session 1- Introduction and Module Overview; Review/Discussion of client's domains of emotional distress from assessments done in Processing the Psychotic Episode module (SSBC, PPESC) or Bridging module (PCL related to same lifetime traumatic event as assessed in SCID diagnosis of PTSD); administer the DASS if client identifies problems with depression or anxiety, the BAVQ if problems with hallucinations, and the BHS if the client has problems with suicidal thinking or behavior; Where do Negative Feelings Come From?; Changing Negative Feelings; Common Styles of Thinking
Session 2- Review of Where do Negative Feelings Come From? and Changing Negative Feelings; complete Common Styles of Thinking	Session 2- Practice recognizing and changing Common Styles of Thinking based on recent negative feelings experienced by client
Session 3- Practice recognizing and changing Common Styles of Thinking based on recent negative feelings experienced by client	
Session 4- Practice recognizing and changing Common Styles of Thinking based on recent negative feelings experienced by client	

TEACHING STRATEGIES:

- For clients with significant distress you should review the following brief assessments that were previously administered during the Processing the Psychotic Episode module

(PPESC and SSBC). If these questionnaires were completed several weeks ago, they may no longer be completely accurate. If the client indicates that his or her responses would be different now, the appropriate questionnaires should be given again. Blank copies can be found at the end of this clinical guideline.

- If the client identifies problems with depression or anxiety, administer the DASS. If he or she identifies problems with hallucinations, administer the BAVQ. If he or she has suicidal thinking or behavior, administer the BHS. Blank copies of all three of these questionnaires can be found at the end of this clinical guideline. This allows for both you and the client to have a good idea about the client's persistent symptoms as well as some of the thoughts that underlie these symptoms (easily obtainable from the items on these assessments) that can be examined in this topic area and the following topic area.

- Make sure to spend time reviewing and discussing the completed assessments (see point above) with client to discuss specific areas of distress that he or she currently experiences (e.g., depression, anxiety, PTSD symptoms related to the episode or lifetime traumatic events, paranoid ideation, hallucinations, self-stigmatizing beliefs), and what changes (if any) he or she has noted since completing these assessments.

- Clients will hopefully remember the relationship between thoughts and feelings that was first established in the "Challenging Self-Defeating Thoughts and Beliefs" topic area of the "Processing the Psychotic Episode Module." It is important to review this here as well in order to remind the client and to set the stage for recognizing and changing Common Styles of Thinking.

- In reviewing the relationship between thoughts and feelings, explain how a particular thought (even when potentially inaccurate) can greatly affect our feelings and cause distressing emotions, and that by learning to modify such thoughts, one can reduce these negative feelings that go along with having had an episode of psychosis.

- The Common Styles of Thinking described in the handout should be reviewed with the client. For each Common Style, you should discuss with the client:

    - Why the style is inaccurate
    - What might be a more accurate thought for the examples of the Common Style provided in the handout
    - Possible examples of when the client engaged in that Common Style of Thinking
    - Possible alternative, more accurate thoughts for any personal examples of Common Styles of Thinking

- Note that the different Common Styles of Thinking overlap with each other, and that a particular thought might fall into a few categories simultaneously. It's most important that clients understand what a "Common Style" is and why it is something to look out for and address; it is less important that clients are able to perfectly define and differentiate between each of the categories.

- The Common Styles of Thinking Worksheet should be assigned for home practice following the introduction of this skill, even if you don't get through all of the Common Styles in a single session. Clients should be encouraged to complete as many entries as they can between sessions. Highlight for clients that the more they practice the skill of recognizing Common Styles of Thinking and developing more helpful or realistic thoughts, the easier and more useful this skill will become.

TIPS FOR COMMON PROBLEMS:

- Some clients initially have difficulty differentiating between thoughts and feelings. Validate and normalize this issue with the client, as this is common, especially for people first learning this skill. If the problem is significant, you can skip ahead to the Guide to Thoughts and Feelings, which is part of the next topic area, Handout #2, Cognitive Restructuring for Negative Feelings. The Guide to Thoughts and Feelings is specially designed to help people recognize their thoughts and feelings and differentiate between the two.

- Be prepared for some clients to struggle with, or seem resistant to changing their thoughts (via the Common Styles of Thinking Worksheet) initially. To address this, you should:

  - "Back up" and start with less-distressing and/or less "personal" thoughts. It is often easier for clients to initially learn and practice this skill by either 1) using a more "generic" example, 2) pretending it's someone else's thought, not theirs (e.g., "a friend"), or 3) giving an example from your own life if appropriate (this is within your clinical judgment of course, and should not be an overly personal example).

  - Validate that perfect understanding and use of the skill can be difficult at first. "*You may have been thinking this way for a long time, so it can be difficult to change right away, that is totally understandable*" and normalize the client's reaction. For example, you can say something like, *"Most people do feel a bit frustrated at first, it gets easier with practice; you are doing a great job though."*

- Keep in mind that although most clients understand and resonate with the Common Styles of Thinking, some find it somewhat abstract. These clients may find it easier to learn the 5 Steps of Cognitive Restructuring, taught in the next topic area.

EVALUATING GAINS:

- After completing this topic area, it may be helpful to assess the client's understanding of the basic concepts taught by asking the following questions:

  1. What is the relationship between thoughts and feelings?
  2. Are the thoughts that people have in different situations always correct?
  3. How can changing inaccurate thoughts related to negative feelings improve those feelings?
  4. What are some examples of the Common Styles of Thinking? Which ones do you tend to use a lot?

- Make sure that the client has a basic grasp of the relationship between thoughts and feelings and the value of closely examining thoughts that lead to negative feelings. Clients will have demonstrated this by their ability to work through the Common Styles of Thinking Worksheet in session with you, and on their own for home practice. You should provide additional teaching, examples, and practice as needed to increase clients' understanding.

- Some clients have difficulty learning to apply the abstract nature of recognizing and changing Common Styles of Thinking to the negative feelings they experience in their daily lives, but find the 5 Steps of Cognitive Restructuring (taught in the next topic area) easier to learn. If the client still has difficulty grasping the how to use the Common Styles of Thinking by the end of the fourth session, move onto the next topic area anyway.

- The same questionnaires that were selectively reviewed at the beginning of this module (SSBC, PPESC, PCL, DASS, BAVQ, BHS) are administered again at the beginning of the next topic area ("Cognitive Restructuring for Negative Feelings"). Changes in distress related those questionnaires targeting symptoms related to negative feelings indicate improvements over the course of the topic area.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR TAKING CHARGE OF YOUR NEGATIVE FEELINGS:

Therapeutic Goal	*Techniques & Probes*
Provide an introduction to the module and rationale for how these skills will be helpful for decreasing negative feelings.	• Review the Introduction/Overview handout in session. • Explain the different types of emotional distress/negative feelings (aka, symptoms). • Mention how cognitive restructuring and problem-solving/action planning skills can alleviate this distress/help client make progress towards recovery.
Help client understand common types of emotional distress and discuss his or her recent negative feelings.	• Review brief symptom assessments previously administered (SSBQ, PPESC, PCL due to lifetime traumatic events), and/or assessments given at beginning of topic area (DASS, BAVQ, BHS) • Discuss scores and (for previously administered questionnaires) differences between current symptom levels and initial symptom levels assessed prior to this topic area.
Establish the relationship between thoughts and negative feelings, how thoughts may be inaccurate, and how correcting them may reduce negative feelings.	• Explain the how people react and feel in different situations is influenced by what they think in those situations. • Initiate discussion of "Jeff" in handout, , how some thoughts he has are more accurate than others, how changing inaccurate thoughts reduce negative feelings. • Use other examples, either generic or ones from client's clinician's own experiences, to illustrate basic concept.
Introduce and teach client how to recognize and change Common Styles of Thinking that lead to negative feelings in session and for home practice.	• Introduce Common Styles of Thinking, and why each one is inaccurate. • For each, prompt client to identify more accurate thoughts for examples • Help client identify personal examples. • Help client practice identifying and changing thoughts that lead to negative feelings using the Common Styles of Thinking Worksheet.

#2: Clinical Guidelines for "Cognitive Restructuring for Negative Feelings"

OVERVIEW:

This topic area focuses on teaching and helping clients practice the 5 Steps of Cognitive Restructuring (CR) as a self-management skill for dealing with negative feelings:
1- Describe the situation
2- Describe the negative feeling
3- Identify the thought underlying the negative feeling
4- Evaluate the evidence supporting and not supporting the thought
5- Take action by either changing the thought if it is inaccurate or developing an action plan to address the situation if the thought is accurate.

The 5 Steps of CR skill builds upon what the client has already learned about recognizing and changing Common Styles of Thinking that lead to negative feelings in the previous topic area ("Taking Charge of Your Negative Feelings"). In addition to helping people develop more accurate thoughts when the evidence doesn't support their thoughts, the 5 Steps of CR also helps clients develop an "action plan" for dealing with situations in which a careful examination of client's concerns reveals they are realistic and need to be addressed. A step-by-step approach to developing an effective action plan is provided. You will teach the 5 Steps of CR in session, and develop home practice assignments with the client to use the skill on his or her own. Initially, you will focus on using a generic example to help the client understand the 5 Steps of CR, followed by actual examples of negative feelings, including those based on symptom assessments.

Goals

1. Evaluate changes in distressing symptoms assessed on questionnaires following completion of the previous topic area ("Taking Charge of Your Negative Feelings").
2. Teach the 5 Steps of CR in session and help client practice the skill repeatedly in-session and for home practice.
3. Help client take "ownership" of the 5 Steps of CR as a "self-management" skill.
4. Help client use the 5 Steps of CR to address specific, previously-endorsed symptoms.
5. Evaluate changes in distressing symptoms assessed on questionnaires after completing this topic area.

Materials Needed

1. Completed copies of the brief symptom assessments previously administered (SSBC, PPESC, PCL, DASS, BAVQ, BHS) and blank copies (to evaluate change at end of topic area).
2. Topic handout #2: Cognitive Restructuring for Negative Feelings.

Note that The 5 Steps of Cognitive Restructuring Note Card (optional) is included at the end of this Clinical Guideline

Key to abbreviations of assessments:

BAVQ	Beliefs About Voices Questionnaire
BHS	Beck Hopelessness Scale
DASS	Depression Anxiety Stress Scales
PCL	PTSD Checklist
PPESC	Post Psychotic Episode Symptoms Checklist
SSBC	Self-Stigmatizing Beliefs Checklist

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Review changes in distress related to symptoms on brief symptom assessments; assessment that tap targeted distressing symptoms should be re-administered at the beginning of the topic area as needed (e.g., SSBC, PPESC, PCL, DASS, BAVQ, BHS); Teach the 5 Steps of CR and Making Effective Action Plans	Session 1- Review changes in distress related to symptoms on brief symptom assessments; assessment that tap targeted distressing symptoms should be re-administered at the beginning of the topic area as needed (e.g., SSBC, PPESC, PCL, DASS, BAVQ, BHS); Teach the 5 Steps of CR and Making Effective Action Plans
Session 2- Review the 5 Steps of CR skill; practice the 5 Steps of CR on recently experienced negative feelings	Session 2- Review the 5 Steps of CR skill; practice the 5 Steps of CR on recently experienced negative feelings
Session 3- Practice the 5 Steps of CR on recently experienced negative feelings	Session 3- Target specific symptoms using 5 Steps of CR
Session 4- Practice the 5 Steps of CR on recently experienced negative feelings	Session 4- Target specific symptoms using 5 Steps of CR
Session 5- Target specific symptoms using 5 Steps of CR	Session 5- Target specific symptoms using 5 Steps of CR; Review and discussion of gains made; provide copies of 5 Steps of CR note card (optional)
Session 6- Target specific symptoms using 5 Steps of CR	
Session 7- Target specific symptoms using 5 Steps of CR	
Session 8- Target specific symptoms using 5 Steps of CR; Review and discussion of gains made; provide copies of 5 Steps of CR notecard (optional)	

TEACHING STRATEGIES:

- Only the assessments that tap targeted distressing symptoms should be re-administered at the beginning of the topic area (SSBC, PPESC, PCL, DASS, BAVQ, BHS, as needed). Sum up the scores of assessments that were given, and discuss with the client any changes that have been observed since the time they were first completed and now.

- Explore possible reasons for any improvements in distress related to symptoms, including the client learning how to recognize and correct Common Styles of Thinking in Topic 1 of this module. Normalize lack of change by explaining that it takes time and practice to change distressing symptoms, and that the next topic area ("Cognitive Restructuring for Negative Feelings") will focus even more on specific symptoms in order to provide the client with relief. Assure the client that with practice, he or she will likely see reductions in distress related to symptoms.

- When teaching the 5 Steps of CR, it is important for you, in session and early on, to lead the client through the 5 Steps to their successful completion so that he or she can see how the skill works in a personal example, and can directly experience a reduction in distress following the use of the skill. This is most effective when you first try to focus on examples of negative feelings that appear to be clearly related to inaccurate thoughts which, if modified, will reduce the negative feeling.

- Once the client has experienced a reduction in distress after using the 5 Steps of CR, you should gradually shift to having the client take the lead on initiating each step of the skill, while providing support and prompting as needed.

- It is crucial for you to take a gentle (yet straightforward) approach when helping clients to learn and practice this skill: you should use the Socratic Method (asking probing questions rather than giving answers) in guiding clients through the 5 steps. This type of style is preferable (particularly in the Step 4: Evaluate your Thought and Step 5: Take Action) to telling the client the evidence and crafting a new thought for him or her.

- Focus on teaching cognitive restructuring as a self-management skill, rather than a way of changing the client's thoughts and feelings, so that once the client learns the skill, he or she will use it independently to reduce negative feelings.

- Help the client begin using the 5 Steps of CR as soon as possible after a negative feeling or problem situation has been identified. The cue for skill use is any type of distress experienced.

- Don't get bogged down during the 5 Steps of CR and fail to get through all the steps in a single session. In order to ensure that clients are encouraged and reinforced for using cognitive restructuring when they feel upset, they must repeatedly experience relief from using the skill in sessions with you. This can only occur if you strive to get through all 5 Steps of CR within a session, and avoid only working on one situation over multiple sessions.

- Be aware that in some situations, dealing with upsetting feelings may necessitate the development of both a new thought *and* an action plan. Sometimes a client is able to change his or her thought (i.e., from "*My siblings hate me since I developed psychosis*" to "*My siblings may not be sure how to be helpful to me, and I may have been avoiding*

them a bit, too") which brings some distress reduction. However, a plan of action may also be needed to further alleviate negative feelings that linger. For example, the client might want to include an action plan such as the following: "*1) Call my sister next week and talk to her about my feelings; 2) Invite my brother out for coffee this weekend; 3) Tell my mom I would like to schedule a family dinner; 4) Remind myself of my new thought before and after I talk to them.*"

- You can provide generic examples of thoughts and feelings to help clients practice the skill of CR, including:

  - *Situation*: You are invited to a party. *Upsetting Thought/Feeling: "They don't want me to come, they just feel sorry for me"/depressed*.

  - *Situation:* Your boss calls you into his office after the work day. *Upsetting Thought/*Feeling*:* "*I'm about to get fired*"/*anxious and fearful*.

  - *Situation:* You call a cousin on the phone and after one day she has not returned your call. *Upsetting Thought/Feeling: "She must have gotten in a car accident and is seriously injured or dead, and that's why she hasn't called"/fearful*.

- You can also ask probe questions to help the client generate personal examples to use for 5 Steps of CR practice, such as:

  - *Did you find yourself feeling worried or anxious at all this past week? In which situations?*

  - *Did you feel down or sad this past week? What happened?*

  - *How did you feel about yourself this week? When did you start feeling that way, what were you doing at the time?*

  - *Let's think about some times during the past week where you felt stressed out. What was going on then?*

  - *What kinds of things did you struggle to take care of this week? What got in the way?*

- While each client's specific triggers and associated thoughts will be different, clients who have experienced a first-episode of psychosis often note some of the following situations and distressing thoughts, which can be used as examples in practicing the 5 Steps of CR:

  - *"I don't feel like doing anything during the day, so I can't."*

  - *"Other people aren't interested in me at all."*

  - *"I don't have anything to say at family gatherings or parties because I'm not doing anything in my life."*

  - "*I'm not the same person I used to be, so I can't accomplish anything."*

  - *"Seeing all these doctors and doing all these treatments aren't going to make any difference."*

- Clients should be encouraged to practice the 5 Steps as home practice as often as they can: daily practice is the goal. It is important to make sure that clients have multiple blank copies of the handouts at their disposal to increase the likelihood of success with home practice.

  To find more examples to use in the 5 Steps of CR, it is helpful to review the most recently completed brief symptom assessments and discuss with the client which areas still cause persistent distress. Brief symptom assessments are described in the clinical guide to handout #1: the SSBC, PPESC, PCL, DASS, BAVQ, and BHS. Use clinical judgment, scores on the assessments and client preference in collaboratively deciding which symptoms to focus on in this section.

- Once symptom areas for continued 5 Steps work are decided upon, when possible it is best to start by taking specific items from the particular assessments and helping the client create workable thoughts to use for 5 Steps practice in session, for example:

  - PCL: "Avoid thinking about or talking about the stressful experience" → *"If I talk about the hospital, my family will make me go back there for sure."*

  - DASS: "I felt that life wasn't worthwhile" → "*My life is worthless because I am young and sick."*

  - BAVQ: *"My voice will harm or kill me if I disobey or resist it."*

- Once the client has had more in-session practice with using the 5 Steps with specific symptoms (or "negative feelings"), encourage home practice of the 5 Steps to focus on them.

- In many cases, clients will need to both modify their inaccurate thought *and* create an action plan with coping strategies to deal with the symptom. This is particularly true when dealing with voices. For example, a client may be able to successfully modify the inaccurate thought, *"I need to do everything my voice tells me to or else I will be in danger,"* but will also benefit from a detailed action plan around how to cope with this symptom. An action plan for coping with command hallucinations might include steps such as the following: *"When I hear the voice command me I will, 1) do relaxation breathing practice, 2) put headphones on, 3) call my neighbor on the phone for support, and 4) remember my new thought about the voices not being as powerful as I think given my past experiences with ignoring them"*.

- When working with paranoid thinking, it can be helpful in Step 4 (Evidence) to help the client use the following strategies in order to generate good evidence against the thought:

  - Assess the likelihood that the feared event will occur ("*How likely is it that people end up being assaulted on the street by strangers in the middle of the day?"* or *"How often do you hear about Psychiatrist s poisoning their patients, and are there any reasonable motivations for a doctor to do this?")*.

  - Come up with as many reasonable alternative explanations for the situation as possible (*"What might be some other reasons that the man on the train glanced at you sideways when you stepped on?"*).

  - Be very careful to not dismiss or minimize the client's perception of risk, but instead help him or her to logically assess the evidence.

- Be sure to not confront delusional beliefs or note them as definitely false; instead use Socratic questioning to guide the client through the steps of the skill as you would with any other type of potentially inaccurate belief.

- In order to help the client use the 5 Steps of CR more easily in their day-to-day activities, and to wean them from using the worksheet, you have the option of giving the client a 5 Steps of CR note card that summarizes each step on a small card that can be carried in the wallet or purse. A reproducible copy of this card is provided at the end of the clinical guidelines for this topic area.

- Reinforce small gains in the client's ability to use the 5 Steps of CR. It takes time and effort to learn this skill, and gains often occur very slowly over time and with repeated practice.

- At the end of the topic area, administer the same questionnaires that tap targeted distressing symptoms that were previously administered at the beginning of this topic area (SSBC, PPESC, PCL, DASS, BAVQ, BHS). Sum up the scores of questionnaires that were given, and discuss with the client any changes that have been observed since when they were first completed, when they were completed again at the beginning of this topic area, and the current administration. Reinforce any improvements, however small. Reassure the client that improvements often continue to happen as the person gets more experience practicing the 5 Steps of CR.

TIPS FOR COMMON PROBLEMS:

- Sometimes during the evaluation of the thought (Step 4 of the 5 Steps of CR), reviewing the evidence for and against the upsetting thought reveals that either too little information is known to make a firm judgment about its accuracy, or the evidence appears contradictory, with some good evidence supporting it but other good evidence against it. In these situations, it can be helpful to make a plan with the client to gather additional information that will lead to more evidence about the accuracy of the thought.

  - The plan could simply involve the client obtaining more factual information about the concerning thought. For example, if the client was concerned that a class she was planning on taking at her local community college was "above her head," but she had little information about expectations and requirements for the class, she could make a plan to obtain more information about the class by talking with the teacher, her academic advisor, someone else in the college department, and/or another student who has taken the class. The client could then include this information in weighing the evidence for and against her upsetting thought, with your help if needed.

  - Alternatively, you could develop a plan with the client that involves him or her behaving in a different way (or ways) in order to obtain more information about the accuracy of a concerning thought. This strategy is often called a *behavioral experiment*. When developing a behavioral experiment, first establish with the client that the evidence for and against the upsetting thought is either ambiguous or contradictory. Then, explain that the two of you can collaborate on conducting an "experiment" to obtain additional information about the thought or belief—appeal to the client's curiosity and desire for objective evidence to determine whether the thought is accurate. Develop an experiment that involves the client trying to do something differently from the way he or she usually does things, or doing something in two different ways to see what the result is. *For example, if the client is*

anxious that other people can read his thoughts, but acknowledges that the evidence supporting the belief is debatable, an experiment could be set up in which the client is in a social situation with strangers (such as sitting in the waiting room for a clinic appointment or riding the bus), and first deliberately thinks of a bland thought (such as "it feels like a nice day today"), and then changes the thought to one that would be more surprising and expected to create a reaction from the stranger (such as "I will give $20 to the first person who comes over and asks for it"). If the strangers don't appear startled or look over (or approach him) when the client thinks the surprising thought, this is evidence that other people can't read the client's mind. The client could conduct this experiment in several different situations so the results are more dependable, and he could then review them with you in the IRT session. When developing such an experiment with the client, it is important that the behavior change is something that the client is willing to do and does not present any realistic harm to him or her. It is also important to discuss with the client in advance how the results of the experiment will be interpreted in light of the concerning thought (i.e., what results would support the thought and what would not support it?).

- As is the case with teaching clients how to recognize and change the Common Styles of Thinking described in the previous topic area, some clients initially have difficulty differentiating thoughts from feelings. Validate and normalize this issue with the client as common, especially for people first learning this skill. Spend time reviewing the Guide to Thoughts and Feelings to help the client identify thoughts underlying negative feelings.

- Some clients struggle with, or seem resistant to, changing their thoughts, even when the evidence clearly does not support the thought. To address this, you should:

  - Focus on skill development, and do not become invested in changing the client's mind. This avoids a potential problem of *psychological reactance* (i.e., the tendency to strongly resist others' attempts to control one's behavior). Having the client generate evidence is more effective than when the therapist provides it, because people are more inclined to believe evidence that they themselves identify than that supplied by others. You should always avoid direct confrontation about the accuracy of certain beliefs.

  - Validate that changing one's thoughts is not an easy task at first. "*You may have been thinking this way for a long time, so it can be difficult to change right away, that is totally understandable*" and normalize the client's reaction. "*Most people do feel a bit frustrated at first, it gets easier with practice; you are doing a great job though.*"

  - Initiate a collaborative, non-confrontational discussion around the pros and cons of "holding onto" versus "giving up" certain beliefs. This can help clients step back from their emotional investment in some of these thoughts and increase motivation to adopt new, more accurate beliefs.

- Some clients may have difficulty learning the 5 Steps of CR or report that the skill is too burdensome and needs to be simplified. In these cases, you should consider the following strategies:

- Enlist the help of a family member or a significant other to prompt clients to use the skill and help them with the steps when they get stuck in their day to day practice.

- Note that clients do not have to learn all 5 Steps of CR to learn the essence of the cognitive restructuring skill; instill hope that this skill can be made simpler.

- The steps of CR can be simplified into three basic steps: (1) recognize the feeling; (2) identify the bad thoughts (inaccurate or exaggerated thoughts) leading to the upsetting feeling; (3) change the thought (ask the question: "is there another way of looking at this?")

EVALUATING GAINS:

- As you and the client go through this topic area, it is very important to periodically assess how much the client has learned about the 5 Steps of CR. You can assess the client's knowledge using the following questions:

    1. What is the purpose of the 5 Steps of CR? How might it help you?
    2. What's the cue for deciding to use the skill? That is, how do you know when it's a good time to use the 5 Steps of CR?
    3. How do you choose which thought to examine in the 5 Steps of CR?
    4. What is important to remember when you are evaluating the evidence for and against your thought in Step 4 of the 5 Steps of CR?
    5. How do you know when you should change your thought in Step 5? How do you know when you should develop an Action Plan?

- To determine whether the client is able to use the 5 Steps of CR on his or her own, evaluate the extent to which the 5 Steps of CR Worksheets are completed by the client as a home assignment, and whether the client reports that using the skill reduced negative feelings.

- At the end of this topic area, improvements in the brief assessment questionnaires for distressing symptoms that were targeted in the module (SSBC, PPESC, PCL, DASS, BAVQ, BHS) is an indicator of improvement in negative feelings. If negative feelings persist, consideration should be given to engaging the client in the Coping with Symptoms individualized module.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR TEACHING COGNITIVE RESTRUCTURING FOR NEGATIVE FEELINGS:

Therapeutic Goal	*Techniques & Probes*
Evaluate changes in distressing symptoms assessed on questionnaires following completion of the previous topic area ("Taking Charge of Your Negative Feelings").	• Re-administer questionnaire(s) that tap distressing symptoms targeted for treatment at beginning of the previous topic area (SSBC, PPESC, PCL, DASS, BAVQ, BHS). • Score questionnaires, discuss changes and similarities in ratings compared to initial scores. • Praise improvements and explore reasons for gains. • Normalize lack of improvements and explain it takes time and practice to improve distressing symptoms.
Teach the 5 Steps of CR in session and help clients practice the skill repeatedly in-session and for home practice.	• Go through each step of the skill in detail using a generic example initially. • Have client come up with some examples to use in session for practice. • Assess for distress reduction following completion of 5 Steps of CR practice. • Encourage daily practice at home and problem-solve around potential obstacles. • Prompt client as needed to remind him or her of the steps and how to go through the skill.
Help client take "ownership" of the 5 Steps of CR as a "self-management" skill.	• Have client take the lead on completing the worksheets in session. • Prompt client as needed to remind him or her of the steps and how to go through the skill. • Shift to a less-directive teaching stance and more to providing guidance, prompts, and encouragement. • Encourage client to continue daily practice at home. • Help client eventually reduce reliance on written worksheets over time. • Provide and reinforce use of 5 Steps note card (optional). • Enlist help of a support person (e.g., family member) to encourage practice outside of session.

Help client use the 5 Steps of CR to address specific, previously-endorsed symptoms.	• Review the brief symptom assessments (such as SSBC, PPESC, DASS, BAVQ, and BHS as described in clinical guide for handout #1). • Use combination of assessment scores, clinical judgment and client preference to determine which symptoms to address. • Help client translate endorsed items from brief symptom assessments into thoughts appropriate for CR. • Go through several examples in-session and monitor client's use of this skill to address these symptoms. • Have client use the 5 Steps of CR for home practice to deal with specific symptoms. • Encourage daily use of the 5 Steps of CR for coping with symptoms and negative feelings. • Highlight helpfulness of both modifying and inaccurate thought and creating an action plan to cope with the symptom as appropriate.
Evaluate changes in distressing symptoms assessed on questionnaires after completing this topic area.	• Re-administer questionnaire(s) that were given at the beginning of this topic area (SSBC, PPESC, PCL, DASS, BAVQ, BHS). • Reinforce gains and explore reasons why, such as practicing the 5 Steps of CR. • Normalize if the client experiences persistent. distress and encourage him or her to continue to practice cognitive restructuring with the expectation that more practice will lead to greater gains. • Explore with the client whether he or she would benefit from the Coping with Symptoms module.

Self-Stigmatizing Beliefs Checklist (SSBC)

Client Name / ID ____________________ **Date: ____________**

Instructions: Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought. You and your clinician can discuss these upsetting thoughts and work on learning to challenge them in order to reduce some negative feelings you may be having over the past several weeks.

- ☐ I will never get better or recover.
- ☐ I am to blame for what happened.
- ☐ I am crazy and always will be.
- ☐ I can't trust myself because of what happened.
- ☐ I cannot be trusted because of what happened.
- ☐ I have no control over my actions now.
- ☐ I'm unpredictable or dangerous.
- ☐ I am unable to get or keep a regular job.
- ☐ I will never be able to have meaningful relationships or a family.
- ☐ I will lose control at any moment.
- ☐ I will be unable to care for myself because of what happened.

*Adapted from: Bruce Link, Ph.D., unpublished assessments

Post-Psychotic Episode Symptom Checklist (PPESC)

Client Name / ID ____________________ **Date:** ____________

Instructions:
Below is a list of problems and complaints that people sometimes have in response to psychotic symptoms or treatment experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem over the past month. In your responses, please refer to your most upsetting experience(s) related to your psychotic episode. These experiences should be the same experiences you identified in the Processing the Psychotic Episode module.

. My most upsetting experience(s) related to my psychotic episode:

____

Problem or Complaint | **How Much Has This Bothered You Over the Past Month**

		Not at all	**A little Bit**	**Moderate**	**Quite a bit**	**Extreme**
1.	Repeated, disturbing *memories, thoughts,* or *images* of the stressful experience?	1	2	3	4	5
2.	Repeated, disturbing *dreams* of the stressful experience?	1	2	3	4	5
3.	Suddenly *acting* or *feeling* as if the stressful experience *were happening again* (as if you were reliving it)?	1	2	3	4	5
4.	Feeling *very upset* when *something reminded you* of the stressful experience?	1	2	3	4	5
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of the stressful experience?	1	2	3	4	5
6.	Avoiding *thinking about* or *talking about* the stressful experience or avoiding *having feelings* related to it?	1	2	3	4	5
7.	Avoiding *activities* or *situations* because *they reminded you* of the stressful experience?	1	2	3	4	5
8.	Trouble *remembering important parts* of the stressful experience?	1	2	3	4	5

9.	*Loss of interest* in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling *distant* or *cut off* from other people?	1	2	3	4	5
11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your *future* will somehow be *cut short*?	1	2	3	4	5
13.	Trouble *falling* or *staying asleep*?	1	2	3	4	5
14.	Feeling *irritable* or having *angry outbursts*?	1	2	3	4	5
15.	Having *difficulty concentrating*?	1	2	3	4	5
16.	Being *"super-alert"* or watchful or on guard?	1	2	3	4	5
17.	Feeling *jumpy* or easily startled?	1	2	3	4	5

PCL-S for DSM-IV(11/1/94) Weathers, Litz, Huska & Keane National Center for PTSD

PTSD Check List (PCL)

Client Name / ID ______________________ **Date: _____________**

The event you experienced was ______________________________ on __________.
(event) (date)

INSTRUCTIONS: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Repeated, disturbing *memories, thoughts,* or *images* of a stressful experience from the past?	1	2	3	4	5
2.	Repeated, disturbing *dreams* of a stressful experience from the past?	1	2	3	4	5
3.	Suddenly *acting* or *feeling* as if a stressful experience *were happening again* (as if you were reliving it?	1	2	3	4	5
4.	Feeling *very upset* when *something reminded you* of a stressful experience from the past?	1	2	3	4	5
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of a stressful experience from the past?	1	2	3	4	5
6.	Avoiding *thinking about* or *talking about* a stressful experience from the past or avoiding *having feelings* related to it?	1	2	3	4	5
7.	Avoiding *activities* or *situations* because *they reminded you* of a stressful experience from the past?	1	2	3	4	5
8.	Trouble *remembering important parts* of a stressful experience from the past?	1	2	3	4	5
9.	*Loss of interest* in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling *distant* or *cut off* from other people?	1	2	3	4	5

11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your *future* will somehow be *cut short*?	1	2	3	4	5
13.	Trouble *falling* or *staying asleep*?	1	2	3	4	5
14.	Feeling *irritable* or having *angry outbursts*?	1	2	3	4	5
15.	Having *difficulty concentrating*?	1	2	3	4	5
16.	Being *"super-alert"* or watchful or on guard?	1	2	3	4	5
17.	Feeling *jumpy* or easily startled?	1	2	3	4	5

PCL-C for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

Depression Anxiety Stress Scale (DASS)

Client Name / ID ____________________ **Date: ____________**

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found it hard to wind down	0 1 2 3
2	I was aware of dryness of my mouth	0 1 2 3
3	I couldn't seem to experience any positive feeling at all	0 1 2 3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0 1 2 3
5	I found it difficult to work up the initiative to do things	0 1 2 3
6	I tended to over-react to situations	0 1 2 3
7	I experienced trembling (eg, in the hands)	0 1 2 3
8	I felt that I was using a lot of nervous energy	0 1 2 3
9	I was worried about situations in which I might panic and make a fool of myself	0 1 2 3
10	I felt that I had nothing to look forward to	0 1 2 3
11	I found myself getting agitated	0 1 2 3
12	I found it difficult to relax	0 1 2 3
13	I felt down-hearted and blue	0 1 2 3
14	I was intolerant of anything that kept me from getting on with what I was doing	0 1 2 3
15	I felt I was close to panic	0 1 2 3
16	I was unable to become enthusiastic about anything	0 1 2 3
17	I felt I wasn't worth much as a person	0 1 2 3
18	I felt that I was rather touchy	0 1 2 3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0 1 2 3
20	I felt scared without any good reason	0 1 2 3
21	I felt that life was meaningless	0 1 2 3

Beliefs About Voices Questionnaire-Revised (BAVQ – R)

Client Name / ID _____________________ Date: ____________

There are many people who hear voices. It would help us to find out how you are feeling about your voices by completing this questionnaire. Please read each statement and tick the box which best describes the way you have been feeling in the *past week*.

If you hear more than one voice, please complete the form for the voice which is dominant.

Thank you for your help.

		Disagree	Unsure	Slightly Agree	Strongly Agree
1	My voice is punishing me for something I have done				
2	My voice wants to help me				
3	My voice is very powerful				
4	My voice is persecuting me for no good reason				
5	My voice wants to protect me				
6	My voice seems to know everything about me				
7	My voice is evil				
8	My voice is helping to keep me sane				
9	My voice makes me do things I really don't want to do				
10	My voice wants to harm me				
11	My voice is helping me to develop my special powers or abilities				
12	I cannot control my voices				
13	My voice wants me to do bad things				
14	My voice is helping me to achieve my goal in life				
15	My voice will harm or kill me if I disobey or resist it				

		Disagree	Unsure	Slightly Agree	Strongly Agree
16	My voice is trying to corrupt or destroy me				
17	I am grateful for my voice				
18	My voice rules my life				
19	My voice reassures me				
20	My voice frightens me				
21	My voice makes me happy				
22	My voice makes me feel down				
23	My voice makes me feel angry				
24	My voice makes me feel calm				
25	My voice makes me feel anxious				
26	My voice makes me feel confident				

When I hear my voice, usually ...

		Disagree	Unsure	Slightly Agree	Strongly Agree
27	I tell it to leave me alone				
28	I try and take my mind off it				
29	I try and stop it				
30	I do things to prevent it talking				
31	I am reluctant to obey it				
32	I listen to it because I want to				
33	I willingly follow what my voice tells me to do				
34	I have done things to start to get in contact with my voice				
35	I seek the advice of my voice				

Beck Hopelessness Scale (BHS)

Client Name / ID ____________________ Date: ____________

This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for the past week, including today, fill in the circle indicating TRUE in the column next to the statement. If the statement does not describe your attitude, fill in the circle indicating FALSE in the column next to this statement. Please be sure to read each statement carefully. Do not leave any statements blank.

Statement	
1. I look forward to the future with hope and enthusiasm.	O True O False
2. I might as well give up because there is nothing I can do about making things better for myself.	O True O False
3. When things are going badly, I am helped by knowing they can't stay that way forever.	O True O False
4. I can't imagine what my life would be like in ten years.	O True O False
5. I have enough time to accomplish the things I want to do.	O True O False
6. In the future, I expect to succeed in what concerns me most.	O True O False
7. My future seems dark to me.	O True O False
8. I happen to be particularly lucky, and I expect to get more of the good things in life than the average person.	O True O False
9. I just don't get the breaks, and there's no reason to believe I will in the future.	O True O False
10. My past experiences have prepared me well for the future.	O True O False
11. All I can see ahead of me in unpleasantness rather than pleasantness.	O True O False
12. I don't expect to get what I really want.	O True O False
13. When I look ahead to the future, I expect I will be happier than I am now.	O True O False
14. Things just won't work out the way I want them to.	O True O False
15. I have great faith in the future.	O True O False
16. I never get what I want, so it's foolish to want anything.	O True O False
17. It's very unlikely that I will get any real satisfaction in the future.	O True O False
18. The future seems vague and uncertain to me.	O True O False
19. I can look forward to more good times than bad times.	O True O False
20. There's no use in really trying to get something I want because I probably won't get it.	O True O False

5 Steps of CR Note Card

The 5 Steps of CR:
What is:
1. The Situation?

2. My upsetting Feeling?

3. My upsetting Thought?

4. Evidence FOR the thought?
   Evidence AGAINST the thought?

---

5. Take Action!
Does the Evidence support thought?
NO: What is a more accurate Thought?
YES: Make an Action Plan for situation.

The 5 Steps of CR:
What is:
1. The Situation?

2. My upsetting Feeling?

3. My upsetting Thought?

4. Evidence FOR the thought?
   Evidence AGAINST the thought?

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The 5 Steps of CR:
What is:
1. The Situation?

2. My upsetting Feeling?

3. My upsetting Thought?

4. Evidence FOR the thought?
   Evidence AGAINST the thought?

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5. Take Action!
Does the Evidence support thought?
NO: What is a more accurate Thought?
YES: Make an Action Plan for situation.

The 5 Steps of CR:
What is:
1. The Situation?

2. My upsetting Feeling?

3. My upsetting Thought?

4. Evidence FOR the thought?
   Evidence AGAINST the thought?

---

5. Take Action!
Does the Evidence support thought?
NO: What is a more accurate Thought?
YES: Make an Action Plan for situation.

The 5 Steps of CR:
What is:
1. The Situation?

2. My upsetting Feeling?

3. My upsetting Thought?

4. Evidence FOR the thought?
   Evidence AGAINST the thought?

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5. Take Action!
Does the Evidence support thought?
NO: What is a more accurate Thought?
YES: Make an Action Plan for situation.

The 5 Steps of CR:
What is:
1. The Situation?

2. My upsetting Feeling?

3. My upsetting Thought?

4. Evidence FOR the thought?
   Evidence AGAINST the thought?

---

5. Take Action!
Does the Evidence support thought?
NO: What is a more accurate Thought?
YES: Make an Action Plan for situation

Introduction to Dealing with Negative Feelings

Introduction and Module Overview

Negative feelings such as depression and anxiety can make people feel miserable, and rob them of the joys of life. However, experiencing persistent and strong negative feelings is not something that you have to passively accept and live with. In this module, you will learn how you can take charge of your negative feelings by understanding where they came from and critically examining the thoughts and beliefs underlying them. By challenging negative and inaccurate thoughts, you can get relief from your upsetting feelings. In addition, when thoughts or concerns are realistic and present a genuine problem, developing an effective action plan for dealing with the situation can reduce those negative feelings in the long run by resolving the problem.

In this module we will:

- Explore what negative feelings you have been experiencing recently.
- Discuss where negative feelings come from, and how thoughts can lead to feelings.
- Consider how thoughts related to negative feelings are not always accurate.
- Learn how to recognize and change inaccurate thinking styles that lead to negative feelings.
- Learn the skill of cognitive restructuring for dealing with negative feelings by examining the evidence for and against the thoughts underlying negative feelings, and then either:
    - Change those thoughts when they are inaccurate, or
    - Make an action plan to address the problem when the thoughts are accurate.
- Apply the skill of cognitive restructuring to examine and reduce distressing feelings associated with symptoms and upsetting thoughts.

What I expect from you:

- Willingness to talk about your negative feelings and explore your thoughts related to those feelings.
- Practice in session and at home recognizing and changing inaccurate styles of thinking that lead to negative feelings.
- Practice in session and at home using cognitive restructuring for dealing with negative feelings by first examining the accuracy of the underlying thoughts and then either changing those thoughts or developing a plan to address those problem situations.

What you can expect from me:

- Empathic understanding of your experiences with negative feelings.
- Assistance and worksheets to help you recognize and change inaccurate styles of thinking that lead to negative feelings.
- Help and tools for learning cognitive restructuring as a skill for dealing with negative feelings.

This module focuses on helping you deal with negative feelings more effectively by understanding the relationship between thoughts and feelings.

We will also help you learn cognitive restructuring as a skill for coping with negative feelings by examining the evidence supporting the upsetting thought, and either changing it when it's inaccurate or developing an action plan when the concern is realistic.

A Message of Hope:

Negative feelings can be difficult to bear and can detract from your enjoyment of life. You may feel hopeless or helpless about your ability to control your negative feelings. However, there is a solid foundation for hope.

In this module, you'll be taught how to take charge of your negative feelings by using the skill of cognitive restructuring. This skill has proved helpful to thousands of people struggling with negative feelings such as depression, anxiety, and guilt. By taking charge of your negative feelings, you will regain control over your life, including your ability to achieve your goals. All it takes is some patience and a willingness to practice.

#1: TAKING CHARGE OF YOUR NEGATIVE FEELINGS

Experiencing negative feelings like sadness, anxiety, or anger is a common part of everyday living. These feelings may be especially common in reaction to different experiences people have in their lives, such as a loss of something, concern over oneself or another person, or anger or resentment at being wronged. Sometimes negative emotions can get out of control and completely dominate the person's life. This is especially common when people have experienced a significant disruption in their life.

The topic of this handout addresses where negative feelings come from, and how thoughts can lead to feelings. Furthermore, thoughts that are related to feelings are not necessarily accurate. This leads to a discussion of common patterns or styles of inaccurate thinking that people often engage in that lead to negative feelings. By learning to recognize how thinking affects feelings, and challenging and changing the inaccurate thoughts underlying upsetting feelings, you can begin to take charge of your feelings.

Questions:

What are common types of negative feelings or distress that people in my situation may experience?

- Depression
- Thoughts about suicide, hurting oneself, or life not being worth living
- Anxiety
- Hearing voices
- Having feelings or thoughts that others may mean me harm (paranoia)
- Post-traumatic feelings or symptoms related to upsetting experiences, including events related to having a psychotic episode

Are there other negative feelings that you have recently been experiencing?

Where Do Negative Feelings Come From?

In any particular situation, the feelings that people have are influenced by the thoughts and beliefs they have in that situation.

For example:

If Jeff got a poor grade on a test and thought, *"I'm a failure - I'll never pass this class and get my degree,"* how would he feel? On the other hand, if Jeff thought *"This is really no problem, I'll probably do better next time,"* how would he feel?

Not all thoughts or beliefs are completely accurate. In fact, sometimes they can be downright wrong.

Questions:

Consider the following questions about Jeff's thought that *"I'm a failure—I'll never pass this class and get my degree":*

- Why might his thought not be completely accurate?
- Just because Jeff got a poor grade on the test, does that mean he will fail his class?
- Just because Jeff got a poor grade on his test, does that mean that he is not going to get his degree? Why?
- What might be a more accurate statement that Jeff could say to himself in this situation? How would he feel if he thought this instead of his original thought?

Changing Negative Feelings

As you can see from the example of Jeff above, changing upsetting and inaccurate thoughts can reduce negative feelings. You can also see that in some situations, negative feelings may be related to accurate, realistic concerns. In these situations, coming up with a plan for dealing with the concern can resolve the problem and reduce the negative feelings.

Questions:

- If Jeff came up with a new and more accurate thought after doing poorly on the test, such as *"I am concerned about my performance on this test and how I can be better prepared for the next test,"* how would he feel?
- What are some strategies Jeff might try to address his concern?

For the rest of this topic area, we will focus on identifying and challenging inaccurate thoughts that lead to negative feelings. In the next topic area, we will continue work on this and also address how to resolve problem situations that lead to negative feelings.

Common Styles of Thinking

(Adapted and modified from Burns, 1989)

As you now know, what people think in a situation can be inaccurate and unnecessarily lead to negative feelings. There are a number of patterns or "Common Styles of Thinking" in which people draw inaccurate conclusions that lead to negative feelings. Being able to recognize when your negative feeling is due to an inaccurate Common Style of Thinking can help you change your thought to a more accurate one, and reduce or eliminate your negative feelings. Below is a list of Common Styles of Thinking. For each Common Style:

- Consider why the thoughts listed under each style of thinking are examples of *inaccurate* thoughts.
- Think of a more accurate thought.
- Try to think of a personal example of when you engaged in that specific Common Style of Thinking.
- For your own examples, try to think of a more accurate thought for each situation.

All or Nothing Thinking

The world is seen in extremes with nothing in between. For example:

- "Since I'm not perfect, I'm a failure."
- "The world is a totally dangerous place."

Overgeneralization

A single distressing event is seen as a never-ending pattern. When something bad happens, it is assumed that it will happen again and again. For example:

- "Because I went through this psychosis, I will never have a decent life."
- "My first time with medications didn't go well, so I'm sure they will never work for me."

Must," "Should" or "Never" Statements

These are unwritten rules or expectations for how people think they should behave, that are not based on facts. These "rules" may have been learned when growing up and they may seem unchangeable. When they cannot be followed, they are distressing. For example:

- "I must take serious precautions on the train since people are likely out to get me."
- "I should be able to live on my own at this age."

Catastrophizing

These thoughts occur when one focuses on the most extreme and distressing possible outcome. The thoughts often come out of the blue or following a minor problem when the person assumes the very worst will happen. For example:

- "I'm never going to get any better and my whole life will be a failure because I had this experience"
- "I didn't do well on this exam, so I know I'm going to flunk the class."

Emotional Reasoning

This occurs when the person's feelings determine what he or she thinks or believes, even when there is no 'hard' evidence to support it. Just because a person feels something, it doesn't mean it's true. For example:

- "I feel anxious and afraid, so I must be in danger."
- "I feel ashamed, so I must be a bad person."
- "I feel sad, so my life must be hopeless."
- "I feel angry, so somebody must have wronged me."
- "I don't feel like this date is going well, therefore, it is not going well."

Overestimation of Risk

The person thinks the risk of something is much greater than the evidence supports. For example:

- "I'm not going to take a walk because I might be attacked."
- "I'm not going to drive because I might get into a car accident."

Inaccurate or Excessive Self-blame

The person blames himself or herself for something he or she had little or no control over or responsibility for. For example:

- "It's all my fault that I developed psychosis."

- "I'm responsible for my parents' divorce."

Mental Filter

These thoughts occur when the person focuses only on negative aspects of something and ignores the positive aspects. By focusing on the negative, the person does not see the "whole picture" and feels worse than necessary.

- After fumbling for words in a conversation, you tell yourself, "I'm such a screw-up, I made a total fool of myself."
- Your boss gives you positive feedback about your work, but then recommends improving one area. You think, "My boss is unhappy with my performance."

Check it out

Negative feelings can be the result of inaccurate thoughts, such as the Common Styles of Thinking described above. In order to know whether any negative feelings that you have are due to Common Styles of Thinking, and to correct those thoughts and improve your feelings, use the Common Styles of Thinking Worksheet (provided at the end of this handout) and follow these steps:

- Use the worksheet when you have a negative feeling, such as feeling anxious, depressed, annoyed, or guilty
- Describe the current situation in which you are having the negative feeling
- Identify the thought that is leading to your negative feeling
- Evaluate whether your thought is a Common Style of Thinking
- If it is, change your thought to a more accurate one

Home Practice Options

1. Practice noticing and changing Common Styles of Thinking that lead to negative feelings using the Common Styles of Thinking Worksheet provided at the end of this handout. Try to practice this skill at least one day each week to examine any upsetting thoughts you have that lead to negative feelings.

2. Share this worksheet with a family member or friend and ask him or her to help you examine some of your upsetting feelings that may be due to Common Styles of Thinking.

Summary Points for Taking Charge of Your Negative Feelings

- *Negative feelings are related to thoughts and beliefs that people have in different situations.*
- *Sometimes underlying thoughts are inaccurate and unnecessarily lead to negative feelings.*
- *Common Styles of Thinking are inaccurate patterns of thinking in certain situations that lead to negative feelings.*
- *Identifying an upsetting thought as a Common Style of Thinking, and changing it to a more accurate one, can reduce negative feelings or make them go away entirely.*

Common Styles of Thinking Worksheet

Directions: When you begin to feel distressed or upset, first ask yourself, "What am I thinking right now that is causing this feeling?" Write down your thought on the worksheet. Next, identify whether the upsetting thought is a Common Style of Thinking (see #1 Taking Charge of Your Negative Feelings handout for description of Common Styles of Thinking). If it is, indicate which Common Style(s) on the worksheet. Then, come up with a more realistic or helpful thought and write that new thought down on the worksheet. You should notice a reduction in your negative feeling with your new thought compared to your old one.

SITUATION	*Upsetting Thought/feeling*	*Common Style of Thinking**	*More helpful or realistic thought*
Example: On Friday at noon I was walking down the street when I saw a friend, but she did not say hello to me.	She must not like me anymore. / Sad	Catastrophizing	Maybe she did not really see me. Maybe she was distracted and was thinking about something else.

* More than one Common Style of Thinking may be related to the distressing feeling.

#2: COGNITIVE RESTRUCTURING FOR NEGATIVE FEELINGS

You have learned that what you think in different situations influences how you feel. You also know that not all thoughts or beliefs that lead to negative feelings are completely accurate—such as Common Styles of Thinking—and that correcting these thoughts can reduce or eliminate these feelings (as described in topic area #1 for this module, Taking Charge of Your Negative Feelings). However, you also know that some thoughts related to negative feelings are accurate, and you need to be able to address the problems in those situations in order to deal with those negative feelings.

This topic area will focus on teaching the skill of cognitive restructuring for dealing with negative feelings. You will learn a simple, 5-step method for using cognitive restructuring to examine the evidence supporting upsetting thoughts, and either changing your inaccurate thoughts to more accurate ones, or developing an action plan for dealing with realistic, accurate concerns. By learning and practicing cognitive restructuring, you'll have a valuable tool for dealing with any negative feelings you experience in your life.

The 5-Steps of Cognitive Restructuring

The 5 Steps of Cognitive Restructuring (CR) is a step-by-step skill for dealing with negative feelings. When you experience a negative feeling, go through the 5 steps to deal with the feeling. A worksheet for recording each of the 5 steps, and an example of a completed worksheet, is provided at the end of this handout. A brief description of each of the steps is provided below.

1. *Describe the situation*. Describe what was happening to you or around you when you experienced your negative feeling.

2. *Identify the upset feeling*. Identify what feeling(s) you were experiencing in the situation. You may have experienced a variety of different feelings. Focus on the strongest, most upsetting feeling you were having.

3. *Identify the thought underlying the feeling*. A number of different thoughts might be related to the negative feeling. Write down any upsetting thoughts related to the feeling that you can think of. Then, identify which thought is the most upsetting one, and focus on that thought when you move on to Step #4. If you have trouble figuring out what your most upsetting thought is, use the Guide to Thoughts and Feelings provided at the end of this handout after the 5 Steps of Cognitive Restructuring Worksheet. After you have identified the most upsetting thought, consider whether that thought might be one of the Common Styles of Thinking, described in the previous topic area on Dealing with Your Negative Feelings.

4. *Evaluate the evidence for and against the thought*. Focus on evidence that is objective and factual, and not just based on feelings. Think of evidence that is the type someone could present in a court of law to convince a jury that something was true. If in the previous step you identified the thought as a possible "Common Style of Thinking", which means your thought is probably inaccurate, and you should carefully look for evidence that *does not* support your thought.

5. *Take action*. If your thought was not supported by the evidence, come up with a new, more accurate thought related to the situation. This new thought should be more believable than the old thought was. The new thought should also be associated with a reduction in your negative feeling. If your review of the evidence concludes that the thought *is accurate*, you need to develop an action plan to deal the situation. The steps of developing an action plan are described below.

The 5 Steps of CR is a skill for dealing with any negative feelings you may have.

1. Describe the situation.
2. Identify the upset feeling.
3. Identify the thought underlying the feeling.
4. Evaluate the evidence for and against the thought.
5. Take action by coming up with a new more accurate thought OR by developing an action plan to deal with the situation.

Making Effective Action Plans

It is important to develop a specific plan for dealing with an upsetting situation in order to either resolve the situation or prevent it from happening again. An effective action plan can be developed by following the six steps described below. This process is also described in your Family Education Program and Supported Employment and Education sessions as problem solving using the same steps. An action plan worksheet is also included at the end of this handout.

1. *Define the goal of the action plan*. Be as specific as possible. Consider what you would like to see changed as a result of the action plan.

2. *Brainstorm possible strategies.* Think of different strategies for achieving the goal of your action plan. Don't evaluate your strategies yet—just focus on thinking of as many different strategies as possible.

3. *Evaluate the different strategies*. Weigh the advantages and disadvantages of each possible strategy for achieving your goal. Consider how hard it might be to implement each strategy, and what the chances are that the strategy will solve the problem.

4. *Choose the best strategy or strategies*. Pick one or two strategies that appear most likely to be effective in helping you achieve the goal of your action plan. Sometimes a combination of strategies is most effective.

5. *Make a plan to implement the selected strategies*. Make a specific plan to implement the strategy or strategies you selected. Consider what resources you may need to implement the plan, such as information, skills, money, or help from another person. Think of any possible obstacles to implementing your plan, and solutions to those obstacles.

6. *Set a time and date to follow up on your plan and do additional work on it if the goal has not yet been achieved.* Sometimes an action plan is effective the first time you try it, and other times you may need to do additional work on it, or try some of the other strategies you identified. Setting a date to follow up on your plan will ensure that you keep working on it until your goal has been achieved. Your planned date should not be more than a week away from when you developed your original plan.

When thoughts are related to negative feelings are accurate, you can address the problem situation by developing an effective action plan.

1. Define the goal of the action plan.
2. Brainstorm possible strategies.
3. Evaluate the strategies.
4. Choose the best strategy or strategies.
5. Make a plan to implement the selected strategies.
6. Set a time and date to follow up on your plan.

Check it Out

The 5 Steps of Cognitive Restructuring (CR), including the steps for developing an action plan, can be used to help you deal with any negative feelings you experience. With the help of your clinician, try using the 5 Steps of CR in session to address some negative feelings you have recently experienced.

Cognitive Restructuring and Symptoms

Learning how to use cognitive restructuring can be a helpful strategy for dealing with any negative feelings that you may have in your day-to-day life. Once you are familiar with the steps of cognitive restructuring, you can also use it to examine, challenge, and get relief from your distressing symptoms. Negative feelings related to symptoms such as depression, anxiety, traumatic experiences, hearing voices, and thoughts of hopelessness and hurting yourself can all be addressed and improved using the 5 Steps of CR.

Questions:

Consider the following symptoms and distressing thoughts drawn from some of the standard questionnaires that you completed. Ask yourself "What might be the upsetting feeling? What might be the distressing thought?"

- "I will never get better or recover"
- Repeated disturbing, memories, thoughts, or images of a stressful experience
- "I felt I wasn't worth much as a person"
- "My voice is punishing me for something I have done"

- "I never get what I want so it's foolish to want anything"

Check it out

With your clinician, review some of the answers you gave on the questionnaires that you recently completed about your distressing symptoms. Pick one or two items that you indicated that you had strong negative feelings about. For each item, try using the 5 Steps of CR in session to examine the thoughts related to the associated negative feeling. If the thought *is not accurate*, change it to one that is more accurate. If the thought is accurate, develop an action to deal with the situation. For each item that you carefully examine, see if you distress level goes down.

Practice, Practice, Practice!

Cognitive restructuring is a skill for dealing with negative feelings that takes practice in order to get good at it. Like any other skill, such as bowling or playing a musical instrument, the more you practice, the better you will get at it. Over time, and with practice, cognitive restructuring can become a natural part of how you handle any negative emotions on a day-to-day basis. The more you practice, the greater mastery you'll have over your negative feelings and your ability to pursue and achieve your personal goals.

Home Practice Options

1. Practice using the 5 Steps of CR Worksheet during the next week to carefully examine any thoughts you have related to negative feelings. If you conclude that there is strong evidence supporting a thought, use the Action Plan Worksheet to make a plan to address the situation. Try to practice this skill at least one day each week to address any negative feelings you may be having.
2. Share the 5 Steps of CR and Action Plan worksheets with a family member or friend and ask them to help you examine some of your negative feelings.
3. With your clinician, pick several distressing symptoms from the questionnaires to examine using the 5 Steps of CR over the next week—work on only one item at a time.
4. Share the 5 Steps of CR worksheet with a family member or friend and ask for their help in addressing one of your distressing symptoms from one of the questionnaires.

Summary Points for Cognitive Restructuring for Negative Feelings

- *The 5 Steps of Cognitive Restructuring is a skill for dealing with negative feelings that helps you critically examine the thoughts underlying your feelings.*
- *Changing inaccurate thoughts related to negative feelings can reduce those feelings.*
- *Developing an effective action plan for dealing with realistic concerns about upsetting situations can resolve those problems, and reduce the negative feelings associated with them.*
- *The 5 Steps of Cognitive Restructuring is a useful tool for dealing with negative feelings and helping you move forward with you life.*
- *The 5 Steps of Cognitive Restructuring can help you deal with negative feelings resulting from symptoms and upsetting thoughts.*

Sample Of The 5 Steps Of Cognitive Restructuring Worksheet

(Adapted and modified from Mueser, Rosenberg, and Rosenberg 2009)

Directions: Review this worksheet with your clinician and refer to this example to demonstrate how the steps of the skill work.

1. SITUATION

Ask yourself, "What happened that made me upset?" Write down a brief description of the situation.

Situation:

I was invited to a family BBQ that will take place next week at the house of my cousin who is my age and just graduated from college.

2. FEELING

Circle your strongest feeling (if more than one, use a separate sheet for each feeling):

Fear/Anxiety **Sadness/Depression** Guilt/Shame Anger

3. THOUGHT

Ask yourself, "What am I thinking that is leading me to feel this way?" Use your Guide to Thoughts and Feelings handout to identify thoughts related to the feeling circled above. You may identify more than one thought related to the feeling. Write down your thoughts below, and circle the thought most strongly related to the feeling.

Thoughts:

I won't have anything interesting to say at the party and I will feel uncomfortable.
Everyone will know that I have been in the hospital just by looking at me.

We're the same age and she's perfect at everything and I've done nothing worthwhile at all ever in life. ***

Is this thought a Common Style of Thinking? If yes, circle the one:

All-or-Nothing Over-Generalizing Must/Should/Never

Catastrophizing Emotional Reasoning Overestimation of Risk

Self-Blame Mental Filter

4. EVALUATE YOUR THOUGHT:

Now ask yourself, "What evidence do I have for this thought?" "Is there an alternative way to look at this situation?" "How would someone else think about the situation?" Write down the answers that do support your thought and the answers that do not support your thought.

Things that DO support my thought:

She's just graduated from college.
She rents her own apartment and has enough money to have a BBQ for everyone._
I had to drop out of school last year.
I'm bored most of the day and I don't have a job.

Things that DO NOT support my thoughts:

I know she has gone through a lot of troubles herself like having some health scares and recent break-up with her fiancé – her life probably doesn't feel perfect to her.
Just because someone has their own apartment and a BBQ and a college degree doesn't mean they are perfect or better than me._
I didn't have a choice about leaving school – it's not like I was lazy and didn't go to class. I got really stressed out and had too many problems to continue at that time.
My goal is to get my life back on track and I am working on it each week.___
I want to go back to school and have my own apartment at some point and I am taking steps to make that happen in the future._

I have succeeded in other areas in my life prior to going to the hospital like in sports in high school and I also completed a challenging wilderness course a few years ago.
There are people in my life who I trust who have told me that I am a worthwhile person._

5. TAKE ACTION!

Next, ask yourself, "Do things mostly support my thought or do things mostly NOT support my thought?"

XX NO, the evidence does not support my thought.

If the evidence does NOT support your thought, come up with a new thought that is supported by the evidence. These thoughts are usually more balanced and helpful. Write your new, more helpful thought in the space below. And remember, when you think of this upsetting situation in the future; replace your unhelpful automatic thought with the new, more accurate thought.

New Thought:

Even though I have had some struggles lately I am working hard on moving forward and my family knows that. No one's life is perfect; we all have our problems but that doesn't mean I am worthless.

☐ **YES**, the evidence does support my thought.

If the evidence DOES support your thought, decide what you need to do next in order to deal with the situation. Ask yourself, "Do I need to get more information about what to do?" "Do I need to get some help?" "Do I need to take steps to make sure I am safe?" Write down your action plan for dealing with the upsetting situation or complete the Action Plan Worksheet.

Action Plan:

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The 5 Steps Of Cognitive Restructuring Worksheet

(Adapted and modified from Mueser, Rosenberg, and Rosenberg 2009)

Directions: Use this Worksheet whenever something happens that upsets you. It will help you sort out your thoughts and feelings and decide what to do next. The more often you use this worksheet, the easier it will be, and the more you will be able to reduce upsetting feelings.

1. SITUATION

Ask yourself, "What happened that made me upset?" Write down a brief description of the situation.

Situation:

____

____

2. FEELING

Circle your strongest feeling (if more than one, use a separate sheet for each feeling):

Fear/Anxiety   Sadness/Depression   Guilt/Shame   Anger

3. THOUGHT

Ask yourself, "What am I thinking that is leading me to feel this way?" Use your Guide to Thoughts and Feelings handout to identify thoughts related to the feeling circled above. You may identify more than one thought related to the feeling. Write down your thoughts below, and circle the thought most strongly related to the feeling.

Thoughts:

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Is this thought a Common Style of Thinking? If yes, circle the one:

All-or-Nothing	Over-Generalizing	Must/Should/Never
Catastrophizing	Emotional Reasoning	Overestimation of Risk
Self-Blame	Mental Filter	

4. EVALUATE YOUR THOUGHT:

Now ask yourself, "What evidence do I have for this thought?" "Is there an alternative way to look at this situation?" "How would someone else think about the situation?" Write down the answers that do support your thought and the answers that do not support your thought.

Things that DO support my thought:

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Things that DO NOT support my thoughts:

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5. TAKE ACTION!

Next, ask yourself, "Do things mostly support my thought or do things mostly NOT support my thought?"

☐ **NO**, the evidence does not support my thought.

If the evidence does NOT support your thought, come up with a new thought that is supported by the evidence. These thoughts are usually more balanced and helpful. Write your new, more helpful thought in the space below. And

remember, when you think of this upsetting situation in the future, replace your unhelpful ("automatic") thought with the new, more accurate thought.

New Thought:

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☐ **YES**, the evidence does support my thought.

If the evidence DOES support your thought, decide what you need to do next in order to deal with the situation. Ask yourself, "Do I need to get more information about what to do?" "Do I need to get some help?" "Do I need to take steps to make sure I am safe?" Write down your action plan for dealing with the upsetting situation below or complete the Action Plan Worksheet.

Action Plan:

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Sample of a Completed Action Plan Worksheet

John was feeling down as he was sitting around his room on a Saturday afternoon with nothing to do. He decided to complete a 5 Steps of CR worksheet. On the worksheet he identified his feeling as depression, and the associated thought was "I don't have anything fun to do." When he evaluated the evidence, he identified quite a bit of evidence supporting his thought, including the fact that since his episode of psychosis he had not been engaging in many of the fun activities that he used to enjoy. He concluded that his thought was supported by the evidence. He then completed the following Action Plan Worksheet to address the situation.

1. DEFINE THE GOAL

What situation requires action? *I haven't been doing as many fun things as I used to.*

Consider what change you would like to see in your situation. Be as specific as possible.

My goal is to start doing at least one of the activities that I used to enjoy.

2. BRAINSTORM POSSIBLE STRATEGIES

What can you do to change the situation?

Using your creative problem-solving skills, think of several possible ways of effectively achieving your goal and list them below.

1. *Go biking*
2. *Play video games with Justin*
3. *Hang out at the mall*
4. *Play guitar again*
5. *Buy a lottery ticket and WIN*

3. EVALUATE EACH SOLUTION: After you have identified a list of different strategies in step 2, evaluate each one and place an asterisk (*) next to the best ones on the list.

1. *Pro: Biking is fun. Con: It's winter and my brakes are broken.*

**2. Pro: Justin and I have had a lot of good times playing video games in the past. Con: Justin might be busy.*
3. Pro: Hanging out at the mall gets me out of the house. Con: It's boring after a while.
**4. Pro: I like playing the guitar and can do it by myself or with my brother. Con: I'm rusty at playing.*
5. Pro: Winning the lottery would be great. Con: Not much chance it will happen.

4. CHOOSE A SOLUTION

I want to try out two fun things this week: playing video games and playing the guitar.

5. PLAN HOW TO IMPLEMENT THE STRATEGIES YOU CHOSE

What steps can you take to make this happen?

1. *Try playing at least one song every day. It can be the same one.*
2. *Look up guitar lessons on YouTube if I need a refresher.*
3. *Call my brother to ask him to bring his guitar next Saturday so we can play something together.*
4. *Start practicing the video game I got for Christmas.*
5. *Call Justin on Monday and ask him to come over and play a video game after school sometime during the week.*

6. SET A TIME TO FOLLOW UP YOUR PLAN

I will follow up next Sunday afternoon. I'll ask myself if I followed the steps of my plan and if I had at least a little more fun. I might have to work on this for a while so I can get back to having as much fun as before.

____

Action Plan Worksheet

(Adapted and modified from Mueser and Glynn 1999)

Directions: Use this worksheet to help you develop a plan for addressing any upsetting situation that you want to resolve. This worksheet should be used after completing the 5 Steps of CR Worksheet. Make an action plan using this worksheet if you have determined either:

1) your initial upsetting thought is accurate

OR

2) you have changed your initial upsetting thought to a more accurate one, but you still feel upset or believe that the situation requires some additional action.

1. DEFINE THE GOAL

What situation requires action?

Consider what change you would like to see in your situation. Be as specific as possible.

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2. BRAINSTORM POSSIBLE STRATEGIES

What can you do to change the situation?

Using your creative problem-solving skills, think of several possible ways of effectively achieving your goal and list them below.

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3. EVALUATE EACH SOLUTION

Which strategies will work best?

After you have identified a list of different strategies in step 2, evaluate each one and place an asterisk (*) next to the best ones on the list.

4. CHOOSE A SOLUTION

Which solution do you want to try?

Select one of the strategies you placed an asterisk (*) by from the above list to implement and write it below.

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5. PLAN HOW TO IMPLEMENT THE STRATEGIES YOU CHOSE

What steps can you take to make this happen?

Consider these questions:

When will the plan be implemented?
When is the problem or situation likely to come up again?
What information do you need to have?
Do you need to get some help?
Who is going to support you in taking this action?
What obstacles could interfere with the plan?
How can you prevent or deal with these obstacles?

Then, write down your plan below, listing the action steps you will take:

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6. SET A TIME TO FOLLOW UP YOUR PLAN

Ask yourself:

Did I follow the steps of my plan?
How did it go? Is the problem solved or the situation improved?
Do I need to modify the plan to make it more effective?
When and where will I use the plan again?

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Guide To Thoughts And Feelings

Directions:

If you are having a negative or upsetting feeling, first find the feeling on the chart. Then ask yourself whether any of the questions in the second column apply to your thinking about the upsetting situation. If so, see the third column for some specific examples of thoughts that may apply to your upsetting situation. If the questions in the second column don't match up with your current thought process, then perhaps you may be experiencing a different emotion after all. This sheet can help you hone in on which feelings are most distressing to you and help you understand the thoughts that may be connected to those feelings.

Negative Feeling	Examples of questions you can ask yourself to identify your own underlying thoughts or beliefs	Examples of Thoughts or Beliefs Related to the Feeling
Fear or anxiety	What bad things do I expect to happen? What am I scared is going to happen? Am I afraid I am going to lose control or go crazy?	Thoughts that something bad will happen, such as: • Some terrible thing is going to happen • I am going to be attacked or hurt • I am going to be rejected or abandoned • I am going to lose control or go crazy
Sadness or depression	What have I lost in my life?	Thoughts of loss, such as: • I am worthless • I don't have anyone I can depend on • Nothing will ever get better

	What is missing in me or in my life?	
Guilt or shame	What bad thing have I done? What is wrong with me?	Thoughts of having done something wrong or being lacking in some way, such as: • I am a failure • I am to blame for what happened to me • I am a bad person
Anger	What is unfair about this situation? Who has wronged me?	Thoughts of being treated unfairly or having been wronged, such as: • I am being treated unfairly • I am being taken advantage of • Someone has done something wrong to me

Clinical Guidelines for "Coping with Symptoms" Module

MODULE OVERVIEW:

This module is designed to address the problems that clients often have with experiencing persistent symptoms. The structure of this module is slightly different than other modules in IRT in that clients are not expected to complete all the handouts. At the beginning of the module, clients are given an overview ("Introduction to the Coping with Symptoms Module") which describes the nature of persistent symptoms and lists the ones that will be covered in the handout: depression, anxiety, hallucinations, sleep problems, low stamina or low energy, and worrisome thoughts. In handout #1 ("Identifying the Symptoms that Bother You"), symptoms are described in more detail and clients are encouraged to identify the ones that they experience and for which they would like to develop coping strategies. This guides the selection of the handouts that will be covered in the rest of the module. Some clients may experience only one persistent symptom, such as hearing voices, and they will only cover handout #4, Coping with Hallucinations. Others may experience two symptoms, such as depression and delusions, in which case they will cover handout #2 (Coping with Depression) and #7 (Coping with Worrisome Thoughts). Still others may experience more than two symptoms, in which case they will cover the appropriate handouts for developing coping strategies for the symptoms that trouble them.

The amount of time to complete the module varies, depending on how many symptoms they experience, and the pace at which the client learns and practices skills for coping with the symptom(s). All clients will complete the introductory handout and handout #1, which take one or two sessions to complete. Clients usually take about 2-4 sessions to cover the handout for each symptom selected. The key to developing effective coping strategies is to develop at least two strategies that the client is confident using for each symptom experienced. This involves extensive practice, both in the session and at home.

GUIDELINES FOR SELECTING THIS MODULE INSTEAD OF OR IN ADDITION TO THE "DEALING WITH NEGATIVE FEELINGS" MODULE:

The "Coping with Symptoms" module is recommended for:

- Clients who experience persistent symptoms that interfere with activities, goals, or enjoyment, but who do not report significant distress.
- Clients who have completed the "Dealing with Negative Feelings" module and have learned cognitive restructuring, but continue to report distress from specific symptoms.

The "Dealing with Negative Feelings" module is recommended for:

- Clients who initially report experiencing significant distress from symptoms.
- Clients who do not initially identify distress, but who disclose the distress they experience while doing the "Coping with Symptoms" module.
- Clients who have completed the "Coping with Symptoms" module, but continue to have difficulties coping.

Goals of the “Coping with Symptoms” Module

1. Assist clients in identifying persistent symptoms that interfere with activities or their enjoyment of life.
2. Assist client in learning coping strategies and planning how to implement them during the sessions. Depending on the strategy, use modeling and role playing when feasible.
3. Assist clients in practicing coping strategies in their own environment, using home practice assignments, and, in some instances, conducting sessions at off-site locations.

Handouts

Introduction to the Coping with Symptoms Module

Topic handouts (to be selected by client):

1. Identifying Symptoms that Bother You
2. Coping with Depression
3. Coping with Anxiety
4. Hoping with Hallucinations
5. Coping with Sleep Problems
6. Coping with Low Stamina and Low Energy
7. Coping with Worrisome Thoughts

**Note that although the topic handouts are numbered for ease of identification, there is no expectation that clients will select all the topics, nor are they expected to cover topic handouts in any particular order.

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.
- Follow-up on goals.
- Set the agenda.
- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help the person remember).

GENERAL TEACHING STRATEGIES FOR THIS MODULE:

- The educational process should be collaborative. Do not treat the client as a student, but as someone with whom you are trying to share information and come to a common understanding.

- In identifying symptoms to work on, you should elicit examples of specific symptoms clients have experienced, as well as coping strategies that the client already uses.

- It is recommended that clients develop at least two coping strategies for each symptom, so that if one strategy doesn't work in a specific situation, another one can be used. Sometimes clients may want to develop confidence in more than two strategies. For example, a client may want a range of coping strategies to use for coping with voices, depending on the situation in which he or she experiences the voices (e.g., alone, in public, at school, on the job, with or without access to headset to listen to music, with or without access to taking a walk or doing exercise, etc).

- It is important to build on the coping strategies that the client has already used. If the client has a strategy that is effective, but not used very often, you should encourage him or her to use the strategy more frequently. If the client has a strategy that is partially effective, you can assist the client with fine-tuning it to make it more effective.

- Rather than just discussing coping strategies, you should help the client take steps towards either learning and practicing the strategies in the session or planning how he or she will put them into them into action at home. Some strategies, such as relaxation techniques and using positive self-talk, can be taught directly, using the following steps:

  - Briefly review with the client the steps of the coping skill.
  - Model (demonstrate) an example of using the coping skill.
  - Set up a role play for the client to practice the coping skill.
  - Evaluate the effectiveness of the coping strategy by eliciting feedback from the client.
  - Repeat role play practice as necessary to fine tune the use of the skill or to increase the client's confidence in using the skill.
  - Plan how to practice the new coping skill as part of a home practice assignment.
  - After client practices the skill in his or her own environment as home practice, evaluate the effectiveness of the coping skill by eliciting feedback from the client about the effects of using the skill.
  - Modify the coping skill as necessary and repeat practice as indicated.

- Go at a pace that is comfortable for the client. Because of cognitive difficulties it may be necessary to present the information in small chunks.

- The clinical guidelines for each handout provides a table of suggestions on how to break up the topic into sessions, based on whether a person is working at a slow or moderate pace. Some clients may be knowledgeable enough to go through a handout in one session and still others may take longer than the estimated number of sessions per handout.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice options should be reviewed at the end of each session and you should help the client to select an option and plan how to complete it before the next session. Homework adherence should be shaped and reinforced from the outset of teaching the module, like other modules.

- Completed home practice should be reviewed at the beginning of each session. By reviewing completed home practice at the beginning of each session, the client understands the importance of practicing the skills learned in treatment in his or her own environment. You should reinforce attempts to complete home practice and to trouble-shoot with the client when he or she was not able to complete the practice.

- Each handout includes: sections of text, main points that are highlighted in boxes, questions for discussion, tables and suggested home practice assignments.

- You can either take turns reading the text aloud or summarize the text for the client.

- The highlighted boxes are useful as talking points and take home messages for the client. It may be used to help the client to connect information from the handout to his or her own life situation and goals.

- You should ask the client questions to facilitate discussion, assess the client's knowledge, and understand his or her perspective.

- The worksheets and checklists can be filled out together or used as a discussion tool to individualize the topic to the client's experience.

- You can use one of the home practice suggestions or individualize the home practice. The primary goals of home practice are to for clients to implement in their own life the knowledge and skills learned in a session and to help clients take steps towards their goals.

1. Clinical Guidelines for "Identifying the Symptoms that Bother You"

OVERVIEW:

The handout for this topic describes the nature of persistent symptoms and provides examples for some of the most common ones: depression, anxiety, hallucinations, sleep problems, low stamina/low energy, and troubling or worrisome thoughts. You should create a hopeful atmosphere about developing effective coping strategies that will help the client get on with his or her life and have more enjoyment in life. You will explore with the client his or her experience with symptoms, how much distress they have caused, which coping strategies he or she has used and how effective they are. You and the client will then work together to select the symptoms that will be addressed in future sessions; this determines which handouts will be used.

Goals

1. Provide psychoeducation about the nature of persistent symptoms, including examples of common persistent symptoms (depression, anxiety, hallucinations, sleep problems, low stamina/low energy, and worrisome thoughts).
2. Elicit information about the client's experience of symptoms, the distress they have caused, and the effectiveness of his or her coping strategies.
3. Provide a message of hope and optimism that there are many effective strategies that people can learn to help them cope with symptoms that bother them.
4. Help client select the symptoms that he or she wants to work on for the remainder of this module.

Materials Needed

Handout #1: "Identifying Symptoms that Bother You."

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are Persistent Symptoms, What Can People Do if They Have Persistent Symptoms, Persistent Symptoms Assessment Scale	Session 1- What are Persistent Symptoms, What Can People Do if They Have Persistent Symptoms, Persistent Symptoms; Which Symptoms Do You want to Focus on?
Session 2-Which symptoms do you want to focus on?	

TEACHING STRATEGIES:

- The provision of information about persistent symptoms and how common they are is intended to normalize the client's experience. Such normalization can reduce the client's reluctance to talk about continuing to experience symptoms in spite of receiving treatment.

- Note client's strengths and resiliency in dealing with symptoms. For example, use opportunities to reinforce clients who have developed effective coping strategies on their own, and/or who have managed to get through some challenging situations in spite of experiencing symptoms (e.g., getting good grades even though they have persistent worrisome thoughts about their classmates being against them).

- Help clients make the connection between the content in this module and how it can help them make progress towards thier goal or improve their quality of life. That is, explore how being able to have effective coping strategies for symptoms, such as hearing voices, could help the client with goals such as getting a job, having close relationships, getting his or her own apartment.

- Recognize the client's knowledge and experience about his or her own experience with symptoms and with coping strategies. Praise the client for sharing information with you and for developing strategies on his or her own.

- Discuss how the client can share the information he or she has learned about persistent symptoms with a family member or friend. Also discuss how the client can ask family members or friends about persistent symptoms they have noticed in him or her.

- If indicated, help the client practice in a role play how to approach a family member or friend on the subject of persistent symptoms.

TIPS FOR COMMON PROBLEMS:

- Some clients may initially be reluctant to describe their experience with persistent symptoms. If this is the case, move to discussing the symptoms other people have in the spirit of informing the client, but not "accusing" him or her of having them. It may also be helpful to review some things that the client has shared in the past, such as having difficulty concentrating in class because of hearing voices or thinking that the other students were against him.

- Some clients may think that by acknowledging symptoms, they are accepting a specific diagnosis that they prefer not to have. Here are some tips:

  - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.

  - Address the client's concerns directly, saying something like, *"I totally understand your concern about being diagnosed as having schizophrenia or being 'schizophrenic.' I agree with you, because the fact is that an actual diagnosis isn't the important thing here, is it? What is important is your day-to-day life and what kinds of things get in the way of doing what you want to be doing. Could we*

agree to keep our discussion focused on the symptoms you've experienced and how to keep them from getting in your way, and not worry about diagnoses or labels? What are your thoughts about that?"

– At times it may be more effective to link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, "*I think working together on identifying some symptoms that you have experienced could be helpful in terms of your goal of getting your own apartment. For example, you have mentioned that having low energy has interfered with your looking for apartments. There are some strategies for improving your energy level in this module.*"

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about persistent symptoms and how they might affect him or her. You can assess a client's knowledge using the following questions:

  1. What are some of the common persistent symptoms that people have when they have experienced psychosis?
  2. Which persistent symptoms have you experienced?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "IDENTIFYING SYMPTOMS THAT BOTHER YOU":

Therapeutic Goal	***Techniques & Probes***
Provide psychoeducation and destigmatize the experience of persistent symptoms.	• Emphasize that persistent symptoms are common and that they may occur even when people are fully participating in treatment such as medication. • Use the client's own words, when necessary (e.g., "the blues" or "feeling low" rather than "depression").
Elicit client's experience of persistent symptoms.	• Personalize the information for the specific client and treat him or her as the expert in their own experience (e.g., ask how he or she experienced symptoms, ask how they would describe what happened, encourage them to use their own words). • Ask how much distress the symptoms have caused and what they interfered with him or her doing. • Ask how the client has coped with persistent symptoms in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand: – *"So let me see if I have this correct. . ."* – *"Thank you for clarifying the difficulty you were*

	having with hearing voices and how that related to your reluctance to leave the house."
Provide a message of hope and optimism.	• Let client know that he or she may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. • Let client know that many people continue with important activities and pursuing personal goals in spite of experiencing persistent symptoms. • Help client identify how having coping strategies would be beneficial in pursuing his or her own goals (e.g., *"I have confidence that your efforts to meet people will go a lot better if you have some strategies for coping with the worrisome thoughts you have told me about")*.
Help client select symptoms he or she wants to work on for the rest of the module.	• Review the Symptom Assessment Scale to see which symptoms the client has experienced and the amount of distress he or she has experienced. • Help client identify the symptoms that caused the most distress. • Help the client rank order the symptom that he or she wants to work on 1st, second, etc. • Let the client know that it's helpful to select a few symptoms to get started, but there will be many opportunities in this module to go back to the list of symptoms and select additional ones that he or she may have discovered are also causing distress.

2: Clinical Guidelines for "Coping with Depression"

OVERVIEW:

The handout for this topic describes the symptoms of depression and provides examples for some of the most common ones: sad mood, helplessness, low self-esteem, preoccupation with death, excessive guilt, loss of energy, change in appetite, sleep problems, lack of pleasure, and problems concentrating. You will explore with the client his or her experience with symptoms, how much distress they have caused, which coping strategies that he or she has used and how effective they are. You and the client will then work together to select the coping strategies that he or she would like to try out or use more often and use opportunities to practice the skills. Next, you and the client will work on a plan for the client to try the strategies on his or her own, and finish with a home assignment that involves using the coping strategy in his or her own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Goals:

1. Provide psychoeducation about the symptoms of depression.
2. Provide a message of hope and optimism that there are many effective strategies that people can learn to help them cope with symptoms of depression.
3. Elicit information about the client's experience of symptoms, the distress they have caused, and the effectiveness of his or her coping strategies.
4. Help client select the coping strategies that he or she would like to try or use more often.
5. Help client learn new coping skills, using opportunities for modeling and role playing.
6. Help client develop at least two coping strategies for depression that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world."

Materials Needed

Handout #2: "Coping with Depression"

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is Depression, What can you do to cope with depression, Which Coping Strategies Would You Like to Try? (note: use opportunities for modeling and role playing), Making a plan to try Coping Strategies on Your Own	Session 1-What is Depression, What can you do to cope with depression, Which Coping Strategies Would You Like to Try? (note: use opportunities for modeling and role playing), Making a plan to try Coping Strategies on Your Own

Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. if the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice modified strategy in home environment
Session 3-4 or more- Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"	Session 3 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"

TEACHING STRATEGIES:

- Provide a brief overview about the focus of this handout (Coping with Depression).

- Provide information about the symptoms of depression and how common they are, which is intended to normalize the client's experience. Such normalization can reduce the client's reluctance to talk about his or her experience of symptoms.

- Help client make the connection between what is being taught in this topic area of the module and how it can help him or her make progress towards his goal or improve his quality of life. That is, explore how being able to have effective coping strategies for symptoms of depression, such as feeling hopeless, could help clients with improving their quality of life, and also with pursuing their goals, such as going back to school.

- Recognize the client's knowledge and expertise about his or her own experience with symptoms and with coping strategies. Praise the client for sharing information with you and for developing strategies on his or her own.

- Rather than just discussing coping strategies, you should take opportunities to help the client take steps towards putting them into action, taking a low key approach and using a method based on the nature of the coping strategy involved. For example, you can help the client make a list of activities that he or she might enjoy doing and make a plan to try doing one again before the next session. Or you can help clients make a list of their positive characteristics and plan where clients will keep their list and how they will remind themselves to refer to it. Or you can help clients select a type of exercise they might like to try to improve their mood and energy level, identify any resources needed, and plan when, where, and how they will try out the exercise in the next week.

    – Some strategies lend themselves to direct teaching, such talking to a supportive person, using relaxation techniques, using cognitive restructuring, using positive self talk, and talking to your doctor about medications. You can say something like, "*Sometimes it helps to try things out before the situation actually comes up. Let's see what it would be like to use the strategy we just discussed. I don't mind taking a*

stab at it first. Or would you rather go first?" Depending on the client's response, you can then use the steps of direct teaching that were described in the overview to this module: model the skill, set up a role play for the client to practice, give feedback, set up an additional role play as needed to increase ability and confidence, plan how to practice the skill in "real life."

- Discuss how the client can share the information he or she has learned about depression with a family member or friend. Also discuss how the client can ask family members or friends about symptoms of depression they have noticed in him or her.
- If indicated, help the client practice how to approach a family member or friend on the subject of symptoms of depression.

TIPS FOR COMMON PROBLEMS:

- Some clients may initially be reluctant to describe their experience with depression. They may think it's a sign of weakness or may have been told "just cheer up." It is helpful to normalize the feelings of depression and remark on how common it is for everyone to feel depressed or blue sometimes. Using the examples in the handout, you can provide examples of the symptoms other people have experienced in the spirit of informing the client, but not "accusing" him or her of having them. It may also be helpful to review some things that the client has shared in the past, such as having difficulty starting conversations with potential friends because of low self esteem.
- Some clients may continue to experience distress, even though they have learned coping strategies from this module. They may benefit from using cognitive restructuring to address the symptom that distresses them, using the techniques in the IRT Individualized Module "Dealing with Negative Feelings." For some clients, this will mean returning to this module and for others it will mean going through the module for the first time.
- Some clients may be reluctant to acknowledge symptoms. Here are some tips:
    - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.
    - At times it may be more effective to link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, *"I think working together on identifying some symptoms that you have experienced could be helpful in terms of your goal of feeling closer to your friends. For example, you have mentioned that feeling like things aren't enjoyable any more has kept you from doing hobbies you used to enjoy, like going to movies with friends. You have told me that you miss doing things like that with your friends. In this handout you will find some strategies for improving your ability to enjoy things.*"
- It can be challenging to work with clients who are significantly depressed. You need to strike a balance between being cheerful and being realistic. By being moderately upbeat, you avoid being pulled down affectively to the flatness of the client. By being realistic and not "Pollyanna-ish" in your approach, you avoid being overly cheerful, which can seem fake or upsetting to the depressed client.

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about coping with depression. You can assess a client's knowledge using the following questions:

    1. What are some of the common symptoms of depression that people have?
    2. What is an example of a coping strategy for depression that you find helpful?
    3. After the client has sufficient practice and expressed confidence with using at least two coping strategies, ask him or her to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "COPING WITH DEPRESSION:

Therapeutic Goal	***Techniques & Probes***
Provide psychoeducation and destigmatize the experience of depression.	• Emphasize that depression is common and that it may occur even when people are fully participating in treatment. • Use the client's own words, when necessary (e.g., "the blues" or "feeling low" rather than "depression").
Elicit client's experience of feeling depressed.	• Personalize the information for the specific client and treat him or her as the expert in his or her own experience. • Encourage client to use his or her own words. • Ask how the symptoms have interfered with activities. • Ask how the client has coped with symptoms in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies.
Provide a message of hope and optimism.	• Let client know that he or she may already be using effective coping strategies. • Let client know that many people continue with activities and achieve personal goals in spite of experiencing persistent symptoms. • Help client identify how coping strategies could be beneficial in pursuing his or her own goals (e.g., *"I have confidence that your efforts to meet people will go a lot better if you have some strategies for coping with the sad feelings you have told me about")*.
Help client select coping strategies to try or use more often.	• Review coping strategies. • Use worksheet "Coping Strategies for Depression."
Help client learn new coping skills (or become more effective at the ones he or she already uses).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to suit the client. • Take a low key approach ("*Let's give it a try; what kind of positive self talk do you think would work for you?").*
Help client develop at least two coping strategies for depression that he or she expresses confidence in using in the "real world."	• Encourage practicing skills at home. • Consider getting assistance from family members or other supporters in helping client use a coping strategy. • Help client modify strategies that aren't effective at first. • Praise practice or partial practice of skill at home.

3: Clinical Guidelines for "Coping with Anxiety"

OVERVIEW:

The handout for this topic describes the symptoms of anxiety and provides examples for some of the most common ones: worry, fear, over-arousal, panic attacks, agitation, difficulty concentrating, and avoidance. You will explore with the client his or her experience with symptoms, how much distress they have caused, which coping strategies that he or she has used and how effective they are. You and the client will then work together to select the coping strategies that he or she would like to try out or use more often and use opportunities to practice the skills. You and client will then work on a plan for the client to try the strategies on his or her own, and finish with a home assignment that involves using the coping strategy in his or her own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Goals

1. Provide psychoeducation about the symptoms of anxiety.
2. Provide a message of hope and optimism that there are many effective strategies that people can learn to help them cope with anxiety.
3. Elicit information about the client's experience of symptoms, the distress they have caused, and the effectiveness of his or her coping strategies.
4. Help client select the coping strategies that he or she would like to try or use more often.
5. Help client learn new coping skills, using opportunities for modeling and role playing.
6. Help client develop at least two coping strategies for anxiety that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world."

Materials Needed

Handout #3: "Coping with Anxiety."

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is Anxiety, What Can You Do to Cope with Anxiety, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What is Anxiety, What Can You Do to Cope with Anxiety, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a	Session 2-Review home practice experience A. If the strategy was effective make a

plan to use again to increase confidence and generalizability B. if the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modifed strategy in home environment	plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment
Session 3 - 4 or more: Repeat Session 2 until client has developed at least two effective coping strategies and has shown in home practice that he or she can use the strategies in "real life"	Session 3 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"

TEACHING STRATEGIES:

- Provide a brief overview about the focus of this handout (Coping with Anxiety).

- Provide information about the symptoms of anxiety and how common they are, which is intended to normalize the client's experience. Such normalization can reduce the client's reluctance to talk about his or her experience of symptoms.

- Help client make the connection between what is being taught in this topic area of the module and how it can help him or her make progress towards his or her goal or improve his or her quality of life. For example, you can explore with the client how being able to have effective coping strategies for symptoms of anxiety, such as restlessness or agitation, could help the client feel more relaxed, and also help him or her pursuing goals, such as getting a job.

- Recognize the client's knowledge and experience about his or her own experience with symptoms and with coping strategies. Praise the client for sharing information with you and for developing strategies on his or her own.

- Rather than just discussing coping strategies, you should take opportunities to help clients take steps towards putting them into action, taking a low key approach and using a method based on the nature of the coping strategy involved. For example, you can help clients make a plan for gradually exposing themselves to a situation that makes them feel anxious, but is nonetheless safe. Or you can help clients develop a plan to do something about the situation that is making them feel anxious, using problem-solving as needed.

- Some coping strategies for anxiety lend themselves to direct teaching, such as talking to a supportive person, using relaxation techniques, using cognitive restructuring, using positive self talk. You can say something like, "*Sometimes it helps to try things out before the situation actually comes up. Let's see what it would be like to use the strategy we just discussed. I don't mind taking a stab at it first. Or would you rather go first?*" Depending on the client's response, you can then use the steps of direct teaching that were described in clinical guide to the overview to this module: model the skill, set

up a role play for the client to practice, give feedback, set up an additional role play as needed to increase ability and confidence, plan how to practice the skill in "real life."

- Discuss how the client can share the information he or she has learned about anxiety with a family member or friend. Also discuss how the client can ask family members or friends about symptoms of anxiety they have noticed in him or her.

- If indicated, help the client practice how to approach a family member or friend on the subject of symptoms of anxiety.

TIPS FOR COMMON PROBLEMS:

- Some clients may initially be reluctant to describe their experience with anxiety. They may think it's a sign of weakness or that they should "just calm down." It is helpful to normalize the feelings of anxiety and remark on how common it is for everyone to feel anxious or worried sometimes. Using the examples in the handout, you can provide examples of the symptoms other people have experienced in the spirit of informing the client, but not "accusing" him or her of having them. It may also be helpful to review some things that the client has shared in the past, such as having difficulty starting conversations with potential friends because of feeling anxious about how they might respond.

- Some clients may continue to experience distress, even though they have learned coping strategies from this module. They may benefit from using cognitive restructuring to address the symptom that distresses them, using the techniques in the IRT Individualized Module "Dealing with Negative Feelings." For some clients, this will mean returning to this module and for others it will mean going through the module for the first time.

- Some clients may be reluctant to acknowledge symptoms. Here are some tips:

  - Focus on symptoms, rather than diagnoses.

  - Link the contents of the handout to a goal that the person has previously identified. For example, you could say something like, *"I think working together on identifying some coping strategies for the symptoms of anxiety that you have experienced could be helpful in terms of your goal of having more fun in your life. For example, you have mentioned that feeling nervous about leaving the house has kept you from getting together with friends. In this handout you will find some strategies for decreasing your fear about leaving the house and increasing your confidence about doing things away from home.*"

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about coping with anxiety. You can assess a client's knowledge using the following questions:

    1. What are some of the common symptoms of anxiety that people have?
    2. What is an example of a coping strategy for anxiety that you find helpful?

3. After the client has sufficient practice and expressed confidence with using at least two coping strategies, ask him or her to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "COPING WITH ANXIETY":

Therapeutic Goal	***Techniques & Probes***
Provide psychoeducation and destigmatize the experience of anxiety.	• Emphasize that anxiety is common and that it may occur even when people are fully participating in treatment such as medication. • Use the client's own words, when necessary (e.g., *"feeling jittery"* or *"nervous energy"* rather than *"anxiety"*).
Elicit client's experience of feeling anxious.	• Treat client as the expert in his or her own experience, Ask how symptoms may have interfered with him or her doing things. • Ask how the client has coped with persistent symptoms in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand: – *"So let me see if I have this correct. . ."* – *"Thank you for clarifying your difficulties with feeling anxious and how that related to being reluctant to leave the house."*
Provide a message of hope and optimism.	• Let client know that he or she may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. • Help client identify how having coping strategies would be beneficial in pursuing his or her own goals (e.g., *"I have confidence that your efforts to meet people will go a lot better if you have some strategies for coping with some of the worries that you have told me about").*
Help client select coping strategies that he or she would like to try or use more often.	• Review coping strategies. • Use worksheet "Coping Strategies for Anxiety"
Help client learn new coping skills (or become more effective	• Use opportunities for modeling and role playing.

at the ones he or she already uses).	• Adapt style of modeling and role playing to suit the client. • Take a low key approach (*"Let's give it a try; what kind of relaxation technique do you think would work for you?"*).
Help client develop at least two coping strategies for anxiety that he or she can use in the "real world	• Encourage practicing skills at home. • Consider getting assistance from family members or other supporters to help client practice a skill. • Praise practice or partial practice of skill at home.

#4: Clinical Guidelines for "Coping with Hallucinations"

OVERVIEW:

The handout for this topic describes the symptoms of hallucinations and provides examples for some of the most common ones: hearing, seeing, smelling, feeling or tasting something that is not there. The most common hallucination among people who have experienced psychosis is hearing voices. You will explore with the client his or her experience with symptoms, how much distress they have caused, which coping strategies that he or she has used and how effective they are. Next, you and the client will work together to select the coping strategies that he or she would like to try out or use more often and use opportunities to practice the skills in the sessions. You and the client will then work on a plan for the client to try the strategies on his or her own, and finish with a home assignment that involves using the coping strategy in his or her own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Goals

1. Provide psychoeducation about the symptoms of hallucinations.
2. Provide a message of hope and optimism that there are many effective strategies that people can learn to help them cope with hallucinations.
3. Elicit information about the client's experience of symptoms, the distress they have caused, and the effectiveness of his or her coping strategies.
4. Help client select the coping strategies that he or she would like to try or use more often.
5. Help client learn new coping skills, using opportunities for modeling and role playing.
6. Help client develop at least two coping strategies for hallucinations that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world."

Materials Needed

Handout #4: "Coping with Hallucinations."

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are Hallucinations, What Can You Do to Cope with Hallucinations, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What are Hallucinations, What Can You Do to Cope with Hallucinations, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own

Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. B. if the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modifed strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment
Session 3-4 or more: Repeat Session 2 until client has developed at least two effective strategies for anxiety and has shown in hoe practice that he or she can use the strategies in "real life."	Session 3 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"

TEACHING STRATEGIES:

- Provide a brief overview about the focus of this handout (Coping with Hallucinations).

- Provide information about the symptoms of hallucinations and how common they are, which is intended to normalize the client's experience. Such normalization can reduce the client's reluctance to talk about his or her experience of symptoms.

- Help clients make the connection between what is being taught in this handout and how it can help him or her make progress towards his or her goal or improve his or her quality of life. For example, you can explore with the client how being able to have effective coping strategies for symptoms of hallucinations, such as hearing voices, could help the client concentrate better in school and focus on conversations with potential friends.

- Recognize the client's knowledge and experience about his or her own experience with symptoms and with coping strategies. Praise the client for sharing information with you and for developing strategies on his or her own.

- Rather than just discussing coping strategies, you should take opportunities to help clients take steps towards putting them into action, taking a low key approach and using a method based on the nature of the coping strategy involved. For example, you can help clients select a type of distracting activity they might like to try to decrease their attention to hearing voices, identify any resources needed, and plan when, where, and how they will try out the activity in the next week.

  - Some strategies lend themselves to direct teaching, such as using relaxation techniques, using reality testing, using mindfulness, and talking to the doctor about medications. You can say something like, "*Sometimes it helps to try things out before the situation actually comes up. Let's see what it would be like to use the strategy we just discussed. I don't mind taking a stab at it first. Or would you rather go first?"* Depending on the response of the client, you can then use some

or all the steps of direct teaching that were described in the clinical guideline to the overview of this module: model the skill, set up a role play for the client to practice, give feedback, set up an additional role play as needed to increase ability and confidence, plan how to practice the skill in "real life."

- Discuss how the client can share the information he or she has learned about hallucinations with a family member or friend. Also discuss how the client can ask family members or friends about symptoms of hallucinations they have noticed in him or her.

- If indicated, help the client practice how to approach a family member or friend on the subject of symptoms of hallucinations.

TIPS FOR COMMON PROBLEMS:

- Some clients may initially be reluctant to describe their experience with hallucinations. They may think it's a sign of weakness or that they should "just not tell anyone about the voices and they'll go away." In some cases, the client experiences that the voices themselves are telling the client not to reveal "what they are saying." It is helpful to normalize the feelings of hallucinations and remark on how common it is for people who have experienced psychosis to experience hallucinations, even when they are participating in treatment. It's not their fault. If relevant, you can also review some of the other reasons listed in the Education about Psychosis topic area "Just the Facts: Psychosis" that people without psychosis experience hallucinations, such as sleep deprivation or extended isolation. Using the current handout, you can provide examples of the symptoms other people have experienced, in the spirit of informing the client, but not "accusing" him or her of having them. It may also be helpful to review some things that the client has shared in the past, such as having difficulty starting conversations with potential friends because of voices that tell him that other people are dangerous.

- Some clients may continue to experience distress, even though they have learned coping strategies from this module. They may benefit from using cognitive restructuring to address the symptom that distresses them, using the techniques in the IRT Individualized Module "Dealing with Negative Feelings." For some clients, this will mean returning to this module and for others it will mean going through the module for the first time.

- Some clients may think that by acknowledging hallucinations, they are accepting a specific diagnosis that they prefer not to have. Here are some suggestions:

    - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.

    - Address the client's concerns directly, saying something like, "*I totally understand your concern about being diagnosed as having schizophrenia or being 'schizophrenic.' I agree with you, because the fact is that an actual diagnosis isn't the important thing here, is it? What is important is your day-to-day life and what kinds of things get in the way of doing what you want to be doing. Could we agree to keep our discussion focused on the symptoms you've experienced and how to keep them from getting in your way, and not worry about diagnoses or labels? What are your thoughts about that?"*

– At times it may be more effective to link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, *"I think working together on identifying some coping strategies for symptoms that you have experienced could be helpful in terms of your goal of doing well in school. For example, you have mentioned you haven't been able to concentrate in class because of hearing voices. In this handout you will find some strategies for cutting down the amount of voices you hear and for keeping them from interfering with things you want to do."*

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about coping with hallucinations. You can assess a client's knowledge using the following questions:

  1. What are some of the common symptoms of hallucinations that people have?
  2. What is an example of a coping strategy for hallucinations that you find helpful?
  3. After the client has sufficient practice and expressed confidence with using at least two coping strategies, ask him or her to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "COPING WITH HALLUCINATIONS":

Therapeutic Goal	***Techniques & Probes***
Provide psychoeducation and destigmatize the experience of hallucinations.	• Emphasize that hallucinations are common and that they may occur even when people are fully participating in treatment such as medication. • Use the client's own words, when necessary (e.g., *"voices"* rather than *"hallucinations"*).
Elicit client's experience of hallucinations.	• Personalize the information for the specific client and treat him or her as the expert in their own experience, encourage client to her to use their own words). • Ask how much distress the symptoms have caused and what they interfered with him or her doing. Ask how the client has coped with hallucinations in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies.
Provide a message of hope and optimism.	• Let client know that he or she may already be using effective coping strategies, and that you will work

	together to strengthen those strategies and to add a few new ones. • Let client know that many people continue with important activities and personal goals in spite of experiencing persistent symptoms. • Help client identify how having coping strategies would be beneficial in pursuing his or her own goals (e.g., *"I have confidence that your efforts to meet people will go a lot better if you have some strategies for coping with the voices you told me about")*.
Help client select coping strategies that he or she would like to try or use more often.	• Review coping strategies. • Use worksheet "Coping Strategies for Hallucinations"
Help client learn new coping skills (or become more effective at the ones he or she already uses).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to suit the client. • Take a low key approach ("*Let's give it a try; what kind of distraction technique do you think would work for you?*").
Help client develop at least two coping strategies for hallucinations that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world."	• Use "Plan for Implementing Strategies for Coping with Hallucinations". • Use Home Practice Options to follow through on plan for implementing a strategy. • Consider getting assistance from family members or other supporters in helping client use a coping strategy. • Help client modify strategies that aren't effective at first. • Help client get enough practice that he or she feel confident. • Praise the completion or partial completion of home practice.

#5: Clinical Guidelines for "Coping with Sleeping Problems"

OVERVIEW:

The handout for this topic describes the symptoms of sleep problems and provides examples for some of the most common ones: difficulty falling asleep, problems staying asleep, sleeping too much, feeling tired despite sleeping, and decreased need for sleep. You will explore with the client his or her experience with sleeping problems, how much distress they have caused, which coping strategies that he or she has used and how effective they are. Next, you and the client will work together to select the coping strategies that he or she would like to try out or use more often and use opportunities to practice the skills in the sessions. You and client will then work on a plan for the client to try the strategies on his or her own, and finish with a home assignment that involves using the coping strategy in his or her own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Goals

1. Provide psychoeducation about sleeping problems.
2. Provide a message of hope and optimism that there are many effective strategies that people can learn to help them sleep better.
3. Elicit information about the client's sleep problems, the distress they have caused, and the effectiveness of his or her coping strategies.
4. Help client select the coping strategies that he or she would like to try or use more often.
5. Help client learn new coping skills, using opportunities for modeling and role playing.
6. Help client develop at least two coping strategies for sleep problems that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world."

Materials Needed

Handout #5: "Coping with Sleeping Problems."

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are the Main Types of Sleeping Problems, What Can You Do to Cope with Sleeping Problems, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What are the Main Types of Sleeping Problems, What Can You Do to Cope with Sleeping Problems, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own

Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment
Session 3 -4 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"	Session 3 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"

TEACHING STRATEGIES:

- Provide a brief overview about the focus of this handout (Coping with Sleeping Problems).

- Provide information about the nature of sleep problems and how common they are, which is intended to normalize the client's experience. Such normalization can reduce the client's reluctance to talk about his or her experience of symptoms.

- Help clients make the connection between what is being taught in this topic area of the module and how it can help him or her make progress towards his or her goal or improve his or her quality of life. For example, you can explore with the client how being able to fall asleep and stay asleep at night could help the client concentrate better in school and focus on conversations with potential friends.

- Recognize the client's knowledge and expertise about his or her own experience with symptoms and with coping strategies. Praise the client for sharing information with you and for developing strategies on his or her own.

  - Rather than just discussing coping strategies, you should take opportunities to help clients take steps towards putting them into action, taking a low key approach and using a method based on the nature of the coping strategy involved. For example, you can help clients who want to use the strategy of keeping a dream journal by helping them identify a notebook they can use, where they could keep the notebook, when to write in it, etc. Or you can help clients make a plan to improve their sleep hygiene, for example setting up a relaxing bedtime routine. Some strategies, such as talking to the doctor about sleep problems lend themselves to direct teaching, using modeling and role playing. You can say something like, "*Sometimes it helps to try things out before the situation actually comes up. Let's see what it would be like to use the strategy we just discussed. I don't mind taking a stab at it first. Or would you rather go*

first?" Depending on the client's response, you could then use the steps of direct skill teaching described in the clinical guide for the overview of this module: model the skill, set up a role play for client to practice, give feedback, set up another role play (if needed), and help client plan how to practice the skill in "real life."

- Several coping strategies for sleep problems involve you helping to plan and set up schedules rather than teaching directly. For example, for the coping strategy of "setting up a specific time for worrying," you could help the client figure out when and where he would spend time worrying, and develop a system for reminding himself or herself that it is "my time for worrying." Or you could help the client set up a schedule for developing good sleep hygiene, such as deciding on regular times to go to bed and get up in the morning, locating an alarm clock, brainstorming about a relaxing activity he or she could do before falling asleep.

- Discuss how the client can share the information he or she has learned about sleep problems with a family member or friend. Also discuss how the client can ask family members or friends about sleep problems they have noticed in him or her.

- If indicated, help the client practice in a role play how to approach a family member or friend on the subject of sleep problems.

TIPS FOR COMMON PROBLEMS:

- Some clients may initially be reluctant to describe their experience with sleep problems. They may think it's a sign of weakness or they may not want to change their sleep habits. For example, it is not uncommon for people who have experienced psychosis to get in the habit of sleeping all day and being awake all night. Some people prefer this schedule because it is less stimulating; however, such a schedule keeps them from having friendships, family relationships and going to school or work. It is helpful to normalize sleep problems and remark on how common it is for the population in general to experience them, and even more common for people who have experienced psychosis. Using the handout, you can provide examples of the symptoms other people have experienced, in the spirit of informing the client, but not "accusing" him or her of having them. It may also be helpful to review some things that the client has shared in the past, such as having difficulty following through with fun activities because he or she slept through the alarm because of a bad night's sleep.

- Some clients may continue to experience distress, even though they have learned coping strategies from this module. They may benefit from using cognitive restructuring to address the symptom that distresses them, using the techniques in the IRT Individualized Module "Dealing with Negative Feelings." For some clients, this will mean returning to this module and for others it will mean going through the module for the first time.

- Some clients may be reluctant to acknowledge problems with sleeping. Here are some tips:

  - Link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, "*I think working together on identifying some coping strategies for the sleep problems you have*

experienced could be helpful in terms of your goal of doing well in school. For example, you have mentioned you haven't been able to concentrate in class because of being so tired. In this handout you will find some strategies for getting a good night's sleep, which will help you focus better in school."

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about coping with sleep problems. You can assess the client's knowledge using the following questions:

    1. What are some of the common types of sleep problems that people have?
    2. What is an example of a strategy for sleeping better that you find helpful?
    3. After the client has sufficient practice and expressed confidence with using at least two coping strategies, ask him or her to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "COPING WITH SLEEP PROBLEMS":

Therapeutic Goal	***Techniques & Probes***
Provide psychoeducation and destigmatize the experience of sleep problems.	• Emphasize that sleep problems are common. • Use the client's own words, when necessary (e.g., *"can't go to sleep"* or *"can't wake up"* or *"tired all the time"* rather than *"sleep problems").*
Elicit client's experience of sleep problems.	• Ask how much symptoms have interfered with him or her doing things that are important to him or her. • Ask how the client has coped with sleep problems in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand: – *"So let me see if I have this correct. . ."* – *"Thank you for clarifying the difficulty you were having with staying awake all night and sleeping during the day and how that relates to your difficulty with meeting a woman that you want to date."*
Provide a message of hope and optimism.	• Help client identify how having coping strategies would be beneficial in pursuing his or her own goals (e.g., *"I have confidence that your efforts to meet people will go a lot better if you have some strategies for sleeping better")*.
Help client select coping strategies that he or she would like to try or use more often.	• Review coping strategies. • Use worksheet "Coping Strategies for Sleep Problems."
Help client learn new coping skills (or become more effective at the ones he or she already uses).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to suit the client. • Take a low key approach ("*Let's give it a try. If you wanted to talk to someone about how difficult it is to fall asleep, who would it be? What would you say?").*
Help client develop at least two coping strategies for sleep problems that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world."	• Use Home Practice Options to follow through on plan for implementing one or more strategies for sleeping better. • Consider getting assistance from family members or other supporters in helping client use a coping strategy. • Help client modify strategies that aren't effective at first. • Praise the completion or partial completion of home practice.

#6: Clinical Guidelines for "Coping with Low Stamina or Energy"

OVERVIEW:

The handout for this topic describes the nature of problems with low stamina or energy, and provides examples for some of the most common ones: feeling slowed down, needing a lot of energy to start an activity, getting tired easily, needing a lot of rest to recover from an activity, difficulty finishing an activity, trouble following through with personal hygiene, believing that something is not worth the energy, and believing that many activities require more energy than one has. You will explore with the client his or her experience with stamina or energy problems, how much distress they have caused, which coping strategies that he or she has used and how effective they are. Next, you and the client will work together to select the coping strategies that he or she would like to try out or use more often and use opportunities to practice the skills in the sessions. You and the client will then work on a plan for the client to try the strategies on his or her own, and finish with a home assignment that involves using the coping strategy in his or her own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Goals

1. Provide psychoeducation about stamina and energy problems.
2. Provide a message of hope and optimism that there are many effective strategies that people can learn to help have more energy.
3. Elicit information about the client's stamina and energy problems, the distress they have caused, and the effectiveness of his or her coping strategies.
4. Help client select the coping strategies that he or she would like to try or use more often.
5. Help client learn new coping skills, using opportunities for modeling and role playing.
6. Help client develop at least two coping strategies for stamina and energy problems that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world".

Materials Needed

Educational handout: "Coping with Low Stamina or Energy"

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are the Main Types of Stamina/Energy Problems, What Can You Do to Cope with Stamina/Energy Problems, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role	Session 1-What are the Main Types of Stamina/Energy Problems, What Can You Do to Cope with Stamina/Energy Problems, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role

playing), Making a Plan to Try Coping Strategies on Your Own	playing), Making a Plan to Try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment
Session 3-4 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"	Session 3 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"

TEACHING STRATEGIES:

- Provide a brief overview about the focus of this handout (Coping with Low Stamina or Energy).

- Provide information about the nature of stamina and energy problems and how common they are, which is intended to normalize the client's experience. Such normalization can reduce the client's reluctance to talk about his or her experience.

- Help clients make the connection between what is being taught in this handout and how it can help him or her make progress towards his or her goal or improve his or her quality of life. For example, you can explore with the client how having more energy could help the client keep up with his friends when they play basketball.

- Recognize the client's knowledge and expertise about his or her own experience with symptoms and with coping strategies. Praise the client for sharing information with you and for developing strategies on his or her own.

  – Several coping strategies for coping with low stamina involve you helping to set up schedules or break down activities into small steps. For example, for the coping strategy of "developing a daily schedule," you could help the client figure out regular times for getting up and going to bed, consistent meal times, balancing fun activities and responsibilities. Or you could help the client break down an activity such as cleaning his or her apartment, into small steps, and planning when to do each step.

  – A few coping strategies for stamina/energy problems can be taught directly, such as challenging ones beliefs about his or her energy level. You should take opportunities to use modeling and role playing, using a low key approach. You

can say something like, *"Sometimes it helps to try things out before the situation actually comes up. Let's see what it would be like to use the strategy of doing some mild exercise to increase one's energy. You mentioned taking a walk around a few blocks. Let's do that right now together, and we can each rate our energy level before and after taking the walk. Which block should we start with?"*

- Discuss how the client can share the information he or she has learned about stamina/energy problems with a family member or friend. Also discuss how the client can ask family members or friends about stamina/energy problems they have noticed in him or her.

- If indicated, help the client practice how to approach a family member or friend on the subject of stamina/energy problems.

TIPS FOR COMMON PROBLEMS:

- Some clients may initially be reluctant to describe their experience with low stamina or low energy. They may think it's a sign of weakness or they may feel discouraged about trying to do more. For example, it is not uncommon for people who have experienced psychosis to get in the habit of avoiding starting an activity because they have experienced problems in completing what they start. It is helpful to normalize stamina/energy problems and remark on how common it is for the population in general to experience them, and even more common for people who have experienced psychosis. Using the examples in the handout, you can provide examples of the stamina/energy symptoms other people have experienced, in the spirit of informing the client, but not "accusing" him or her of having them. It may also be helpful to review some things that the client has shared in the past, such as having difficulty keeping up friendships because he or she did not have the energy to get together.

- Some clients may continue to experience distress, even though they have learned coping strategies from this module. They may benefit from using cognitive restructuring to address the symptom that distresses them, using the techniques in the IRT Individualized Module "Dealing with Negative Feelings." For some clients, this will mean returning to this module and for others it will mean going through the module for the first time.

- Some clients may think that by acknowledging problems with stamina/energy, they are accepting a specific diagnosis that they prefer not to have. Here are some tips:

  - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.

  - At times it may be more effective to link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, *"I think working together on identifying some coping strategies for the energy problems you have experienced could be helpful in terms of your goal of doing well in school. For example, you have mentioned you haven't been able to finish writing projects because you lack the energy. In this handout you will find some strategies for developing more stamina for writing, which will help you do better in school."*

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about coping with low stamina or low energy. You can assess the client's knowledge using the following questions:

  1. What are some of the common types of problems people have with low stamina or low energy?
  2. What is an example of a strategy for increasing your energy that you find helpful?
  3. After the client has sufficient practice and expressed confidence with using at least two coping strategies, ask him or her to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "COPING WITH LOW STAMINA OR ENERGY":

Therapeutic Goal	*Techniques & Probes*
Provide psychoeducation and destigmatize the experience of low stamina or low energy.	• Emphasize that problems with low stamina and low energy are common. • Use the client's own words, when necessary (e.g., *"don't have the juice"* or *"takes too much out of me"*).
Elicit client's experience of stamina/energy problems.	• Personalize the information for the specific client and treat him or her as the expert in their own experience, encourage client to use their own words. • Ask how much distress the symptoms have caused and what they interfered with him or her doing. • Ask how the client has coped with stamina/energy problems in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand: – *"So let me see if I have this correct. . ."* – *"Thank you for clarifying the difficulty you were having with lacking the energy for going to the gym and how that relates to your difficulty with losing weight."*
Provide a message of hope and optimism.	• Let client know that he or she may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. • Help client identify how having coping strategies would be

	beneficial in pursuing his or her own goals (e.g., *"I have confidence that your efforts to meet people will go a lot better if you have some strategies for increasing your energy")*.
Help client select coping strategies that he or she would like to try or use more often.	• Review coping strategies. • Use worksheet "Coping Strategies for Low Stamina or Energy".
Help client learn new coping skills (or become more effective at the ones he or she already uses).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to suit the client. • Take a low key approach *("Let's give it a try. If you were going to use the 'buddy system' for going to the gym, who would you ask? What would you say to him or her?").*
Help client develop at least two coping strategies that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world."	• Use Home Practice Options to follow through on plan for implementing a strategy for increasing energy or stamina. • Consider getting assistance from family members or other supporters in helping client use a coping strategy. • Help client modify strategies that aren't effective at first. • Help client get enough practice to feel confident. • Praise the completion or partial completion of home practice.

#7: Clinical Guidelines for "Coping with Worrisome Thoughts"

NOTE TO CLINICIANS:

This handout refers to delusions as "worrisome thoughts." The nature of delusional beliefs is that clients often firmly that what they think is true, and speaking about them as "delusions" implies strongly that what they think is false. Also, in everyday language, the term "delusional" is commonly associated with being "crazy" or seriously out of touch with reality. Because of this association, clients will often be reluctant to admit to having problems with delusions, and if you insist on that term, you are likely to lose rapport. In this handout we chose a term which refers to the common *effect* of delusions; that is, they are thoughts that tend to cause *worry* either in the person or in those around them. Using the term "worrisome thoughts" is more likely to engage the client in a discussion about his or her experience with delusions.

OVERVIEW:

The handout for this topic describes problems people sometimes experience when they have worrisome thoughts, and divides such thoughts into two common groups: ideas of reference and thinking that others are trying to give you a hard time. The handout provides examples for some of the most common ideas of reference: thinking that people are talking about you, that someone on the radio or television is talking about you, that a television show or song is about you, that something you see is a special sign, that the way objects are arranged has a special meaning. It also provides examples of common examples of people thinking that others are trying to give them a hard time: thinking that someone is out to get you, that you are being followed, that you are under surveillance, that someone is putting thoughts into your head, that an individual or group means to harm you or your reputation, that people in a public place want to annoy you, that another person or device can read your thoughts or control your mind. You will explore with the client his or her experience with problems related to worrisome thoughts, how much distress they have caused, which coping strategies that he or she has used and how effective they are. Next, you and the client will work together to select the coping strategies that he or she would like to try out or use more often and use opportunities to practice the skills in the sessions. You and the client will then work on a plan for the client to try the strategies on his or her own, and finish with a home assignment that involves using the coping strategy in his or her own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Goals

1. Provide psychoeducation about common problems with worrisome thoughts (ideas of reference and thinking that others are trying to give you a hard time).
2. Provide a message of hope and optimism that there are many effective strategies that people can learn to cope with worrisome thoughts.
3. Elicit information about the client's problems with worrisome thoughts, the distress they have caused, and the effectiveness of his or her coping strategies.
4. Help client select the coping strategies that he or she would like to try or use more often.
5. Help client learn new coping skills, using opportunities for modeling and role playing.
6. Help client develop at least two coping strategies that he or she evaluates as being effective in coping with worrisome thoughts and which he or she expresses confidence in using in the "real world".

Materials Needed

Handout #7: "Coping with Worrisome Thoughts"

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are Ideas of Reference, Identifying your Experience with Ideas of Reference, What are Some Examples of People Thinking that Others are Trying to Give Them a Hard Time? Identifying your Experience with Thinking that Others are Trying to Give You a Hard Time What Can You Do to Cope with Worrisome Thoughts, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What are Ideas of Reference, Identifying your Experience with Ideas of Reference, What are Some Examples of People Thinking that Others are Trying to Give them a Hard Time? Identifying your Experience with Thinking that Others are Trying to Give You a Hard Time What Can You Do to Cope with Worrisome Thoughts, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. B. if the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home

	environment
Session 3-4 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"	Session 3 or more: Repeat Session 2 until client has developed at least two effective strategies and has shown in home practice that he or she can use the strategies in "real life"

TEACHING STRATEGIES:

- Provide a brief overview about the focus of this handout (Coping with Worrisome Thoughts).
- Provide information about the nature of problems with worrisome thoughts and how common they are, which is intended to normalize the client's experience. Such normalization can reduce the client's reluctance to talk about his or her experience.
- Help clients make the connection between what is being taught in this topic area of the module and how it can help him or her make progress towards his or her goal or improve his or her quality of life. For example, you can explore with the client how it would be easier to feel comfortable on the job if he was less troubled by the thought that his co-workers were talking about him.
- Recognize the client's knowledge and expertise about his or her own experience with symptoms and with coping strategies. Praise the client for sharing information with you and for developing strategies on his or her own.
- When possible, you should take opportunities to help clients take steps towards putting coping strategies into action, taking a low key approach and using a method based on the nature of the coping strategy involved. For example, you can help the client select a type of distracting activity he or she might like to try to decrease his or her attention to a worrisome thought, identify any resources needed, and plan when, where, and how to try out the activity in the next week. Or you can help the client practice taking their time coming to conclusions about worrisome thoughts using examples of common thoughts provided in the handout.
  - A few coping strategies for problems with worrisome thoughts can be taught directly and you should take opportunities to do so, taking a low key approach. You can say something like, *"Sometimes it helps to try things out before the situation actually comes up. Let's see what it would be like to use the strategy of brainstorming other possible explanations when you have the worrisome thought that the teacher is calling on you because she wants to embarrass you. Let's try coming up with other reasons that she might be asking you a question and see how many we can come up with. Would you like to start*?"
- Discuss how the client can share with a family member or friend the information he or she has learned about problems with worrisome thoughts. Also discuss how the client can ask family members or friends about problems with worrisome thoughts that they have noticed in him or her.

- If indicated, help the client practice how to approach a family member or friend on the subject of problems with worrisome thoughts.

TIPS FOR COMMON PROBLEMS:

- Some clients may initially be reluctant to describe their experience with worrisome thoughts. They may think it's a sign of weakness or they may feel that their thoughts are "crazy" and don't want to talk about them. For example, it is not uncommon for people who have experienced psychosis to get in the habit of avoiding watching the news with family because they have experienced problems with thinking the newscaster is talking about them or telling stories from their life. It is helpful to normalize problems with worrisome thoughts and remark on how common these kinds of problems are for people who have experienced psychosis. Using the examples in the handout, you can provide examples of the problems with worrisome thoughts that other people have experienced, in the spirit of informing the client, but not "accusing" him or her of having them. It may also be helpful to review some things that the client has shared in the past, such as having difficulty going to school because he or she thought everyone was against him or her.

- Some clients may continue to experience distress, even though they have learned coping strategies from this module. They may benefit from using cognitive restructuring to address the symptom that distresses them, using the techniques in the IRT Individualized Module "Dealing with Negative Feelings." For some clients, this will mean returning to this module and for others it will mean going through the module for the first time.

- Some clients may think that by acknowledging problems with worrisome thoughts, they are accepting a specific diagnosis that they prefer not to have. Here are some tips:

  - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial experience with psychosis.

  - Consider addressing the client's concerns directly, saying something like, *"I totally understand your concern about being diagnosed as having schizophrenia or being 'schizophrenic.' I agree with you, because the fact is that an actual diagnosis isn't the important thing here, is it? What is important is your day-to-day life and what kinds of things get in the way of doing what you want to be doing. Could we agree to keep our discussion focused on the symptoms you've experienced and how to keep them from getting in your way, and not worry about diagnoses or labels? What are your thoughts about that?"*

  - At times it may be more effective to link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, *"I think working together on identifying some coping strategies for the worrisome thoughts you have experienced could be helpful in terms of your goal of having more fun. For example, you have mentioned you haven't been able to go bowling because you were concerned that someone was watching you at the bowling alley. In this handout you will find some strategies for dealing with those thoughts so that you can feel more comfortable going bowling with your friends again."*

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the client has retained about coping with worrisome thoughts. You can assess the client's knowledge using the following questions:

  1. What are some of the common types of problems people have with worrisome thoughts?
  2. What is an example of a strategy for coping with worrisome thoughts that you find helpful?
  3. After the client has sufficient practice and expressed confidence with using at least two coping strategies, ask him or her to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "COPING WITH WORRISOME THOUGHTS":

Therapeutic Goal	***Techniques & Probes***
Provide psychoeducation and destigmatize the experience of having worrisome thoughts.	• Emphasize that problems with worrisome thoughts are common. • Use the client's own words, when necessary (e.g., *"thinking that people are referring to me all the time," "thinking that people are out to get me," "seeing special messages"*).
Elicit client's experience of problems with worrisome thoughts.	• Personalize the information for the specific client and treat him or her as the expert in their own experience; encourage client to use his or her own words). • Ask how much distress the symptoms have caused and what they interfered with him or her doing. • Ask how the client has coped with worrisome thoughts in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand – *"So let me see if I have this correct. . ."* – *"Thank you for clarifying the difficulty you were having with thinking that your phone was being tapped and how that relates to*

	your difficulty with calling your friends."
Provide a message of hope and optimism.	• Let client know that he or she may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. • Let client know that many people continue with important activities and personal goals in spite of experiencing worrisome thoughts. • Help client identify how having coping strategies would be beneficial in pursuing his or her own goals (e.g., *"I have confidence that your efforts to get a job will go a lot better if you have some strategies for dealing with the thought that people can read your mind").*
Help client select coping strategies that he or she would like to try or use more often.	• Review coping strategies. • Use worksheet "Coping Strategies for Worrisome Thoughts".
Help client learn new coping skills (or become more effective at the ones he or she already uses).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to client. • Take a low key approach ("*Let's give it a try. If you were going to use the strategy of checking out your thought with someone you trust, who would you talk to? What would you say to him or her?")*
Help client develop at least two coping strategies that he or she evaluates as being effective and which he or she expresses confidence in using in the "real world".	• Use Home Practice Options for helping client implement a particular coping strategy. • Consider getting assistance from family members or others to help client use coping strategy. • Help client modify strategies that aren't effective. • Help client get enough practice that he or she feel confident. • Praise the completion or partial completion of home practice.

An Introduction to Coping with Symptoms

If you have selected this module, it means that you have identified that you have experienced a problem with at least one persistent symptom. This is not unusual when people have had an episode of psychosis. The good news is that there are many effective strategies for coping with symptoms that will help you continue to enjoy your life and pursue your goals. In this module, you will learn about common persistent symptoms, identify the ones that bother you, and learn to use some effective strategies for coping with them.

Here are examples of common persistent symptoms:

- Depression
- Anxiety
- Hallucinations
- Sleep problems
- Low stamina or low energy
- Worrisome thoughts

The first step in this module is to review Handout #1, "Identifying the Symptoms that Bother You," which briefly describes the different symptoms. You will identify which symptoms trouble you and which ones you would like to develop coping strategies for. Some people are only bothered by one symptom, in which case they will work on developing coping strategies using the handout for that particular symptom. Other people are bothered by more than one symptom and will select the handouts with strategies for those symptoms.

In the handout for each symptom, there are several coping strategies to choose from. You will select the ones that you want to use, practice them in the sessions, and then try them out in real life situations to see which ones work the best for you.

What I expect from you:

- An open discussion of the symptoms that bother you and the ways they interfere with your life.
- Willingness to explore possible coping strategies and try them out in sessions.
- Willingness to try coping strategies on your own and give feedback about how they work.

What you can expect from me:

- Factual information about symptoms and effective coping strategies.
- Help in selecting and practicing strategies that you want to try.
- Commitment to helping you find coping strategies that work for you as an individual.

#1: Identifying Symptoms that Bother You

What are persistent symptoms?

For some people, symptoms related to psychosis become mild or go away with treatment. For others, their symptoms may be more persistent and troublesome, despite taking medication and receiving other types of treatment. In this module, you will learn about common persistent symptoms, identify the symptoms that bother you, and learn effective strategies for coping with them.

Here are a few examples of common persistent symptoms:

Symptom	**Example**
Depression	Feeling down or sad much of the time; having discouraging thoughts like *"Things are hopeless"* or *"I'm no good"*
Anxiety	Feeling worried, nervous, tense or agitated about even minor things; being worried that others think negatively about you; avoiding things that make you feel anxious such as social situations or going to work
Hallucinations	Hearing, seeing, or smelling something that others can't, such as hearing voices that others put you down; feeling something on one's skin when there is nothing visible to cause the sensation
Sleep problems	Difficulty falling asleep or staying asleep; sleeping too much; sleeping during the day and staying awake during the night
Low stamina/low energy	Finding it difficult to start activities or to complete them; "running out of steam" easily such as at work or school; not having enough energy or motivation to do things you used to enjoy
Worrisome thoughts	Having troubling thoughts or beliefs, such as thinking that someone or something is out to get you; thinking that people can read your thoughts; having "ideas of reference" like people are talking about you, believing that special messages are intended for you, or thinking that a television show is about you

Some symptoms are mild and don't interfere with people's activities. For example, some people feel a little anxious sometimes, but it doesn't get in the way of getting things done. Some people hear quiet voices much of the time, but they are easy to ignore.

Some symptoms can be upsetting, get in the way of work or school or interfere with enjoying life. For example, when people think that others want to hurt them, it can make them reluctant to leave their room or go to work or hang out with friends. Some people hear voices that interfere with being able to concentrate or follow a conversation.

What can people do if they have persistent symptoms?

The good news is that when people have persistent symptoms that interfere with their lives, they can learn effective strategies for coping with them. These strategies can help you continue to pursue important personal goals and enjoy your life, in spite of experiencing some symptoms.

Each person is different, and no one has the same experience with symptoms. Each person also uses different coping strategies for dealing with symptoms so that they can decrease the distress or interference caused by the symptoms. Some examples of coping strategies include talking to somebody, using medication, relaxing, going for a walk or exercising.

The following scale will help you identify the symptoms you have experienced recently and the coping strategies you use.

Persistent Symptom Assessment Scale

For each symptom you experience, please indicate how much distress it causes you. Also identify the coping strategies you already use for each symptom and how effective they are.

Type of Symptom	I experience this symptom		How much distress does this symptom cause? 1 = none at all 2 = a little distress 3 = moderate distress 4 = quite a bit 5 = extreme distress	Ways that I cope with this symptom	How effective am I at coping with this symptom? 1 = not at all effective 2 = a little effective 3 = moderately effective 4 = very effective 5 = highly effective
	No	Yes			
Depression			1 2 3 4 5		1 2 3 4 5
Anxiety			1 2 3 4 5		1 2 3 4 5
Hallucinations			1 2 3 4 5		1 2 3 4 5
Sleep problems			1 2 3 4 5		1 2 3 4 5
Low stamina/low energy			1 2 3 4 5		1 2 3 4 5
Worrisome thoughts			1 2 3 4 5		1 2 3 4 5

Developing strategies for coping with persistent symptoms can help people reduce stress and improve their quality of life.

Questions:

- What is an example of a situation when a persistent symptom interfered with doing something you wanted or needed to do?

- When you review the Persistent Symptoms Assessment Scale, which symptoms bother you the most? These are the symptoms that you and your clinician will work on together. You can use the list below to rank the symptom that you would like to work on first, second, etc.

  __ Depression
  __ Anxiety
  __Hallucinations
  __Sleep Problems
  __Low Stamina/low energy
  __Worrisome thoughts

After developing strategies for one or two symptoms, you and your clinician can review the list again to decide together what to work on next.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options to consider:

1. Share this handout with a family member or other supportive person. Let him or her know about persistent symptoms you have experienced. Find out whether he or she has observed any other persistent symptoms in you.

2. During the week keep track of the symptoms you experience to see which ones are most distressing. You can use the checklist that follows.

Symptom Monitoring Checklist

Directions: Make a check mark for each day that you experience a symptom. Next to the check mark use a number from 1 to 5 to rate how much distress this symptom caused you. Use the following rating scale:

1= no distress at all
2 = a little distress
3= moderate distress
4= quite a bit of distress
5= extreme distress

Symptom	Days of the Week (rate distress from 1-5 using scale above)						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Depression							
Anxiety							
Hallucinations							
Sleep Problems							
Low stamina, low energy							
Worrisome thoughts/ideas of reference							

Summary Points for Identifying the Symptoms that Bother You:

- *Some symptoms of psychosis become mild or go away with treatment.*
- *Some symptoms may persist, despite taking medication and receiving other types of treatment. It is not the person's fault.*
- *Once people identify persistent symptoms that bother them or get in the way, they can develop effective coping strategies so they can be less affected and can get on with their life.*

#2: Coping with Depression

Depression is when people have extremely low moods, when they feel very sad, “down,” or unhappy. These feelings occur despite not having a recent loss, or persist long after a loss, such as the death of a loved one. Depression affects not only feelings, but also thinking, sleeping, eating, and energy. In this handout you can learn to recognize depression and develop effective ways to cope with it.

What is depression?

People experience depression in a variety of ways. You can use the following checklist to identify the symptoms of depression that you have experienced.

Symptoms of Depression Checklist

Symptom	Example	I have felt this symptom
Sad mood	Everything seems dark and negative, feeling down or blue all the time, hard for anyone to cheer you up, sometimes a feeling of dread and anxiety	
Helplessness, hopelessness	Believing that you can’t accomplish things or make important changes in your life; feeling stuck, having no hope for the future, nothing seems worth striving for	
Low self-esteem	Feeling worthless, believing you aren’t capable or competent at anything, not feeling worthy of others people’s respect or love	
Preoccupation with death	Thinking you would be better off dead, suicidal thinking or attempts to hurt or kill yourself, thinking death is the only way to escape your pain	
Excessive guilt	Preoccupation with things you wish you had done or not done in the past, feeling guilty about your current life, taking responsibility for things that are beyond your control	

Loss of energy	Feeling tired throughout the day, lacking energy to get out of bed in the morning, requiring a lot of effort to get through even the simplest of activities, limited stamina	
Changes in appetite	Loss of appetite and losing weight OR eating all the time and gaining weight	
Sleep problems	Difficulty falling asleep, staying asleep or waking up early OR sleeping too much, like 10 or 12 or more hours per night	
Lack of pleasure	Reduced feeling of enjoyment when doing things you used to find fun, discontinuing pleasurable activities, nothing feels fun or worth doing	
Problems concentrating	Difficulty staying focused, easily distracted by things going on around you, problems making decisions, hard to concentrate on tasks at work, school or home	

All people feel some symptoms of sadness or depression sometimes, especially if something upsetting happens to them or someone they love. However, if strong sad feelings come up for no reason or linger long after an upsetting event has passed, it is depression that needs attention.

If you feel severely depressed or start thinking of hurting yourself or ending your life, you should contact your clinician or treatment team immediately or seek emergency services. Your safety is most important.

Although depression can interfere with enjoying your life, there are many coping strategies you can learn to improve your mood.

Questions:

- When you feel depressed, what words would you use to describe your feelings?
- What is an example of when depression got in the way of doing something that you wanted or needed to do?

What can you do to cope with depression?

There are many different skills for coping with depression. You may already be using one. However, it is usually a good idea to know at least two skills for coping with depression, so if one doesn't work in a certain situation, you have another one you can use.

As you read the following examples of some coping skills for depression, think about the ones that you currently use and choose one or two to try out or get better at using.

- **Talk to a supportive person** about your feelings. For example, you could talk to a friend, a family member, a staff member, or a roommate. When you talk to the person, use the following steps:
  - Look at the person.
  - Tell the person how you feel (for example, "sad" or "depressed" or "blue").
  - If there is a situation that is making you feel depressed, tell the person what it is.
  - Make a suggestion about what the person can do to help you feel less depressed or ask the person for his or her ideas about what to do.

- **Use relaxation techniques** to stay calm and to feel more hopeful. Examples of relaxation techniques are relaxed breathing, muscle relaxation or imagining a peaceful scene. These techniques were included in the Standard IRT module Education about Psychosis, in the handout "Coping with Stress." Your clinician can review these techniques with you now.

  Other relaxing activities include listening to music, taking a walk or drawing. To develop relaxation strategies, it is helpful to choose a place that is comfortable, and to select a strategy to try. At first, it is best to practice the strategy on a regular basis and at a time when you are free of distractions and not depressed. As you get better at using the strategy, it can be used to relax in more challenging and stressful situations.

- **Set goals for daily activities.** Start with one or two activities and gradually build up to a full schedule. Include something pleasant to do each day, even if

it's a small thing. This will give you something to look forward to. Ask people to join you in activities. You may be more likely to follow through with plans when someone else is involved. Also, it may be more enjoyable to do activities together.

- **Deal with a loss of appetite** by eating small portions of food that you like and taking your time. Some people find it helpful to eat small portions more frequently throughout the day.

- **Use positive self-talk.** When people feel depressed, they often have a lot of negative self-talk, like *"I'm no good"* or *"I have no future"*. Positive self-talk can combat negative self-talk by reminding yourself of your strengths, resiliency, and potential. You can say things to yourself like *"This may be a hard time, but I can get through this"* or *"I can handle this"* or *"There are lots of people who care about me and stand behind me"*. Remind yourself of steps you have accomplished. Do not focus on things that have gone wrong or mistakes you might have made.

- **Make a list of your positive characteristics**. As previously described, when people are depressed they often lack self-esteem and are overly critical of themselves. They frequently focus on their weaknesses and problems, and neglect to pay attention to and recognize their own strengths and personal qualities. Making a list of your strengths and reminding yourself of them on a regular basis can be useful in countering the excessive self-blame associated with depression. Earlier in IRT, you identified personal strengths when you were setting goals and when you completed the "Developing Resiliency – Standard Session Module". You can review with your clinician the strengths you identified then. After participating in NAVIGATE and completing more IRT modules, you may have also recognized that you have additional strengths. You can use the following list to check off the strengths you have now.
    - determination
    - creativity
    - caring for others
    - work skills
    - academic skills
    - empathy for others
    - knowledge about a particular topic
    - artistic talent

- mechanical talent
- sense of humor
- computer skills
- other:_______________________________________

- **Use Cognitive Restructuring.** When people are depressed, they often have self-defeating, inaccurate, or distorted thinking styles about themselves and the world. These thinking styles can contribute to and worsen depression. Recognizing self-defeating thinking styles can make you feel better and have a less bleak and better outlook on yourself and the world. You can combat inaccurate thinking styles by using the skill of Cognitive Restructuring (which was described in the Processing the Psychotic Episode module). You can learn (or review) the skill of Cognitive Restructuring in the Individualized IRT module "Dealing with Negative Feelings."

- **Exercise.** People who exercise regularly say that it improves their mood and energy level. Physical activity during the day also helps you sleep better at night and feel more rested. Some examples of moderate exercise include walking, biking, skateboarding, tennis, and swimming. Exercising with friends or joining an exercise class may be helpful, too, because it gives you more social support.

- **Talk to your doctor about medication.** Some people benefit from taking medication for depression. Talk to your doctor about whether an antidepressant medication might be helpful to you. As described in the Education about Psychosis module in the handout "Just the Facts: Medications for Psychosis," it is important to talk with your doctor about the pros and cons of taking any medication.

- **Identify things you used to enjoy or that you might enjoy doing and make a plan to start doing them again regularly, like once or twice a week.** It might be helpful to start off with small steps. For example, if you used to enjoy making complicated recipes, you could start off with a simple one. If you used to enjoy high speed computer games, you could start with one that is played at a more relaxed pace.

  It is important to make plans to participate in pleasurable activities, and to follow through on your plans, even if you don't feel like it at the time. Including

other people in pleasant activities can increase the chances that you will follow through. Because people with depression often have negative expectations about everything, they think activities will be less enjoyable than they actually are. Following through on plans can help you correct your belief that you can't have fun, and that life is hopeless.

Using the "Pleasure Predicting Worksheet" can help you test out your predictions about how enjoyable an activity will be. Many people find it helpful to use this worksheet, and they often find out that their negative expectations don't line up with their actual experiences once they go out and do something. They often become more optimistic about trying things and give themselves more chances to have a good time.

Pleasure Predicting Worksheet

Directions: Select one or more activities that you would like to try. Before doing an activity, predict how much you will enjoy it. After doing the activity, record how much you enjoyed it. Then compare your predictions with your actual experience.

Activity	How much will you enjoy this activity? (0% to 100%)	How much did you enjoy it? (1% to 100%)	Comments What is the relationship between the kinds of thoughts you had and the enjoyment you experienced? (Hint: Positive thoughts increase enjoyment)
1.			
2.			
3.			
4.			
5.			

You can learn skills to cope effectively with depression
and help you feel more confident.

Check it out

- ✓ Which of the skills do you already use to cope with depression?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills would you like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Depression

Directions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.

Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Talk to a Supportive Person			
Use Relaxation Techniques			
Identify things I might enjoy and make a plan to try them			

Use the "Pleasure Predicting Worksheet"			
Set goals for daily activities			
Use strategies for dealing with loss of appetite			
Use Positive Self-Talk			
Make a list of positive characteristics			
Use Cognitive Restructuring			
Exercise			
Talk to the doctor about medications			

Check it out

- ✓ Select one or two coping skills on the checklist that you would like to try and practice them with your clinician in the session. This will help you feel more confident in using the skill when you feel depressed.

- ✓ When you practice with your clinician, what goes well? What does not go so well?

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with depression is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with depression, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (which days, what time each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it out

- ✓ You can use the following sheet for making plans to implement coping strategies for depression.

Plan for Implementing Strategies for Coping With Depression

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

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for depression that you selected today. The more times you practice, the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?

2. Select one or more activities that you would like to try and practice using the "Pleasure Predicting Worksheet" included in this handout.

3. When you use a coping skill, evaluate how well it works. You can use the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, if you try using positive self-talk but forget what you wanted to say to yourself, try writing it down on a note card and keeping it in your wallet. Keep trying a strategy until you get something that works for you.

Depression Coping Strategy Evaluation Worksheet

Day of Week	Time, place, what was happening at the time	How depressed did you feel? 1 = not at all depressed 2 = a little depressed 3 = moderately depressed 4 = quite depressed 5 = extremely depressed	Coping Strategy that you tried	How depressed did you feel after using the coping strategy? 1 = not at all depressed 2 = a little depressed 3 = moderately depressed 4 = quite depressed 5 = extremely depressed
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Summary Points for Coping Strategies for Depression:

- *There are many effective strategies for coping with depression, including:*
  - *Talking to a supportive person*
  - *Using relaxation techniques*
  - *Setting small goals for daily activities*
  - *Optimizing your appetite by using tactics such as eating small portions*
  - *Using positive self-talk*
  - *Making a list of your positive characteristics*
  - *Using cognitive restructuring*
  - *Exercising*
  - *Talking to your doctor about medication for depression*
  - *Making a plan to start doing things that might enjoy, starting off small*

- *It is important to keep using the coping strategies you find helpful for coping with depression. The more regularly you use them, the more effective they will be.*

#3: Coping with Anxiety

Almost everyone feels anxious or worried some of the time because of life situations. However, anxiety can be problematic when it makes you feel uncomfortable or distressed or when it interferes with doing things that you want or need to do. This handout will help you recognize the symptoms of anxiety and develop effective strategies for coping with it. Anxiety is not just something you have to live with.

What is anxiety?

People experience anxiety in a variety of ways. You can use the following checklist to identify the symptoms of anxiety that you have experienced.

Symptoms of Anxiety Checklist

Symptom of Anxiety	I have felt this symptom
Worry • Preoccupied with thinking about bad things that might happen or that already have occurred • Constantly thinking about "what if. . ."	
Fear • Intense feelings of being scared or fearful to the point you can't focus on anything else	
Over-arousal • "Fight or flight" response • Racing heart, shortness of breath, muscular tension or headache • Shakiness, sweating • Feeling that you can't relax • Hypervigilant to potential risks	
Panic Attacks • Intense wave of anxiety or fear accompanied by extreme physical symptoms of arousal	

• Often occurs suddenly and appear to have no obvious provoking stimuli • Feeling like you are having a heart attack	
Agitation • Difficulty sitting still • Feeling like pacing or constantly moving around	
Difficulty concentrating • Difficulty focusing on important things such as work, school and relationships • Difficulty holding conversations because you are feeling distracted	
Avoidance • Avoiding situations that make you feel anxious, such as – social situations – leaving the house – going to work – going to school – doing something new – attending places or events that remind you of past upsetting events	

When anxiety is severe it can get in the way of doing activities. Some people may feel very anxious about certain situations and go to extremes to avoid them.

- *For example, Jake feels very anxious about talking to people, and stays in his room all the time. Staying in his room interferes with things that are important to him, like going out with his friends and taking steps towards getting a job.*

Questions:

- What is an example of a situation that makes you feel very anxious or worried? For example, do you get anxious in social situations, at work, at school, or leaving the house?

- What is it like when you feel anxious? Do you have physical or emotional signs when you are under stress? What are they?

What can you do to cope with anxiety?

There are many different skills for coping with anxiety. You may already be using one or more. However, it is usually a good idea to know at least two skills for coping with anxiety, so if one doesn't work in a certain situation, you will have another one you can use.

As you read the following list of coping skills for anxiety, consider which ones you use and think of one or two that you would like to try or get better at using.

- **Talk with a supportive person about your feelings.** For example, you could talk to a friend, a family member, a counselor, or a roommate. Anxiety is often related to specific concerns and problems, such as work, school, relationships, and important decisions people have to make. People can also be anxious related to uncertainty about their future.

  Talking things over can help you address concerns, identify practical solutions to problems, and make plans for achieving personal goals. In this way, talking to a supportive person can both reduce the symptoms of anxiety and sometimes address the causes as well. If you know something that will help you feel less anxious, ask the person to help you do it. If you don't know what to do, ask the person's advice about what you could do.

- **Use relaxation techniques** to stay calm, such as relaxed breathing, muscle relaxation or imagining a peaceful scene. These techniques were included in the Basic IRT Psychoeducation module, in the handout "Coping with Stress." Your clinician can review these techniques with you now.

  Other relaxing activities include listening to music, taking a walk or drawing. To develop relaxation strategies, it is helpful to choose a place that is comfortable, and to select a strategy to try. At first it is best to practice the strategy on a regular basis and at a time when you are free of distractions and not anxious. As you get better at using the strategy, it can be used to relax in more challenging and stressful situations.

- **Develop a plan to do something about the situation** that is making you anxious. Break down your plan into small steps.

    – *For example, Maria was anxious about completing a job application and kept putting it off. She decided to complete the first question of the application on Monday, the second question on Tuesday, the third question on Wednesday, etc. Another example is Daniel, who was nervous about calling his brother, whom he liked but had not seen in a while. He set up a time to call his brother on Saturday and then practiced with his father on Thursday and Friday about what he would say when he called.*

- **Develop a plan with a supportive person to gradually expose yourself to a situation that makes you feel anxious**, but is nonetheless safe. Sometimes people avoid situations that are frightening, even though they are actually safe. Fears may be related to upsetting events that have occurred in the past, or may be situations that just make the person nervous. For example, someone may be anxious about social situations, such as attending a new class or making conversation with co-workers. Or someone may feel anxious in situations that trigger memories of past upsetting or traumatic occurrences.

  Making a plan to gradually expose yourself to these safe but scary situations can help you overcome anxiety by learning that these situations don't really cause any actual danger.

  Here are some steps for gradually exposing yourself to a situation or activity that makes you anxious:

    1. Break down the situation or activity into small pieces.
    2. Start with exposing yourself to the smallest piece.
    3. Repeat this piece until you get comfortable.
    4. Add the next piece and practice it until you get comfortable.
    5. Continue this process until you feel comfortable with all the pieces of the situation or activity.
    6. Include a supportive person in the plan to make it easier to follow through.

Here's an example of how Carol overcame her fear of taking the bus.

- *Carol waited with her best friend Anna at the bus stop and watched people get on and off the bus on several occasions.*

- *After Carol became comfortable, she and Anna got on the bus together and got off at the first stop. They did this several times.*

- *After Carol got more comfortable, she and Anna took the bus together for several short trips.*

- *Later Carol took several more short bus trips, this time alone, with Anna or another friend waiting at her destination.*

- *Finally Carol took round trip bus trips alone, without anyone waiting for her at her destination.*

- **Exercise.** People who exercise regularly say that it improves their mood and energy level. Exercise can help people take their mind off what's worrying them and gives them a chance to focus on something more positive. Exercise also releases some "feel-good" brain chemicals like certain neurotransmitters and endorphins, and may also give you a chance to interact with others in a relaxed positive way. For example, even seeing a friendly smile as you walk around the neighborhood can help you feel more optimistic. Physical activity during the day helps you sleep better at night and feel more rested, which reduces stress and anxiety. Some examples of moderate exercise include walking, biking, skateboarding, tennis, and swimming. Exercising with friends or joining an exercise class may be helpful, too, because it gives you more social support.

- **Practice yoga and meditation.** Yoga and meditation are skills designed to relax the body and mind. Learning yoga or meditation take time and practice, but the payoffs can be big, both in terms of reducing anxiety and refreshing the body and mind. In most communities you can find a variety of different classes on yoga and meditation. In addition, you can use self-instructional programs, such as books, DVDs, CDs, websites, YouTube videos, and Wii games to learn yoga.

- **Use Cognitive Restructuring**. Sometimes the thoughts and feelings people have about a situation or activity are at the root of their anxiety. Learning to think and react differently to situations by using the skill called Cognitive Restructuring can be very helpful in reducing anxiety. You can learn (or review)

the skill of Cognitive Restructuring in the Individualized IRT module "Dealing with Negative Feelings."

You can learn skills to cope effectively with anxiety and help you feel more confident.

Check it out

- ✓ Which of the skills do you already use to cope with anxiety?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Anxiety

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.			
Coping Strategy	**I have tried this strategy**	**This strategy is helpful**	**I would like to try this strategy or use it more often**
Talk to Supportive Person			
Use Relaxation Techniques			
Gradually Expose Yourself to Feared but Safe Situations			
Exercise			
Yoga and Meditation			
Make a plan to do something about the situation that makes you anxious			
Cognitive Restructuring			
Other strategy:			

Check it out

- ✓ Select one or two coping skills on the checklist that you would like to try and practice them with your clinician in the session. This will help you feel more confident in using the skill when you are in the actual situation that makes you feel anxious.

- ✓ When you practice with your clinician, what goes well? What does not go so well?

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with anxiety is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with anxiety, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies for anxiety include:

- What coping strategy will you try?
- When can you try this skill next week (which days, when each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it out

- ✓ You can use the following sheet for making plans to implement coping strategies for anxiety.

Plan for Implementing Strategies for Coping with Anxiety

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

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for anxiety that you selected today. The more times you practice, the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?

2. When you are feeling anxious, try practicing a coping skill. Then evaluate how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, if you try listening to music to feel less anxious, but the type of music you select isn't relaxing, try a different kind of music the next time. Keep trying until you get something that works for you.

Coping Skills Evaluation Worksheet

Day of Week	Time, place, what was happening at the time	How anxious did you feel? 1 = not at all anxious 2 = a little anxious 3 = moderately anxious 4 = quite anxious 5 = extremely anxious	Coping Strategy that you tried	How anxious did you feel after using the coping strategy? 1 = not at all anxious 2 = a little anxious 3 = moderately anxious 4 = quite anxious 5 = extremely anxious
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Summary Points for Coping with Anxiety:

- *There are many effective strategies for coping with anxiety, including:*
  - *Talking to a supportive person*
  - *Using relaxation techniques*
  - *Gradually exposing yourself to feared by safe situations*
  - *Exercising*
  - *Making a plan to do something about the situation that makes you anxious (e.g., break down a difficult task into small steps)*
  - *Using Cognitive restructuring*

- *It is important to keep using the coping strategies you find helpful for coping with anxiety. The more regularly you use them, the more effective they will be.*

#4: **Coping with Hallucinations**

Hallucinations are hearing, seeing, smelling, tasting or feeling something when nothing in the environment actually caused that experience. The most common type of hallucination is hearing voices. Sometimes hallucinations are mild and easily ignored, but sometimes they are problematic, such as when they are loud or critical or threatening. These experiences of hallucinations can make people feel uncomfortable or distressed and may interfere with doing things that are important to them. This handout will help you recognize the symptoms of hallucinations and develop effective strategies for coping with them.

What are the symptoms of hallucinations?

People experience hallucinations in a variety of ways. You can use the following checklist to identify the symptoms of hallucinations that you have experienced.

Symptoms of Hallucinations Checklist

Symptom of Hallucination	**I have experienced this symptom**
Hearing a voice when no one is speaking • Hearing one or two voices talking to you or about you or whispering • Hearing a voice call your name • The voice may be positive (e.g., says, *"Good job"*) or negative (e.g., says, *"You're going to fail"* or *"You should hurt yourself"*) or neutral (e.g., making an observation about the weather)	
Hearing a sound, such as rustling or ringing, when there is nothing around to cause it	
Seeing something that is not there	

• Seeing a person, object or event that others do not see • The image may be positive (e.g., a friendly face) or negative (e.g., a threatening person or animal) or neutral (e.g., a book on a table)	
Smelling something that is not there • The smell may be positive (e.g., the scent of roses) or negative (e.g., the smell of sour milk) or neutral (the scent of newly-mown grass)	
Feeling a sensation from something that is not there • The feeling may be positive (e.g., like a light breeze on your face), or negative (e.g., like a pinch) or neutral (e.g., like a slight pressure on your foot)	
Tasting something that is not there • The taste may be positive (e.g., like sweet candy) or negative (e.g., like bitter lemon peel) or neutral (e.g., like a cracker)	

Although hallucinations can be upsetting, they are not always distressing. Sometimes people experience hallucinations that are positive in nature, and may even be soothing or encouraging. In these situations, there is no special need to cope with the hallucination, unless it distracts you from something else you want to focus on. When hallucinations are negative or intrusive, however, they can be upsetting. They can also be distracting and get in the way of doing activities, like going to work or school or interacting with other people.

Although hallucinations can interfere with enjoying your life, there are many effective coping strategies you can learn to decrease the amount of impact they have on you.

Questions:

- What is an example of a time when you experienced hallucinations? What type were they?

- What is it like when you experience hallucinations? Would you describe them as positive, neutral or negative?

What can you do to cope with hallucinations?

There are many different skills for coping with hallucinations. You may already be using one or more. However, it is usually a good idea to know at least two skills for coping with hallucinations, so if one doesn't work in a certain situation, you will have another one you can use. For example, on a bus you could listen to music on headphones to distract yourself from voices, but if you are on a job interview you would probably prefer to use a strategy such as positive self-talk.

As you read the following list of nine different coping skills for hallucinations, consider which ones you use and think of one or two that you would like to try or get better at using.

Normalization

People often feel very distressed by hallucinations, especially if they think that this is a highly unusual experience. However, it turns out that this is not the case. Hallucinations are actually relatively common. About 4-5% of people in the general population report hearing voices at some point in their lives. People can hear voices under a variety of circumstances, including when they are going to sleep or waking up, after a loved one has passed away, when they have a high temperature, and during extremely stressful events. People can also hear voices as the symptom of a number of different mental illnesses, including depression, bipolar disorder, and schizophrenia.

The most important thing to remember is that hearing voices is not as unusual as you might think, and that you are not alone in your experience. You can remind yourself of this fact by developing some statements to say to yourself to keep yourself calm and help yourself cope when you hear voices. Here are some examples:

- *"It's not completely abnormal to hear voices. Lots of other people do."*
- *"Hearing voices doesn't mean I'm crazy or dangerous. I'm in control of myself."*
- *"I'm going to stay calm and wait for this experience to pass."*

Distraction

Shifting the focus of your attention to something different can reduce hallucinations. People tend to have fewer hallucinations when they are involved in something that captures their attention and keeps it focused on something outside of themselves. Distractions that involve other sounds can be especially helpful for someone with auditory hallucinations. Some examples of activities that may be helpful in coping with hallucinations include:

- talking to someone
- listening to the radio
- using headphones to listen to music, such as on an ipod
- humming to yourself
- playing a game
- taking a walk
- watching something on TV
- playing a computer game

Reality Testing

People often know that hallucinations are not real, but sometimes they are unsure. One strategy is to check out your experience regarding a possible hallucination with someone you trust. For example when the mathematician John Nash was greeted by someone who wanted to talk to him about being awarded the Nobel Prize in Economics, he was uncertain as to whether this person was real or a hallucination. To check this out, he asked someone standing near him whether he saw the individual who was talking to him.

Sometimes it is helpful to have a way of evaluating whether a sensory experience is real or not aside from talking to other people. One person said that a helpful strategy was to see whether people's lips were moving when he heard voices. If he heard voices and no one's lips were moving around him, then he knew the voices were hallucinations. If he saw someone's lips moving while he heard the voices, then he knew that they were real.

Positive Self Talk

Practice saying positive things to oneself can help combat the negative content of hallucinations. Examples of positive self talk include:

- *"I'm not going to let those voices get to me."*

- *"I'm not going to believe those voices, I know I'm a good person; lots of people tell me so."*

- *"Hang in there; these voices can't control me."*

Positive self talk can be especially powerful when it helps you challenge your beliefs that the hallucinations, especially hearing voices, have power over you. For example:

- *"Those voices think they are so important, but they can't control me. I am in control of myself."*

- *"Those voices don't even have a body. How do they think they can control me when they don't even physically exist?"*

- *"I am going to put those voices in their place: I am the one in charge, not them."*

You can find more suggestions for challenging your beliefs about voices in the Advanced IRT module "Dealing with Negative Feelings."

Relaxation Techniques

Sometimes hallucinations occur more often or are more severe during times of stress. Using relaxation techniques can reduce the distress or severity of hallucinations. Examples of relaxation strategies include:

- practicing relaxed breathing
- doing muscular relaxation exercises
- imagining a pleasant or peaceful scene
- spending time in a peaceful place, such as nature
- listening to music

Several of these techniques were included in the Standard IRT module, Education about Psychosis, in the handout "Coping with Stress," which your clinician review with you now.

Acceptance/Mindfulness

Acceptance involves accepting the fact that people can't control everything that goes on in their minds, including hallucinations. The purpose of acceptance is not to give up; rather, the goal of acceptance is to avoid actively fighting hallucinations, and instead to accept their presence, while at the same time not allowing them to rule your life or interfere with your ability to achieve your goals.

When using acceptance-based strategies, the point is to acknowledge the hallucination without giving it undue attention. Attempts to ignore or actively suppress hallucinations are often unsuccessful, and can sometimes even make them worse. Accepting the hallucination, and "just noticing it" without focusing extensively on it, is a useful way of minimizing the impact upon the individual. It is sometimes described as "putting the voices on the back burner". For example, one person said that when he hears voices he doesn't put himself "in the listening position". That is, he hears the voices but doesn't pay attention to what they say. Another example is a client who likes to humorously "thank his brain" when he has a hallucination, and then go on with what he was doing before.

Cognitive Restructuring

When people experience hallucinations, they often have self-defeating, inaccurate, or distorted thinking styles about themselves and the world. These thinking styles can make hallucinations worse. For example, some people believe that the critical voices are right and feel down about themselves. Or they believe that the voices have some power over them. You can combat inaccurate thinking styles by using the skill of Cognitive Restructuring. You can learn (or review) the skill of Cognitive Restructuring in the Advanced IRT module "Dealing with Negative Feelings".

Talking to your doctor about medication

Some people benefit from a change in their medication, either in the amount or type they take. Talk to your doctor about whether a change in your medication might be helpful to you. You can find more information about talking to your doctor in the Standard IRT module, Education about Psychosis, in the handout "Just the Facts: Medications for Psychosis".

You can learn skills to cope effectively with hallucinations and decrease their impact on your enjoyment of life and ability to do things.

Check it out

- ✓ Which of the skills do you already use to cope with hallucinations?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Hallucinations

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.

Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Normalization			
Distraction			
Reality Testing			
Positive Self-Talk			
Relaxation Techniques			

Acceptance/mindfulness			
Cognitive Restructuring			
Talking to doctor about medication			
Other strategy:			

Check it out

- ✓ Select one or two coping skills on the checklist that you would like to try that you can practice in the session with your clinician. This will help you feel more confident in using the skill when you are actually in a situation when you experience hallucinations. For example, you could practice a relaxation technique or using positive self-talk.

- ✓ Select one or two coping skills on the checklist that you would like to try that you can plan in the session how to implement. For example, for the strategy of distraction, you can plan with your clinician what kind of activity you would like to use to distract yourself and what kind of supplies you might need (e.g., headset to listen to music, puzzle to put together, comfortable shoes for taking a walk).

- ✓ When you practice with your clinician, what goes well? What does not go so well?

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with hallucinations is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with hallucinations, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become

familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (which days, when each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it out

✓ You can use the following sheet for making plans to implement coping strategies for hallucinations.

Plan for Implementing Strategies for Coping with Hallucinations

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

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for hallucinations that you selected today. The more times you practice the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?

2. When you experience a hallucination, try practicing a coping skill. Then evaluate how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, if you try listening to music on your I Pod to distract you from hearing voices, but the type of music you select isn't engaging, try a different kind of music the next time. Keep trying until you get something that works for you.

Hallucinations Coping Strategy Evaluation Sheet

Directions: This week when you experience a distressing hallucination try a coping strategy and record the results below. If you do not experience any hallucinations this week, try out the coping strategy a few times anyway to get more practice and to increase your confidence in using the skill if the situation arises.

Day of Week	Time, place, what was happening at the time	How distressed did you feel? 1 = not at all anxious 2 = a little distressed 3 = moderately distressed 4 = quite distressed 5 = extremely distressed	Coping Strategy that you tried	How distressed did you feel after using the coping strategy? 1 = not at all distressed 2 = a little distressed 3 = moderately distressed 4 = quite distressed 5 = extremely distressed
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Summary Points for Coping with Hallucinations:

- *There are many effective strategies for coping with hallucinations, including:*
  - *Normalization*
  - *Distraction*
  - *Reality Testing*
  - *Relaxation Techniques*
  - *Acceptance/Mindfulness*
  - *Using cognitive restructuring*
  - *Talking to your doctor about medication*

- *It is important to keep using the coping strategies you find helpful for coping with hallucinations. The more regularly you use them, the more effective they will be.*

#5: Coping with Sleeping Problems

Sleeping problems are very common. However, they can interfere with getting a good night's rest, which in turn can affect your energy and concentration the next day. The most common type of problems is either sleeping too much or too little. Sometimes sleep problems are only occasional or only have a small effect on people. However, sometimes difficulties with sleeping can cause distress and interfere with your ability to enjoy life or carry out important activities, like working or going to school or having a social life. This handout will help you identify problems related to sleeping and develop effective strategies for coping with them.

What are the main types of sleeping problems?

People experience sleeping problems in a variety of ways. You can use the following checklist to identify the types of sleeping problems that you have experienced.

Types of Sleeping Problems Checklist

Sleep problem	**I have experienced this problem**
Difficulty falling asleep • Persistently thinking about the problems of the day • Thinking about things that have gone wrong • Worrying about the future • After lying awake for some time, worrying about not getting enough sleep and being able to function the next day	
Problems staying asleep or waking up early • Able to fall asleep, but waking up in the middle of the night and having trouble going back to sleep • Waking up far earlier than you want, such as 4 p.m. or 5 p.m., and not being able to get back to sleep	

Sleeping too much • Sleeping many hours every day, such as over 10 or 12 hours • Sleeping becomes a way of escaping the problems of life • Spending more time sleeping than awake	
Feeling tired despite sleeping • Taking a long time to wake up in the morning, despite having slept a reasonable amount • Having limited energy, becoming easily tired throughout the day, even though you had a full night's sleep • Not feeling rested and refreshed after sleeping	
Decreased need for sleep • Having a change in your sleeping pattern so that you seem to need much less sleep than before • Being the kind of person who used to sleep 7-8 hours and suddenly needing only 2-3 hours to feel rested and energized • Not being distressed yourself by having only a few hours sleep, but others around you see it as a problem	

Although sleeping problems can interfere with enjoying your life or doing activities that are important to you, you can learn many ways to improve your ability to get a good night's sleep.

Questions:

- What is an example of a time when you experienced sleeping problems? What type were they?

- What is it like when you experience sleeping problems? How does it affect you the next day?

What can you do to cope with sleeping problems?

A variety of coping strategies can be used to help you get a restful, full night's sleep. Some of these strategies involve changing habits, and therefore may take some time and practice to get consistent and positive results.

As you read the following list of coping skills for sleeping problems, consider which ones you use and think of one or two that you would like to try or get better at using.

Developing Good Sleep Hygiene

"Sleep hygiene" refers to the habits that people have around their sleeping. Good sleep hygiene includes habits or routines that help a person get a full night sleep on a daily basis. The core elements of good sleep hygiene include the following:

- Go to bed and get up at the same time every day, regardless of how much sleep you got the night before.
- Choose something relaxing to do at least 30 minutes before bed (such as reading a book, taking a bath or warm shower, or listening to music).
- Avoid drinking anything with caffeine after 3 p.m.
- Avoid smoking for several hours before going to bed.
- Don't watch anything on TV that might be exciting or upsetting before going to bed.
- Avoid talking about upsetting topics with other people before going to bed.
- Avoid napping during the day, even if you didn't sleep well the previous night.
- Avoid spending more than 30 minutes at a time lying in bed trying to get to sleep; instead, get up and go into another room and do something relaxing.
- Exercise during the day so that you will feel tired at night.
- Take medications as prescribed.

Coping with Excessive Worrying

Excessive worrying can interfere with sleep. People may lie in bed for many hours worrying about the past or the future. Worry can be a particular problem for

people when they are going through changes in their lives and feel that there are many uncertainties involved.

One helpful strategy for dealing with excessive worry is to schedule a daily time devoted just to worrying as follows:

- Set aside some time each day just to worry, e.g., 15 to 30 minutes.
- Set aside the same time every day, but not just before you go to sleep.
- During this time, focus on your worries; it may be helpful to write them down.
- After writing down different worries that you have, brainstorm possible solutions for them and write them down.
- Consider getting input about your worries and possible solutions for them from other supportive people.
- From your list of possible solutions, try choosing one and carrying out one or two steps towards this solution; write down what happens.
- When you are lying in bed and start to worry, remind yourself that you have a special time every day for worrying. You can also practice mindfulness and just notice the worries and then move on to something else (e.g. something pleasant).
- Over time, you can gradually feel more control over your worries and spend less time on them throughout the day and at bedtime.
- If you continue to have problems with worrying, you can find additional ideas in the "Coping Strategies for Anxiety" handout in this module.

Talking with Your Doctor about Not Feeling Rested

It is important to talk to your doctor about sleep problems. He or she may be able to adjust your medication or the time that you take your medications to help you sleep better. Also, it is important to evaluate whether you might have a sleep

disorder, such as apnea. When people have sleep apnea, they usually snore very loudly and periodically wake up briefly throughout the night because their breathing becomes obstructed. This can happen up to hundreds of times during a night without the person being aware of it. There are effective treatments for sleep apnea, including both machines to help people breathe freely during sleep as well as surgical procedures.

Coping with Sleeping Too Much

Sleeping too many hours of the day (such as 10 or more) can be a sign of sleep apnea, as described above. It can also be a sign of boredom or feeling discouraged that there's nothing worth getting up for. If that's your situation, you can start by making a plan for each day so that you have some structure in your day, including both responsibilities and fun things. You can find additional ideas for coping with boredom and finding activities in the IRT Individualized Module, "Having Fun and Developing Good Relationships." Sleeping too much can also be a sign of depression. It is important to talk to your doctor if you are feeling sad or hopeless; he or she can evaluate whether you might be experiencing depression. There are many effective treatments for depression and many coping strategies that can help you feel better. You can find more information in the handout for "Coping with Depression" in this module.

> You can learn skills to cope effectively with sleeping problems and decrease their impact on your enjoyment of life and ability to do things.

Check it out

- ✓ Which of the skills do you already use to cope with sleeping problems?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Sleeping Problems

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.			
DEVELOPING GOOD SLEEP HYGIENE			
Coping Strategy	**I have tried this strategy**	**This strategy is helpful**	**I would like to try this strategy or use it more often**
Go to bed and get up at the same time			
Exercise during the day so you will be tired at night			
Do something relaxing before bed			
Avoid caffeine in the evening			
Avoid napping during the day			
COPING WITH EXCESSIVE WORRY			
Coping Strategy	**I have tried this strategy**	**This strategy is helpful**	**I would like to try this strategy or use it more often**
Set aside a specific time to worry every day			
Write down worries and possible solutions			

Talk to a supportive person and get their ideas about problems worrying you			
Practicing mindfulness			
TALKING WITH YOUR DOCTOR			
Coping Strategy	**I have tried this strategy**	**This strategy is helpful**	**I would like to try this strategy or use it more often**
Ask your doctor about how medications may be affecting your sleep			
Explore the possibility with your doctor of adjusting your medication or the time you take it			
Ask your doctor about getting an evaluation for sleep apnea			
COPING WITH SLEEPING TOO MUCH			
Coping Strategy	**I have tried this strategy**	**This strategy is helpful**	**I would like to try this strategy or use it more often**

Get more structure in your day			
Include a balance of responsibilities and fun activities in your daily schedule			
Talk to your doctor about getting an evaluation for depression			

Check it out

- ✓ Select one or two coping skills on the checklist that you would like to try and talk with your clinician about what would be involved in putting the strategy into practice. For example, if you would like to develop a more regular sleep routine, discuss your ideas about a good time for routinely going to bed and waking up. If you would like to start keeping a dream journal, explore where you could purchase the journal, when you would write in the journal, who you might talk to about the dreams you are having.
- ✓ Practice with your clinician strategies that involve talking to another person, such as talking to a supportive person about your worries or talking to your doctor about getting an evaluation for a sleep disorder.

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with sleeping problems is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with sleeping problems, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (which days, when each day)?

- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it out

✓ You can use the following sheet for making plans to implement coping strategies for sleeping problems.

Plan for Implementing Strategies for Coping With Sleeping problems

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

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for sleeping problems that you selected today. The more times you practice the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?

2. Try evaluating how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, if you try going to sleep regularly at 10 p.m. and getting up at 6 a.m., but find that those hours keep you from socializing with friends, try going to sleep at midnight and getting up at 8 a.m. Keep trying until you get a routine that works for you.

Sleeping Problems Coping Strategy Evaluation Sheet

Directions: This week try at least one coping strategy for sleep problems and record the results below.

Day of Week	What sleep problem did you experience? (e.g., difficulty falling asleep or staying asleep, sleeping too much, wakened by nightmares, sleepy during the day	How distressed did you feel? 1 = not at all distressed 2 = a little distressed 3 = moderately distressed 4 = quite distressed 5 = extremely distressed	Coping Strategy that you tried	How distressed did you feel after using the coping strategy? 1 = not at all distressed 2 = a little distressed 3 = moderately distressed 4 = quite distressed 5 = extremely distressed
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Summary Points for Coping with Sleep Problems:

- *Sleep problems are very common.*

- *A good first step for coping with sleep problems is to develop good sleep hygiene, including:*
  - *Gong to bed and getting up at the same time.*
  - *Exercising during the day.*
  - *Doing something relaxing before bed.*
  - *Avoiding caffeine in the late afternoon and evening.*
  - *Avoiding napping during the day.*

- *If excessive worry keeps you from sleeping well, you can use strategies such as:*
  - *Setting aside a specific time to worry every day.*
  - *Writing down your worries and possible solutions.*
  - *Talking to a supportive person to get their ideas for addressing some of your worries.*

- *If you have problems with sleeping too much, you can try getting more structure in your day and including a balance of responsibilities and fun in your daily schedule.*

- *It is important to talk to your doctor about sleep problems to explore whether your medications may be affecting your sleep and whether you might have a sleep disorder called apnea. Your doctor may also want to evaluate whether symptoms of depression may be contributing to sleep problems.*

#6: Coping with Low Stamina or Energy

Stamina refers to having the kind of physical or mental energy that allows people to do something for a relatively long time period. When people have low stamina, they often find it difficult to get on with life, such going to school, working, having rewarding relationships, and even having fun. Sometimes having low stamina is also connected to lacking interest or pleasure in things. That is, sometimes people have the feeling that activities don't seem *worth* the energy of pursuing or spending time on them. This feeling may exist even if people know the activity is important or used to enjoy it in the past.

This handout will help you identify problems related to low stamina and help you develop strategies for increasing your stamina and energy level.

What are the main types of problems with low stamina?

People experience stamina problems in a variety of ways. You can use the following checklist to identify the types of problems that you have experienced.

Stamina Problems Checklist

Directions: Check off whether or not you experience the following problems with stamina.

Is this a problem for you?	**Yes**	**No**
Feeling slowed down and having little energy		
Needing a great deal of energy to start an activity		
Getting tired or fatigued more easily than in the past		
Needing a lot of rest to recover after an activity		

Difficulty finishing something that you start		
Trouble following through with personal hygiene (like brushing your teeth, showering, combing your hair, using deodorant, changing clothes)		
Believing that you won't enjoy something, so it's not worth the energy (fun activities, work, school, taking care of yourself or your environment)		
Believing that many activities simply require more than energy than you have		

Questions:

- Which of the problems with stamina or low energy have you experienced?
- What is an example of a time when low stamina or low energy interfered with something that you wanted to do?
- If you had more stamina or energy, what are one or two things you would like to accomplish (such as in the areas of school, work, relationships, having fun, etc)?

Although stamina problems can interfere with enjoying your life or doing activities, you can learn many ways to increase your stamina.

What can you do to cope with stamina problems?

It is common for people who are inactive to get drawn into a vicious cycle of continued inactivity because the mind and body become under stimulated, and activity takes increasingly more effort. In other words, sometimes the less people do, the less energy they have and the less they feel like doing things. Instead of a lot of free time being fun and relaxing, it becomes empty and boring. People can even begin to believe that they *can't* do things even though they haven't tried.

To break out of the cycle of low energy and stamina, you can learn to use a variety of coping strategies. Some of these strategies involve starting with breaking down activities into very small steps. When you get comfortable with one or two small

steps, you can gradually add on more steps or do things for longer time periods. It may take a while, but if you persist and keep trying, you will get positive results.

As you read the following list of strategies for coping with stamina problems, consider which ones you use already and think of one or two that you would like to try or get better at using.

Strategies for low stamina or low energy:

Develop a daily schedule:

- Schedule a regular time for getting up and going to bed.
- Plan consistent meal times.
- Schedule a balance of fun activities and responsibilities.
- Try scheduling activities when you feel most rested and optimistic; for example, are you a "morning person" or a "night person"? Do you have more energy before or after a meal?
- Consider using an alarm clock to wake you up in the morning.
- Before going to bed at night, review your schedule, especially noting one fun thing to look forward to and one accomplishment you can achieve the next day.

Here is a form you can use for setting up a basic schedule for the week.

Weekly Activity Schedule for the Week of: ___________________

Directions: Write down what you plan to do each day and when you plan to do it. You can also use it to check off the activities or tasks that you complete.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sunday
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 noon							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							
midnight							

Break down activities into small steps

Select an activity that is important to you, but not too demanding:

- Break down the activity into very small steps.
- Begin by doing the first one or two steps involved in the activity.
- Reward yourself for doing the first few steps.

- When you feel comfortable doing the first few steps, add another one or two more.

- Reward yourself for doing the additional steps, add another one or two, and so on.

- For example, if you want to start reading magazine articles again, you can start by reading a paragraph, then asking yourself the main point of that paragraph. After several days of reading a single paragraph, you will gradually get more comfortable. When you get comfortable reading a paragraph and quizzing yourself, try reading two paragraphs. When you get comfortable with two paragraphs, try reading a whole page, then a few pages. Gradually you will be able to read an article with ease.

Gradually increase your schedule to include longer or more activities

- Start with a simple schedule that includes a balance of responsibilities (like doing homework after taking out the trash) and fun things (like playing a computer game after doing your laundry).

- As you gain confidence in brief activities, gradually plan longer ones; 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 little farther away, like a park.

- As you get more confident in an activity, add another step; for example, after walking in your neighborhood and at a local park, you could try going on a walk at a nature center.

- As you gain stamina in an activity, explore new interests and make a plan to try out one or two; for example, after building up stamina in walking you could consider asking a friend to try the climbing wall at a local gym.

Build in rewards for yourself

- Check off activities on your schedule, calendar or daily list, to note your achievement.

- Try doing a new activity at the same time as something you know you already enjoy (for example, if you already like going to the comic book store, try walking to there to get some exercise).

- Give yourself a reward for taking even small steps. For example, after going for a walk for the first time, stop by your favorite music store to browse.

- Talk to a friend or family member about what you have accomplished (for example, tell your brother that you finished a difficult level of a computer game or tell your co-worker that you completed a work task in record time).

Use reminders

- Program your cell phone or set your alarm clock to ring when it's time for an activity.

- Write your plans on a paper calendar, or enter them on a computer calendar or PDA.

- Consider posting a written daily or weekly schedule so that you can review it easily.

- Put post-it notes where you are likely to see them (such as on your mirror, on your computer, on the door to your room).

- Post a photograph or drawing of the activity or accomplishment you want to do, from the internet, the newspaper, or a magazine, as an inspiration (for example, a photo of a guitar if you want to start playing one again, of a nature trail if you want to start hiking again, or of a neat apartment if you want to keep yours that way).

Exercise

- Keep in mind that if you feel fatigued or have low energy, research has shown that doing some light exercise can *increase* your energy level, not decrease it.

- Engage in regular exercise (for example, daily or every other day) to increase your energy in the long run.

- Start off with small amounts of exercise, and gradually build up to doing a little more each day. For example, if you wanted to return to lifting weights over the course of several weeks, you could start with 3 daily repetitions of 5 pound weights for a week, building up to 5 repetitions, then 10 repetitions, and gradually increasing the weight from 5 pounds to 7 pounds to 10 pounds.

Challenge your beliefs

- Keep in mind that people often overestimate how much energy that an activity will take or how fatigued they will feel.

- Do experiments to test out your beliefs about how much you will enjoy something. For example, if you believe that you won't enjoy art any more, rate how much enjoyment you think you will get from drawing for 5 minutes, using a scale of 0% (no enjoyment at all) to 100% (complete enjoyment). Put your rating away. Try drawing for 5 minutes, and then rate your actual enjoyment. Bring out your previous rating and see what the difference is. If you enjoy something more than you thought, try it again, then consider gradually increasing the amount of time that you spend on the activity.

- Do experiments to test our how tired an activity will make you. For example, if you think that taking a shower will make you too tired, rate how energetic you think you will be if you take a short (3-5 minutes) shower, using a scale of 0% (not at all energetic) to 100% (very energetic). Put your ratings away. Then take a shower and rate actual energy after showering. Bring out your previous rating and see what the difference is. If an activity leaves you with more energy than you thought, try it again, and then consider gradually increasing the length of the activity or the intensity of it.

- Use positive self-talk to counter the negative beliefs about your stamina or energy. Try saying things to yourself, *"Walking to the post office will take some energy, but I have done it in the past and I know I can do it again"*.

Use cognitive restructuring

- If you find that you have persistent negative beliefs about your stamina (for example, *"I have no energy so I can't do anything"* or *"If I do anything it will completely wear me out"*), consider learning (or reviewing) the skill of cognitive restructuring in the Individualized IRT module "Dealing with Negative Feelings".

- Keep in mind that you can learn to recognize and combat inaccurate, self-defeating thinking styles using cognitive restructuring with your clinician.

Use the buddy system

- Ask a friend or family member to join you in an activity. People are more likely to follow through with an activity when someone else is counting on them.

- People report that activities seem more fun and take less energy when they do them with other people.

- Talking with someone while doing an activity tends to make people more focused on conversation and less focused on their energy level.

- Doing an activity with someone gives you something in common.

Make sure you are getting enough rest

- If you having difficulty getting a good night's sleep, see the strategies in this module for "Coping with Sleeping Problems".

- Talk to your doctor if you have a low mood in addition to low energy. This may be a sign of depression, which your doctor can evaluate.

Talk to your doctor about medications

- Side effects of some medications include sleepiness and fatigue. Talk to your doctor about the side effects of the medications you are taking and ask for his or her suggestions.

- Sometimes the timing of medications can make a difference. Talk to your doctor about whether taking some of your medications at night could give you more energy during the day.

You can learn skills to build up your stamina and increase your ability to do things and enjoy life.

Check it out

✓ Which of the skills do you already use to cope with stamina problems?

✓ How often do you use them? How helpful are they?

✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Stamina Problems

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.

Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Develop a daily schedule and follow it			

Break down activities into small steps			
Gradually build up your schedule to include longer or more activities			
Build in rewards for yourself			
Use Reminders			
Exercise			
Challenge your beliefs			
Use Cognitive Restructuring			
Use the buddy system			
Make sure you are getting enough rest			
Talk to your doctor about medications			

Check it out

- ✓ Select one or two coping skills on the checklist that you would like to try and talk with your clinician about what would be involved in putting the strategy into practice. For example, if you would like to try the strategy of developing a basic schedule you can use the "Weekly Activity Schedule" with your clinician to set up a simple daily schedule with regular times for getting up, eating meals, and going to bed. Or you can talk to your clinician about setting up reminders for yourself to follow through with your activities.

- ✓ Practice with your clinician any strategies that involve talking to another person, such as asking a friend or family member to join you in an activity.

- ✓ Practice challenging your beliefs with your clinician. For example, if you believe, *"I have no energy, therefore I can't do anything"*, you can look for the evidence for and against this belief.

- ✓ Practice breaking down an activity or task into small steps with your clinician.

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with stamina problems is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with stamina problems, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (which days, when each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it out

- ✓ You can use the following sheet for making plans to implement coping strategies for stamina problems.

Plan for Implementing Strategies for Coping With Stamina Problems

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

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for stamina problems that you selected today. The more times you practice the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?

2. Try evaluating how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, you might choose to try the strategy of doing exercise to improve your energy. If you feel overtired after the bike ride, try planning a shorter or less strenuous route for next time. Keep trying until you get a routine that works for you.

3. Use the Weekly Activity Schedule form provided earlier in this handout to develop a schedule for the week that includes the basics (regular times for going to bed and getting up; regular times for meals) and at least short activity per day.

Stamina Coping Strategies Evaluation Sheet

Directions: This week try at least one coping strategy for increasing your stamina and energy and record the results below.

Day of Week	Coping strategy that you tried	How effective was this strategy in increasing your stamina or energy? 1 = not at all effective 2 = a little effective 3 = moderately effective 4 = quite effective 5 = extremely effective	Notes or comments
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

Summary Points for Coping with Low Stamina or Energy:

- *There are many effective strategies for coping with low stamina or energy including:*
  - *Developing and following a daily schedule*
  - *Breaking down activities into small steps*
  - *Gradually building up your schedule to include longer or more activities*
  - *Building in rewards for yourself*
  - *Using reminders like calendars, cell phones, and post-it-notes*
  - *Exercising*
  - *Challenging negative beliefs about your energy or stamina*
  - *Using cognitive restructuring*
  - *Using the buddy system*
  - *Making sure you get enough rest*
  - *Talking to your doctor*

- *It is important to keep using the coping strategies you find helpful. The more regularly you use them, the more energy and stamina you will have.*

7: Coping with Worrisome Thoughts

Having worrisome or troubling thoughts is a common problem that people sometimes have when they have experienced psychosis. One common type of worrisome thought is called "ideas of reference", which means that people think that something or someone is referring to them or giving them special messages. Another common type of worrisome thought is when people think that someone is out to give them a hard time or hurt them in some way. Both types of worrisome thoughts occur when there may be little or no evidence to support them. Worrisome thoughts can be unsettling and make people feel on edge.

The purpose of this handout is to review the nature of worrisome thoughts, to teach you to recognize if you experience them, and to give you some coping strategies for dealing with them so you can get on with your life and enjoy yourself more.

What are some examples of ideas of reference?

Sometimes people may have a lot going on and may be under stress for a variety of reasons, including having experienced some of the symptoms of psychosis. At such times, it can be difficult for people to figure out how to interpret certain things that they see or hear. They may come to quick conclusions about something that they have very little information about. Sometimes psychosis can influence people's thinking by causing them to think that something or someone is referring to them, even though there may be several other more likely explanations. This is called having "ideas of reference" and this may have happened to you.

One of the best ways to understand ideas of reference is to read some examples. The following are quotations from people who have experienced ideas of reference:

- *"When I passed Ben and Marcie in the hall, they were talking to each other and giggling. I couldn't hear anything that they were saying but I got this strong vibe that they were laughing about something I had done."*

- *"When I was listening to the radio, I heard a song about a broken heart. I thought that song must definitely refer to me, since my girlfriend just broke up with me. The D.J. decided to play that song on purpose for me to hear."*

- *"I was watching a sitcom on TV. Some of the characters had things in common with me, and I got a gut feeling that this show was actually referring to my life and was about me."*

- *"When I picked up a magazine in the waiting room, there was an article about taking vacations in Montana. My family lives in Montana. That article was written especially for me to read to make me feel guilty about not spending more time with my family."*

- *"There was an extra clicking sound on my telephone when I picked it up to make a call. I think that only happens to me and that it means my phone is being tapped."*

- *"When I sat down on the subway, there was an advertisement for mouthwash directly across from me where I couldn't miss it. It was no coincidence. That ad was meant to give me a message that I have bad breath and that no one wants to be in a relationship with me."*

- *"I was taking a walk in the park one day and stopped to tie my shoe. I saw three sticks on the path that made the shape of an arrow. I thought there was no way those sticks could be there by accident. The arrow was directing me to turn back on the path."*

- *"I saw three license plates in a row that had the number 3 in them. To my way of thinking, that was a message to remind me of the holy trinity, Father, Son, and Holy Ghost, and that I should get to a church as soon as possible."*

Questions:

- Do any of these experiences sound familiar to you?

- How would you describe what happened to you?

Identifying your experiences with ideas of reference

Having ideas of reference is quite common, but each person experiences them in different ways. You can use the following checklist to identify the types of experiences you have had.

Ideas of Reference Checklist

Common Idea of Reference	**I have experienced something like this**
• Thinking that people are talking about you	
• Thinking that someone on radio or television is talking about you or speaking directly to you	
• Thinking that a television show or song is about you	
• Thinking that something you see or hear is a special sign meant just for you	
• Seeing special meaning in the arrangement of objects	

It is important to know that you are not alone if you have these kinds of thoughts. Often these thoughts may be quite fleeting, and you can quickly move on to thinking and doing something else. Sometimes they may last longer, however, and can interfere with your enjoyment of life. The good news is that there are lots of strategies later in this handout that you can learn to cope with worrisome thoughts so they don't get in your way.

Questions:

- Review the checklist above and identify an idea of reference that you have had. What were you thinking at the time? What was happening around you? What did you do?
- What is an example of when an idea of reference interfered with something you wanted to do? For example, when did a worrisome thought get in the way of your doing something related to school, work, or friendships?

What are some examples of people thinking that others are trying to give them a hard time?

As described above, sometimes when people have experienced psychosis and are under stress, it can be difficult for them to figure out how to interpret certain things that they see or hear. This can lead them to having ideas of reference, when they think that something or someone is referring to them, even when they are not. In a similar way, sometimes psychosis can influence people's thinking by causing them to think that an individual or a group of individuals are out to give them a hard time, even though there may be several other more likely explanations. This may have happened to you.

Here are some examples of quotations from people who have thought that others were trying to give them a hard time:

- *"I thought that when I went out, my roommate was moving my stuff so I couldn't find things I was looking for."*
- *"I thought that the people who worked in the convenience store were plotting to sell me food that was past its expiration date."*
- *"I thought that the police were keeping me under surveillance for a crime I didn't commit."*
- *"When I ate dinner at home, my food tasted funny, and I thought maybe my Mom was putting something in it."*
- *"I thought the librarian put a GPS device in one of the books I checked out and was tracking my whereabouts."*
- *"I thought people were following me when I got off the bus."*
- *"I kept doing stuff that got me in trouble, and I thought that there was some kind of chip implanted in my tooth by the government that was controlling my behavior."*

- *"People could read my mind and turn my thoughts against me."*

- *"My teachers all assigned big projects at the same time so that I would fail."*

Questions:

- Do any of these experiences sound familiar to you?

- How would you describe what happened?

Identifying your experiences with thinking that others are out to give you a hard time

Thinking that others are out to give you a hard time is quite common among people who have experienced psychosis, but each person has his or her own experience. You can use the following checklist to identify the types of experiences you have had.

A Checklist for Thinking that Others Are Out to Give You a Hard Time

Common Experience	**I have experienced something like this**
• Thinking that someone is out to get you	
• Thinking that you are being followed or are under surveillance	
• Thinking that someone is putting thoughts in your head or is taking thoughts out of your head	
• Thinking that there is a group of individuals or an organization that means to harm you or your reputation	
• Thinking that people in a public place want to annoy you or give you a hard time	

• Thinking that another person or some kind of mechanism or machine can read your thoughts or control your mind or your actions	

It is important to know that you are not alone if you have these kinds of thoughts. Like ideas of reference, these thoughts may be quite fleeting, and you can quickly move on to thinking and doing something else. Sometimes they may last longer, however, and can interfere with your enjoyment of life. A little later in this handout you will find lots of strategies that you can learn to cope with these kinds of thoughts so they don't get in your way.

Questions:

- Review the checklist above and identify an experience when you thought others were out to give you a hard time. What was happening? What were your thoughts? What did you do?

- What is an example of when your thinking that others were out to give you a hard time interfered with something you wanted to do? For example, when did this kind of thought get in the way of your doing something related to school, work, or friendships?

Ways of Coping with Worrisome Thoughts

A variety of coping strategies can be used to help you cope effectively with both kinds of thoughts that people find worrisome: ideas of reference and thinking that people are out to give them a hard time. As you read the following list of coping skills, consider which ones you use already and think of one or two that you would like to try or get better at using.

Shift your attention to something else

- When you give less time and consideration to a thought it is likely to pass or to become less concerning.

- Try engaging in a physical or mental activity that takes your attention.

- Take a break or try practicing a relaxation technique such as relaxed breathing if you are under stress.

Question whether your thought might be related to psychosis

- Remind yourself that thinking people or things are referring to you or that people are out to give you a hard time is a common experience for people when they have psychosis.

- Consider that your thought may be true, but there may be other explanations for what you are experiencing.

- Review your previous experience with the kind of thought you are having. For example, if you currently think people are talking about you, it can be helpful to remember that in the past you thought the same thing, but it turned out they were discussing a movie they had seen.

Take your time coming to conclusions

- If your thought seems worrisome, give yourself a chance to take a second look. Take the role of a detective, and ask yourself these kinds of questions about your worrisome thought: *"What is the evidence supporting my thought?" "What is the evidence that does NOT support my thought?" "What are some other possible explanations?"*

- Talk to someone you trust about your thought and get their opinion.

Brainstorm other possible explanations

- Remind yourself that there are usually many different ways to interpret situations.

- Remind yourself that it can be confusing to figure out what is happening in some situations, and your first thought may not always be right.

- Build up your skills in coming up with other possible explanations for experiences. You might find the following example helpful. Jacob sees his friend Laura when he is walking down the street. He says "Hi" to her, but

she does not respond. Jacob's first thought was "Laura is mad at me." But it turned out that Laura was deep in thought and just didn't hear him.

Talk to someone you trust

- Talk to someone you know and trust, like a family member, a friend, or clinician.
- Tell the person what you are thinking and ask his or her opinion.
- Ask the person if he or she can help you think of other possible explanations.
- If you still have concerns, talk to the person again.
- For example, *Elena thought that the electric company truck parked on her block was proof for her belief that the utility companies were targeting her in order take away her gas and electricity, which frightened her. When Elena talked to her brother, she found out that the electric company had been replacing power wires in all the neighborhoods, including his, for the past two weeks. Her brother was also able to show her a newspaper article supporting this. Although Elena was suspicious, she became less convinced of her belief because there was a possible alternative explanation. She was less frightened after talking to her brother and was able to continue her daily activities.*

Consider directly checking out your thought

- Sometimes it is helpful to talk directly to the person involved.
- Here's one example: *Todd thought that his father was making comments that meant that the family was in deep financial trouble. He started a conversation with his father by saying, "I had a question about something you said yesterday. When you said that 'times are hard,' I wondered what you meant." His father replied that he was talking about a news article that he had just read. Todd then asked a few questions about the family's finances and they continued talking for several minutes. This kind of conversation usually helps people understand each other better.*

- Here's another example: *Pedro worked at a library. One day his supervisor said, "I'd like to talk to everyone in my office tomorrow when they come in for their shift." Pedro thought that his supervisor was trying to convey a special message to him that she was unhappy with his work and was planning to fire him. He decided to check this out directly by talking to his supervisor. "This afternoon when you said I should come see you in your office tomorrow morning, I wondered if you had some concerns about my work performance." His supervisor said, "No, your work is fine. I just found out that we have to learn a new electronic method for filing magazines and journals. I wanted to give all the employees some advance warning about this change and get their ideas for how to make it go as smoothly as possible."*

If your thought causes you ongoing distress, consider using the skill of cognitive restructuring

- You can work with your clinician to learn (or review) the skill of cognitive restructuring in the Individualized IRT module "Dealing with Negative Feelings."

- Your clinician can help you use cognitive restructuring to weigh the evidence that supports your thought and that does not support your thought. Based on this, he or she can help you figure out an action plan.

- In cognitive restructuring, your clinician can also help you design some simple experiments to check out whether something is true or not.

- Here's an example: *Alex thought that people could read his mind. Alex and his clinician worked out an experiment where he sat in the waiting room and purposely thought to himself "Oh no, the ceiling tiles are falling down on everyone" several times. If someone in the waiting room looked up at the ceiling to check it out, that would be evidence supporting his belief. During the experiment, Alex observed that everyone kept reading their magazines or looking out the window. They did not look up at the ceiling. Alex talked to his clinician afterwards and agreed that the result of his experiment did not support his belief. He said he was less convinced that people could read his mind, and less concerned about controlling what he was thinking.*

Talk to your doctor

- Talk to your doctor about your experiences with worrisome thoughts. He or she can help you evaluate whether a change in medications might be helpful.

Check it out

✓ Which of the skills do you already use to cope with thoughts that disturb you?

✓ How often do you use these strategies? How helpful are they?

✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Strategies for Coping with Worrisome Thoughts

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.			
Coping Strategy	**I have tried this strategy**	**This strategy is helpful**	**I would like to try this strategy or use it more often**
Shift your attention to something else			
Question whether your thought might be related to psychosis			
Avoid coming to conclusions quickly			

Brainstorm other possible explanations			
Talk to someone you trust			
Directly check out your thought			
Use the skill of cognitive restructuring			
Talk to your doctor			
Other:_________			

Check it out

- ✓ Select one or two coping skills on the checklist that you would like to try and talk with your clinician about what would be involved in putting the strategy into practice. For example, you can practice with your clinician what it's like to brainstorm other explanations for a worrisome thought. You can use one of your own thoughts or you can select an example from the handout. With your clinician make a list of as many possible alternative explanations as you can.

- ✓ Practice with your clinician any strategies that involve talking to another person, such as talking to a family member or friend about your thoughts. Who would you talk to? What would you say to start the conversation? How would you follow up his or her answer?

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with worrisome thoughts is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with worrisome thoughts, it helps to make a plan to practice coping strategies for this on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (what days, when each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it out

- ✓ You can use the following sheet for making plans to implement strategies for coping with worrisome thoughts.

Plan for Implementing Strategies for Coping With Worrisome Thoughts

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

Home Practice Options

1. Follow through on your plan to practice at least one of the coping strategies that you selected today. The more times you practice the more natural it will become. Where would you practice the skill? When would you practice? For skills that involve another person, with whom would you practice?

2. Try evaluating how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, you might choose to try the strategy of brainstorming other possible explanations for your thoughts. If you find that this is difficult on your own, try doing it with someone you trust. Keep trying until you get a routine that works for you.

Worriesome Thoughts Coping Strategy Evaluation Sheet

Directions: This week try at least one coping strategy for coping with worrisome thoughts and record the results below.

Day of Week	Coping Strategy that you tried	Before using the coping strategy, how worrisome were your thoughts? 1 = not at all worrisome 2 = a little worrisome 3 = moderately worrisome 4 = quite worrisome 5 = extremely worrisome	After using the coping strategy, how worrisome were your thoughts? 1 = not at all worrisome 2 = a little worrisome 3 = moderately worrisome 4 = quite worrisome 5 = extremely worrisome
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

Summary Points for Coping with Worrisome Thoughts:

- *There are many effective strategies for coping with worrisome thoughts:*
  - *Shifting your attention to something else*
  - *Questioning whether your thought might be related to psychosis*
  - *Avoid coming to conclusions too quickly*
  - *Brainstorming other possible explanations*
  - *Talking to someone you trust*
  - *Directly checking out your thought*
  - *Using cognitive restructuring*
  - *Talking to your doctor*

- *It is important to keep using the coping strategies you find helpful. The more regularly you use them, the less you will be bothered by worrisome thoughts.*

Clinical Guidelines for Substance Use Module

OVERVIEW OF MODULE:

This module addresses the common problem of substance use/abuse in people with a first episode of psychosis. Approximately 25-35% of clients with a first episode of psychosis have a substance use disorder (e.g., abuse, dependence), with the most commonly used substances including alcohol and marijuana. Furthermore, other clients who use substances regularly, but do not yet meet diagnostic criteria for a substance use disorder, are at high risk for developing such a disorder due to the psychobiological vulnerability that underlies the psychosis.

Research shows that some clients stop using substances (or stop using some types of substances, such as marijuana) after their psychotic episode, whereas others do not. However, clients who stop using are vulnerable to resuming use again after the shock of experiencing a psychotic episode wears off. Therefore, based on the initial assessment and subsequent information gathered about the client's use of substances, this module is recommended for clients who:

- Currently have *substance abuse* (i.e., regular use that causes social, role functioning, or health problems, or use in dangerous situation such as driving) or *substance dependence* (i.e., *physical dependence*, most frequently characterized by increased tolerance to substance effects, but also withdrawal symptoms when use is ceased, or psychological dependence, including repeated efforts to cut down or quit, spending large amounts of time using or obtaining substances, giving up important activities in order to use).

- Currently use substances regularly, regardless of whether they meet criteria for a substance use disorder.

- Regularly used substances prior to the onset of their psychosis, but are no longer using.

The amount of time required to cover the topics in this module depends on a combination of factors, including the severity of the client's current substance use problems, the client's current motivation to cut down or not use substances, and the client's cognitive and clinical functioning. Clients' who used substances regularly before their psychotic episode, but who no longer use despite the opportunity, may benefit especially from the information provided in the module about substance use and psychosis, discussing the reasons they used to use, and renewing their commitment to remaining abstinent. They may not need to learn how to cope with triggers or to develop a relapse prevention plan. For these clients, 3-6 sessions may be sufficient to cover the necessary material in the module.

Clients who use substances regularly, but have not yet experienced consistent negative consequences of their use, may require 8-15 sessions to cover the module, depending on the extent to which motivation is instilled to reduce or stop using substances. Clients who have an active substance use disorder can be expected to require 10-20 sessions to complete the module.

All of these estimates of the range of sessions required to complete the module should be regarded as tentative. Motivation to work on reducing or not using substances can develop and

grow over time, necessitating a return to previously covered material. Some clients may require multiple sessions to learn strategies for coping with triggers to use substances. Finally, some clients may demonstrate very limited motivation to change their substance use behaviors even after a number of sessions aimed at instilling motivation, necessitating moving onto other modules rather than addressing triggers to use; however, motivation to work on substance use may develop while these clients are working on other modules, signaling the need to return to this module for more work.

Goals of Module:

1. Establish an open and accepting atmosphere early in module sessions in which the client feels comfortable and not judged by the clinician when talking about past and current use of alcohol and drugs.
2. Provide a consistent message of hope and optimism for overcoming substance use problems.
3. Establish the client's preference with regard to whether or not they are comfortable sharing information about their past and present substance use with their family. Clearly state that this preference will be honored and inform client about limits of confidentiality in terms of substance use associated with danger/inability to care for self or danger to other.
4. Quantify and discuss any substance use that occurred between sessions using the Alcohol and Drug Log at the outset of each session.
5. Provide information to the client about different types of psychoactive substances and their effects, common reasons for using substances, and negative consequences of substance use, and to elicit the client's personal experiences using substances.
6. Engage the client in a decisional balance weighing the advantages and disadvantages of using substances vs. the advantages and disadvantages of cutting down or quitting, use motivational interviewing strategies to increase likelihood client will choose to cut down or stop.
7. Increase client's social support for not using substances.
8. For clients who choose to cut down or stop using, boost client's resiliency and strengths to overcome barriers to quitting.
9. Teach the client skills for dealing with situations in which substances are often used or triggers for substance use, including social situations, environmental cues, boredom or nothing to do, cravings, negative feeling, hallucinations, and sleep problems.
10. Develop a substance abuse relapse prevention plan.
11. Review progress and make plans for current and future needs.

Handouts:

Introduction to the Substance Use Module
Topic Handouts:

1. Basic Facts About Alcohol and Drugs.
2. Substance Use and Psychosis.
3. Weighing the Pros and Cons of Substance Use.
4. Getting Support for Quitting.
5. Resiliency and Overcoming Barriers to Quitting.
6. Dealing with Social Situations.
7. Coping with Triggers to Use, Part I: Environmental Cues, Boredom, & Nothing to do
8. .Coping with Triggers to Use, Part II: Cravings.
9. Coping with Triggers to Use, Part III: Negative Feelings, Symptoms, and Sleep Problems.
10. Developing a Relapse Prevention Plan for Substance Abuse.
11. Wrapping up and Looking to the Future.

SESSION STRUCTURE:

- Informal socializing (2-3 minutes) and identification of any major problems.

- Weekly check-in about alcohol and drug use since last session using the Alcohol and Drug Log (A blank copy is included at the end of this clinical guideline. Make several copies so that one is always available at the beginning of each session)

- Review the previous session.

- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.

- Follow-up on goals.

- Set the agenda.

- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.

- Summarize progress made in the current session.

- Agree on home practice to be completed before the next session. (Consider writing it down to help person remember)

GENERAL TEACHING STRATEGIES:

- Provide information about different types of substances in an interactive manner in order to elicit the client's personal experiences with substances, using the handouts to prompt discussion and to complete checklists regarding the client's use and consequences.

- You should strive to be non-judgmental when providing information about substance use and eliciting the client's experiences using substances. Motivational enhancement strategies are useful during the first two topics, including:
  - Expressing empathy
  - Asking open-ended (not yes/no) questions
  - Affirmations (e.g., "You have made some important steps in terms of keeping busy rather than using.")
  - Reflective listening (e.g., "You really enjoy the relaxation you get from smoking pot.")
  - Summarizing (e.g., "It sounds like you have come to decide that drinking on the weekends makes you feel hung over and unproductive, which leads you to feel more depressed.")

- During the third topic (Weighing the Pros and Cons of Using) and fourth topic (Resiliency and Overcoming Barriers to Quitting), additional motivational enhancement strategies can be used to help clients see the merits of cutting down or stopping substance use, including:
  - Decisional balance to weigh the pros and cons of using vs. not using substances
  - Developing discrepancy between personal goals and substance use

  - Readiness to change ruler
  - Rolling with resistance--seeking to understand and explore the client's ambivalence about cutting down or stopping substance use as a natural part of the change process, rather than pathologizing or directly challenging it
  - Supporting self-efficacy to quit or cut down

- For topics that focus on dealing with social situations and coping with triggers to use substances, skills training strategies are the most effective teaching strategy, including:
  - You model the skill in a role play for client
  - Client practices the skill in a role play
  - You provide specific, positive feedback to the client about what he or she did well, and constructive feedback to improve performance (if needed)
  - Client engaged in additional role plays and feedback, as needed
  - Home assignment developed collaboratively for client to practice skill

- Go at a pace that is comfortable for the client. Because of possible cognitive difficulties, it may be necessary to present the information in small chunks.
  - Each handout provides a table of suggestions on how to break up the topic into more than one session if the person is working at a slow or moderate pace. Other clients may be knowledgeable enough to go through a handout in one session.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice should be reviewed before starting a new handout. Homework adherence should be shaped and reinforced from the outset of teaching the module, like other modules.

- The "Introduction to Substance Use" handout provides a brief orientation to the overall module, and establishes the expectation that at each session the clinician will review with the client his/her substance use since they last met. This review should be conducted at the beginning of each session, with the information recorded on the standard recording sheet (Alcohol and Drug Log; attached at end oft this document.)

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.

- You can either take turns reading the text aloud or summarize the text for the client.

- The highlighted boxes are useful talking points and take home message for the client. It may be used to help the client relate the facts to his or her own life situation and goals.

- You should ask the client questions that are bolded to facilitate discussion, assess the client's knowledge, and understand his or her perspective.

- The worksheets can be filled out together or used as a discussion tool to individualize the topic to the client's experience.

- You can use one of the home practice suggestions or individualize the home practice for the client to practice the skills in a situation connected to his or her goal.

Alcohol & Drug Log

Instructions: At each session, tell the client "I'd like to review with you your use of substances since we met last." Starting with yesterday find out from the client how many drinks he/she had and the situations in which the drinking took place. Next ask about drug use that same day (specify type of drug) and situations in which drugs were used. Repeat until all days are filled in since last meeting. Remember that this information is confidential (between you and your IRT therapist) unless you have explicitly agreed to have this information shared with others.
Date of Completion: ____

Day of Week	Month	Day of Month	Number of Drinks	Drug Use Type (*)	Situations	Notes
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						

Total Number of Days ________ Total Number of Drinks _________ Total Number of Days Using Drugs ________

*Drug Code: M=Marijuana, C= Cocaine, A=Amphetamine, O=Opiate (e.g., heroin, oxycontin), H=Hallucinogens (e.g., LSD, PCP, Mescaline), B=Benzodiazepine/other sedative, OTC= Over the counter, I=Inhalants (e.g., glue)

#1: Clinical Guidelines for "Basic Facts about Alcohol and Drugs"

OVERVIEW:

This handout discusses different types of substances that are commonly abused, the client's experiences with each type of substance, and common reasons for using substances. A checklist is provided for clients to indicate the reasons they have used different types of substances.

Goals

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1. Provide a consistent message of hope and optimism for overcoming substance use problems.
2. Inform client about different types of commonly used substances and their effects, and elicit his or her experiences using different substances.
3. Provide information about different common reasons for using substances and understand the client's own reasons for using.
4. Develop an open, accepting, non-judgmental atmosphere in the session in which substance use can be discussed without fear or recrimination
5. Develop a routine in which monitoring of substance use using the Alcohol and Drug Log is part of the beginning of every session..

Materials Needed

Alcohol and Drug Log.
Topic handout #1 - Basic Facts About Alcohol and Drugs.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Introduction, Information About Commonly Used Substances	Introduction, Information About Commonly Used Substances, Why do People Use Substances?
Session 2-Why do People Use Substances?	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- The provision of basic information about alcohol and drug use, and discussion of the reasons for using, is intended to *normalize* substance use behavior as a common human behavior in the general population. Such normalization can reduce the sense of shame and stigma many clients feel when talking about their use of substances. In addition, discussing reasons for using substances validates clients' perceptions that they are using for specific

reasons that are important to understand. Thus, you need to be sensitive to the client's perceptions that he or she is being judged, and allay those concerns.

- Motivational interviewing strategies based on "OARS" can be useful in helping clients talk openly about their experiences using substances, and feel that they are understood:

  – **O**pen-ended questions (e.g., "*So what's happened since we last met?*" "*What's it like when you have a few drinks? Can you tell me more about those feelings?*")

  – **A**ffirmations (e.g., "*Gee, that sounds tough.*" "*It sounds like smoking and drinking with friends was an important way of hanging out for you.*" "*I'm really glad that you're here and we are working together.*")

  – **R**eflective listening (e.g., "*I can see you struggling here. On the one hand, smoking pot has been fun and a good way of hanging out with your buddies. On the other hand, it seems to make your symptoms worse.*")

  – **S**ummarizing (e.g., "*To summarize, you've said that you've had experiences using a variety of different substances, including alcohol, marijuana, and cocaine, and a couple of time you're tried acid, an hallucinogen. You also indicated that since your psychotic episode you haven't used an cocaine, and that you've cut down on your pot, but still drink several times a week. Did I miss anything?*")

- If the client spontaneously talks about negative consequences of using substances, listen and reinforce the observations. However, do not attempt to elicit negative consequences of substance use at this point; it will be the focus of the next session.

TIPS FOR COMMON PROBLEMS:

- Clients sometimes minimize or deny current or past substance use or problems associated with it.
  – During the Introduction to the module, get feedback from the client concerning the weekly check-in about alcohol and drug use, and whether the client is willing to be honest in his or her self-reports.
  – When discussing substance use with the client, if you have specific information about the client's substance use, such as from the Psychiatrist or family members, this information should be discussed in order to reduce any discrepancies between the client's self-report and information from collaterals.
  – Some clients may have already made a decision to reduce or stop using substances, and may make this known in the first topic. You should reinforce this "change talk" and let the client know that this module will help them develop additional skills and supports to achieve their goal.

EVALUATING GAINS:

- After completing each of the two main topics areas, it may be helpful to ask review questions to assess how much information the client has learned about different substances and reasons for using substances.

  Examples of review questions for Information About Commonly Used Substances section:
  1. What types of substances are commonly used by people?
  2. What are the effects of each type of substance, including good effects and bad effects?

Examples of review questions for Why Do People Use Substances? section:

1. What are some common reasons people use substances?
2. What are the reasons you have used in the past?
3. What have been the most important reasons for using?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR BASIC FACTS ABOUT ALCOHOL AND DRUGS:

Therapeutic Goal	***Techniques & Probes***
Establish clear expectations for participation in the Substance Use module, including honest weekly reporting about recent substance use.	• Review the introduction to the module with the client. • Elicit and respond to any concerns the client has about being honest in reporting about substance use. • Ask client if he or she is willing to be honest in regularly reporting about substance use.
Provide a message of hope and optimism for overcoming substance use problems.	• Let the client know that other people in similar circumstances have succeeded in overcoming their substance use problems. • If the client seems interested, briefly elaborate on how the module will help the client develop supports, skills, and strategies for reducing and stopping substance use.
Inform client about different types of commonly used substances and their effects, and elicit his or her experiences using different substances.	• When reviewing information in the two tables on "Commonly Used Substances and Their Effects," discuss each substance one at a time, first eliciting the client's knowledge about it and its effects, and then probing about his or her experience with the substance. • When probing the client for experience using substances, note information already known from previous meetings or assessments. – *You've talked before about smoking pot with your friends. What's it like when you smoke? What do you like about it? What kinds of problems or negative effects have you noticed?* • For substances that you don't know about the client's experience using, ask about use in a general way to find out whether the client has ever used, even in the distant past •

Provide information about different common reasons for using substances and understand the client's own reasons for using.	• For each reason for using substances listed in the handout, either take turns reading, or summarize matter-of-factly. • After reviewing each reason, explore whether it is a reason the client has used substances, and if so, which substances. • Use OARS (Open-ended, Affirmation, Reflective listening, Summarizing) to show empathy and reinforce client for talking about own substance use. • When discussing motives for using substances that the client has endorsed, briefly explore how effective it is. – *So you sometimes like to have a drink in order to socialize with other people. Does the alcohol make it easier to be around other people? In what way?*
Develop an open, accepting, non-judgmental atmosphere in the session in which substance use can be discussed without fear or recrimination, and to begin routine monitoring of substance use.	• Demonstrate interest and curiosity when the client talks about his or her substance use. • Try to understand from the client's perspective why he or she uses specific substances. • Paraphrase what you have heard to demonstrate understanding. • Avoid advice, evaluation, or any attempts to persuade or convince the client of anything. • Review client's recent substance use with the Alcohol and Drug Log.

#2: Clinical Guidelines for "Substance Use and Psychosis"

OVERVIEW:

This handout provides information about the interactions between psychosis and substance use, based on the stress-vulnerability model. It points out that because psychosis is partly caused by biological vulnerability, people who have experienced a psychotic episode have an increased risk of relapse and hospitalization from using even small amounts of alcohol or drugs. Other common negative consequences of substance use are also reviewed, including conflict with family and others, problems at work or school, not taking care of oneself, money problems, using in unsafe situations, problems with the law, health problems, spending too much time using, and interference with personal goals. Each of the different types of negative consequences are discussed with the client, followed by exploration of whether the client has ever experienced that consequence.

Goals

1. Complete and review Alcohol and Drug Log.
2. Provide information about increased sensitivity to the effects of small amounts of substance use in people with a psychosis, and to elicit the client's experience with such increased sensitivity since developing the psychosis.
3. Provide information about common negative consequences of substance use in people with a psychosis.
4. Help the client identify specific negative consequences of using substances that they have experienced, including interference with attaining personal goals.
5. Reinforce any contemplation or intention to reduce of stop using substances.

Materials Needed

Alcohol and Drug Log.
Topic Handout #2 – Substance Use and Psychosis.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Stress-vulnerability model and discussion of whether client has noticed increased sensitivity to substances after onset of psychosis.	Session 1- Stress-vulnerability model and discussion of whether client has noticed increased sensitivity to substances after onset of psychosis. Other problems related to alcohol and drug use.
Session 2-Other problems related to alcohol and drug use.	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Before reviewing the stress-vulnerability model, ask the client what he or she remembers about the model, since it was first introduced in the Basic Module of IRT. Then provide any corrective information necessary and complete the explanation.
- Elicit any differences the client may have observed in effects of specific substances since the psychotic episode by asking open-ended questions, and explore any differences described (e.g., "*Have you noticed any difference in the effects of marijuana on you since you had your psychotic episode compared to before? What type of differences? Has that affected you?*").
- Normalize any experiences the client describes in terms of increased sensitivity or negative effects of substance since having a psychotic episode by explaining that it is a common experience for many other people, and one reason people often stop using substances after a psychotic episode.
- For each problem related to alcohol and drug use, briefly describe the problem and then elicit the client's experience with the problem, either recently or in the distant past. If you are aware of a particular problem the client has experienced related to using substances (such as reported by another member of the team, medical records, or family report), you should mention it when the problem is first introduced, and invite the client to provide more information, in order to avoid the client denying something that you have contradictory evidence for.
- Reinforce any contemplation or consideration by the client of changing his or her substance use habits ("*I can understand how drinking too much can interfere with doing your school work—it can make it hard to get up the next day, so it makes sense that you're considering changing your habits.*"). When intention to reduce or quit is evident, let the client know you'll be working together to achieve that (e.g., "*It sounds like you've decided you need to get in better control of your drinking. Well, that's what this module is all about. I'll be working with you to help you develop some skills and strategies to help you get control over your drinking.*").
- Reinforce any changes the client has already made in using substances, and elicit the beneficial effects the client has observed since making the changes ("*That's really great to hear that you've cut way down on your smoking pot since you had your psychotic episode. What differences have you noticed since before you cut down to after you cut down?*").

TIPS FOR COMMON PROBLEMS:

- The client may feel uncomfortable talking about recent substance use over the past week when completing the Alcohol and Drug Use. Normalize the fact that it may feel uncomfortable to talk about it, but that over time it will probably feel more comfortable. Emphasize the importance of you and the client being able to talk honestly and openly, even about things that may feel awkward to discuss, and explain that you will respect his or her decisions about whether to makes changes in substance use. Also, note that your primary goal in the program is to help the client achieve his or her personal goals. One of the ways of achieving that is to help the person learn how to reduce or minimize the interfering effects of their psychiatric disorder on those goals, and addressing alcohol or drug use is one important component of illness self-management.

- Clients may deny experiencing most negative consequences of using. When some negative consequences are acknowledged, focus on them. When information from other sources indicates problems, introduce and discuss the nature of the problems. In the absence of clear information about any specific problems related to substance use, emphasize that the biological vulnerability due to psychosis makes the client more sensitive to negative effects of substances, including relapses.

- Client reports past use of substances, but not current use. This is fine. The reasons for past use should be explored, as well as the reasons for cutting down or stopping. If the client has decided to continue not using, explain that this module will help provide strategies and skills for accomplishing this.

EVALUATING GAINS:

1. After completing this handout it may be helpful to summarize the main reasons for using substances that the client endorsed. For example: "*Today we've been talking about different reasons people use substances. What were the main reasons you use substances?*"

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR SUBSTANCE USE AND PSYCHOSIS:

Therapeutic Goal	*Techniques & Probes*
Provide information about increased sensitivity to the effects of small amounts of substance use in people with a psychosis, and to elicit the client's experience with such increased sensitivity since developing the psychosis.	• Describe stress-vulnerability model and implications for increased sensitivity to effects of substances. • Ask client questions to determine whether he or she had noticed differences in effects of substances since psychotic episode. • Normalize experiences related to increased sensitivity by explaining many others with a psychotic episode have had the same experience.
Provide information about common negative consequences of substance use in people with a psychosis.	• Review common negative consequences of substance use described in handout. • Explore whether client knows other people who have experienced those consequences.
Help the client identify specific negative consequences of using substances that they have experienced, including interference with attaining personal goals.	• After discussing each negative consequence, ask client whether he or she has experienced that consequence. • Use OARS (Open-ended, Affirmations, Reflective listening, Summarizing) to reinforce and demonstrate empathy for the client talking about his or her substance use. • Provide information regarding consequences of client's substance use obtained from other sources (e.g., family, medical record) when appropriate.
Reinforce any contemplation or intention to reduce of stop using substances.	• Give positive feedback when client indicates he or she is contemplating or planning on reducing or stopping substance use. • Admire a specific client strength that is reflected in his or her thoughts or plans to address substance use problems ("*One of your personal strengths that I've noticed is your determination. It sounds like you're aware that your drinking and drug use has been a real problem, and now you're determined to address it.*").

#3: Clinical Guidelines for "Weighing the Pro's and Con's of Substance Use"

OVERVIEW:

This module is aimed at helping the client make a decision about whether to continue using substances or to cut down or stopping using substances altogether. This is accomplished by first engaging the client in two decisional balance exercises, the first evaluating the pros and cons of using substances, and the second evaluating the pros and cons of not using substances. After completing the two decisional balances, the client is engaged in rating the importance of reducing alcohol or drug use to him or her, and the confidence the client has in his or her ability to reduce or stop using. These ratings are explored to identify factors that would increase the client motivation and confidence in reducing substance use, which is followed by prompting the client to set a short-term goal for reducing substance abuse, and long-term goal related to that short-term goal.

Goals

1. Complete and review Alcohol and Drug Log.
2. Engage client in evaluating the relative advantages and disadvantages of continuing to use substances vs. reducing or stopping use.
3. Explore client ambivalence about changing substance use behavior and bolster confidence that change is possible.
4. Facilitate the client in making a decision to reduce or stop using substances.
5. If the client chooses to reduce or stop using, help him or her set a long-term goal, and a short-term goal related to changing substance use habits.

Materials Needed

Alcohol and Drug Log.
Topic handout #3– Weighing the Pros and Cons of Substance Use.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Introduction. Weighing the pros and cons of using substances. Weighing the pros and cons of not using substances.	Session 1- Introduction. Weighing the pros and cons of using substances. Weighing the pros and cons of not using substances. Importance of cutting down and stopping substance use. Setting goals related to changing your substance use.
Session 2- Importance of cutting down and stopping substance use. Setting goals related to changing your substance use.	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Acknowledge that any decision to change one's substance use habits can be difficult as there are some good and some bad aspects of using.
- Prompt client to take responsibility for recording responses on the Pros and Cons worksheets.
- For the Pros of Using Substances part of the worksheet, prompt client to review the Reasons for Using Alcohol and Drugs worksheet completed for topic area #1 (Basic Facts about Alcohol and Drugs) and include on sheet relevant reasons.
- For the Cons of Using Substances part of the worksheet, prompt client to review the Negative Effects of Using Substances worksheet completed for topic area #2 (Substance Use and Psychosis) and include on sheet relevant reasons.
- When exploring Cons of Using Substances, prompt client to consider whether substance use has, or could in the future, interfere with achieving goals set in IRT.
- For the Pros of Not Using Substances part of the worksheet, prompt client to consider cons of using substances part of the worksheet and how not using would reverse those con's.
- After the client gives a rating on the importance of reducing or not using substances, unless he or she gives a "1" (not important), summarize the rating by connoting that the client has some interest in reducing or stopping substance use. For example, if the client gives a "2," you could say "*So I can see that reducing your use of substances has some importance to you. (Pause for client's response.) What would it take to make reducing your use of substances even more important?*" If the client gives a "7," you could say "*So I can see that changing your substance use habits is pretty important to you. (Pause for client's response.) What could make it even more important?*"
- If the client rates low confidence at being able to change substance use (rating of 1-5), ask probe questions to identify ways of increasing confidence by addressing concerns. Then, have client rate confidence again to see if it increased.
- If client attaches some importance to reducing or stopping substance use, prompt client to identify a long-term goal related to substance use (e.g., total abstinence, stopping use of some substances but not others, reduced days or amounts of substance use), and then a short-term goal related to the long-term goal for the next week. The client should be very confident that he or she can achieve the short-term goal.

TIPS FOR COMMON PROBLEMS:

- The client may have already cut down or stopped using substances, and thus already have made a decision. With these clients it's important to review their primary motivations for not using, but to spend less time overall on this topic area in order to move onto the next topic area that will support their decision.

- Clients give a very low importance rating to reducing or stopping use of substance use may be reluctant to set a long-term goal related to their substance use. Clients who are very ambivalent about changing their substance use habits should not e pressed to establish a long-term goal of cutting down or stopping. Use reflective listening to show your understanding of the client's ambivalence. You can also point out that one way of learning more about the effects of substance use in their life is to experiment with making small changes in their habits, and encourage the client to set a short-term goal of making some change over the next week (e.g., not using on a particular day, reducing the amount of a particular substance that is used regularly, not using in a particular situation). Presenting such "experiments" to client can be appealing to them because it doesn't commit them to a long-term change, but can also provide them with information about their beliefs and the consequences of making small changes in their substance use habits.

- For clients who have an interest in reducing or stopping substance use, but express low confidence in being able to do this, explore with them previous strengths and resilience factors that could increase their self-confidence.

EVALUATING GAINS:

- If the client sets long- and short-term goals for reducing or stopping substance use, you should consider this a gain.

- Increases in the importance to the client of changing substance use habits, or confidence in changing habits, should be considered gains.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR WEIGHING THE PRO'S AND CON'S OF SUBSTANCE USE:

Therapeutic Goal	*Techniques & Probes*
Engage client in evaluating the relative advantages and disadvantages of continuing to use substances vs. reducing or stopping use.	• Prompt client to complete Pros and Cons of Using Substances and Pros and Cons of Not Using Substances worksheets. • Ask questions to help client consider other potential disadvantages of using and advantages of not using substances.
Explore client ambivalence about changing substance use behavior and bolster confidence that change is possible.	• Reflect back ambivalence to client through active listening, paraphrasing, and other "OARS" skills (see Teaching Strategies for Topic Area #1). • Prompt client to identify factors that would increase interest and confidence in cutting down or stopping substance use. • Use checklists (e.g., individual plan for coping with stress) to supplement their knowledge and skill-set.
Facilitate client in making a decision to reduce or stop using substances.	• Prompt client to complete Importance Ruler and Confidence Ruler related to cutting down or stopping use of substances. • If importance or confidence ratings are low, explore other factors that could increase importance or confidence, including personal strengths and resiliency skills. • Make sure attainment of client's personal goal is considered when evaluating overall importance of cutting down. • If importance or confidence are still low, explore with client working together to address some of the perceived disadvantages of not using (e.g., enhancing coping with symptoms, developing alternative ways of having fun, finding other social outlets).
If the client chooses to reduce or stop using, help him or her set a long-term goal, and a short-term goal related to changing substance use habits.	• Help client set specific long-term and short-term goals related to change in substance use behavior. • Encourage clients who attach low importance or confidence at reducing or stopping substance use to "experiment" with short term goals involving small changes in their use of substances to explore what it is like.

#4: Clinical Guidelines for "Getting Support for Quitting"

OVERVIEW:

People who overcome their substance use problems, whether or not they also have a psychiatric disorder, usually decrease the amount of time they spend with other people who use substances and increase the time they spend with people who do not use. This module focuses on helping the client identify at least one person who would be supportive of their decision to cut down or stop using substances, and practicing in the session how to approach that person and ask for their support. The potential role of self-help groups for addiction (such as Alcoholics Anonymous) or dual disorders (such as Dual Recovery Anonymous) for providing support for reducing or stopping use of substances is also considered, and if the client is interested plans are made for exploring local groups.

Goals

1. Complete and review Alcohol and Drug Log.
2. Establish importance of social support for reducing or not using substances.
3. Help client identify at least one person who can support him or her in decision to cut down or stop using substances.
4. Review or improve client's comfort and social skills at asking another person to support his or her decision to cut down or stop using.
5. Explore potential of self-help groups for addiction or dual disorders as source of social support.

Materials Needed

Alcohol and Drug Log.
Topic Handout #4 – Getting Support for Quitting.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Getting support for your decision to cut down or stop using substances.	Session 1- Getting support for your decision to cut down or stop using substances. Self-help groups.
Session 2- Self-help groups.	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Ask the client about people who are supportive of him or her.

- Prompt client to consider range of possible persons who could support him or her in decision to cut down or stop using substances.

- Model (demonstrate in a role play) and then engage client in several role plays to practice asking someone chosen by the client to support him or her in achieving goal or reducing or stopping use of substances. Provide positive feedback for good, specific social skills and then constructive feedback to improve performance following each role play.

- Discuss option of self-help groups as potential source of social support for reducing or stopping substance use.

- Offer to accompany client to a self-help group to see what it is like.

TIPS FOR COMMON PROBLEMS:

- Client may not have established long-term goal of cutting down or not using substances, so finding a support person may feel awkward or uncomfortable. You can suggest the client identify someone who would be supportive of the client if they chose to change their substance use habits, and then talk with that person about their ambivalence about changing.

- The client may have had negative experiences with self-help groups for addiction in the past, and for this reason not be interested in pursuing them. Assure the client that each self-help group has its own unique atmosphere, qualities, and mixture of people who attend, and that it often takes "meeting shopping" for someone to find the right group for himself or herself. Offer to explore going to different meetings with the client, or help him or her find someone who could accompany the client to some meetings.

- The client may not be interested in exploring self-help groups for other reasons, such as feeling awkward about them or not thinking they have as serious a problem as other people with addiction. This is okay, and you should avoid pushing the client to check out such groups. There may be opportunities later in treatment to raise the potential role of self-help groups.

- Client may have difficulty identifying someone who can be supportive of his or her goal of cutting down or stopping use of substances. Help client consider possible support persons outside of his or her usual social network, such as a teacher, guidance counselor, member of clergy, or another treatment provider.

EVALUATING GAINS:

- There are three indicators of whether the client has learned the critical information and skills covered in this topic area:

    1. Did the client identify someone who would be a good person to support his or her decision to reduce or stop using substances?
    2. Did the client demonstrate good social skills in role plays practicing asking someone to support him or her?
    3. Can the client describe the nature of self-help groups for addiction?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR GETTING SUPPORT FOR QUITTING:

Therapeutic Goal	***Techniques & Probes***
Establish importance of social support for reducing or not using substances.	• Describe role of social support in overcoming problems related to alcohol or drug use. • Ask client whether he or she knows anyone who has overcome their substance use problems, and if they had someone who supported them in their decision to stop using.
Help client identify at least one person who can support him or her in decision to cut down or stop using substances.	• Review examples of potentially supportive persons. • Ask client who is supportive of him or her, and whether they drink or use drugs.
Review or improve client's comfort and social skills at asking another person to support his or her decision to cut down or stop using.	• Explore how comfortable client feels asking someone to support him or her in cutting down or stopping substance use. • Model (demonstrate) for the client how to ask someone in a role play to support them. • Engage the client in role plays to practice asking for someone's support, providing specific positive and constructive feedback to improve performance. In practice role plays, attend in particular to the client's: - eye contact, voice tone, and affect - explanation of decision to cut down or stop using substances - explanation of why he or she wants to cut down - question of whether the person is willing to support him or her - description of how the person can support him or her
Explore potential of self-help groups for addiction or dual disorders as source of social support.	• Provide information about self-help groups. • Elicit client's personal experiences with self-help groups. • Explore whether client know other people who have benefited from self-help groups. • Identifying potential self-help groups and making plans to attend one. • Attending a self-help group with client or finding someone who could attend with client.

#5: Clinical Guidelines for "Resiliency and Overcoming Barriers to Quitting"

OVERVIEW:

This module is designed to help clients prepare for the process of cutting down or quitting substance use by focusing on personal strengths and resiliency factors that can help then cope with and overcome barriers to quitting. The module begins with a review of the client's personal strengths, which is followed by identifying potential barriers to quitting (e.g., saying "no" to friends, having nothing to do). Then, strategies for self-empowerment are discussed. Finally, a plan is made for coping with barriers to substance use reduction or quitting by building on the client's strengths and empowerment strategies.

Goals

1. Complete and review Alcohol and Drug Log.
2. Review and reinforce individual client strengths.
3. Help client identify important barriers to reducing or quitting substance use.
4. Describe personal empowerment strategies the client can use to take control over his or her life.
5. Help the client develop a plan for using personal strengths and empowerment strategies to deal with barriers to quitting or cutting down substance use.

Materials Needed

Alcohol and Drug Log.
Topic Handout #5 – Resiliency and Overcoming Barriers to Quitting.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Remembering your personal strengths; identifying barriers to treatment	Session 1- Remembering your personal strengths; identifying barriers to treatment; Empowering yourself; Using strengths to deal with barriers to quitting
Session 2- Empowering yourself; Using strengths to deal with barriers to quitting	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Prompt the client to review their personal strengths, including both personal qualities and things they have access to that can help them cope better and achieve their goals.

- Ask the client whether there are additional strengths that should be added to their personal profile.

- Ask the client to identify their barriers to quitting; prompt client to review the “Cons” of not using substances completed in Handout #4 to identify other barriers to quitting.

- Engage the client in discussion of how they have dealt with these barriers in the past, and which barrier they believe will be most difficult to overcome.

- Engage client in a discussion of self-empowerment, review self-empowerment suggestions in the handout, and explore which of these strategies he or she has used, and which ones he or she would like to use more.

- Involve client in considering how they can use their personal strengths and self-empowerment to deal with his or her most important barrier to quitting.

- Help the client make a plan to use his or her strengths and self-empowerment to address the barrier to quitting as a home assignment.

TIPS FOR COMMON PROBLEMS:

- The client may have difficult remembering his or her strengths. Having the client’s strengths profile can help him or her remember them, and add any additional strengths noted in the session.

- The client may find it difficult to develop a plan for using their strengths and self-empowerment to deal with a barrier to quitting. You should feel free to jump in and use your creativity to help the client come up with some plan that capitalizes on his or her strengths. You should assure the client that you will be helping him or her develop additional strategies in the module for dealing with his or her barriers to quitting, but that a good place to start is always with one’s strengths.

EVALUATING GAINS:

- After completing this topic area it may be helpful to periodically review and remind the client of his or her strengths and self-empowerment abilities, and to reinforce their use in achieving the client’s substance use reduction or quitting goals. You can assess a client’s awareness of strengths and self-empowerment by asking the following questions:

    1. What are your strengths?
    2. How can you empower yourself to achieve your substance use related goals?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR RESILIENCY AND OVERCOMING BARRIERS TO QUITTING:

Therapeutic Goal	***Techniques & Probes***
Review and reinforce individual client strengths.	• Prompt client to identify examples of personal strengths. • Review with client his or her Strengths Profile. • Add additional strengths identified in session to Strengths Profile.
Help client identify important barriers to reducing or quitting substance use.	• Discuss barriers to quitting substance use. • Prompt client to consult Cons of Using Substance worksheet in topic area #3. • Identify with client the most important barriers to quitting and how he or she has dealt with those barriers in the past
Describe personal empowerment strategies the client can use to take control over his or her life.	• Ask client to identify examples of personal empowerment strategies for taking over his or her life. • Provide or elicit additional personal empowerment strategies.
Help the client develop a plan for using personal strengths and empowerment strategies to deal with barriers to quitting or cutting down substance use.	• Prompt client develop a plan for using strengths and self-empowerment to deal with the most important barriers to quitting.

#6: Clinical Guidelines for "Dealing with Social Situations"

OVERVIEW:

Substance use often takes place in social situations, and therefore the ability to resist offers or pressure to use substances from others is an important skill for clients who are attempting to reduce or stop their use of substances. This topic area focuses on helping clients identify specific social situations in which they have used substances and are likely to encounter in the future, and developing skills for turning down offers to use substances in those situations. Those specific skills for saying "No" to offers to use need to be tailored to the specific social situation. A number of different ways of refusing offers to use substances are described in the handout. You will review the different strategies with the client, then selects one or more skills to try in the session. Skills training methods (e.g., modeling, role playing, etc.) are used to help clients hone their interpersonal effectiveness and comfort in handling these challenging situations. Follow-up on practice assignments, additional practice, and teaching additional skills for refusing substances in subsequent sessions may be necessary for the client to develop the skills necessary to turn down offers to use substances.

Goals

1. Complete and review Alcohol and Drug Log.
2. Identify specific socially challenging situations involving substance use that client needs to manage in order to reduce or stop using substances.
3. Review and practice interpersonal skills for effectively dealing with challenging social situations identified by the client.

Materials Needed

Alcohol and Drug Log.
Topic Handout #6 – Dealing with Social Situations.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Social situations and substance use; Saying "No" to offers or pressure to use; Practice saying "No" in social situations	Session 1- Social situations and substance use; Saying "No" to offers or pressure to use; Practice saying "No" in social situations

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.

- For this topic, the emphasis is on both identifying challenging social situations involving substance use and actually practicing how to handle these situations.

- Review different social situations involving substance use to find out from the client which ones he or she has experienced.

- Discuss different ways of turning down offers to use substances.

- Illustrate the strategies for refusing substance use offers by having you and the client take turns playing different roles in reading aloud the examples of dialogue for each skill provided in the handout. After discussing each skill and then reading aloud the dialogue example, get the client's reaction about to how it went, and how convincing the person was who turned down the other person's offer to use substances.

- Prompt the client to select one or two skills to practice based on the social situations he or she previously indicated they are most likely to encounter.

- Model (demonstrate) and engage client in role plays to practice one or more strategies for saying "No" to offers or pressure to use.

TIPS FOR COMMON PROBLEMS:

- Clients who endorse reducing substance use, but do not have abstinence as a long-term goal, may be reluctant to practice saying "No" because they plan on continuing to use substances. With these clients it may be helpful to ask them whether they *always* want to use in social situations where people offer them substances, or whether there may be some situations in which they would prefer not to use. For example, there may be situations in which the client does not want to use substances because it could interfere with achieving a personal goal they are working towards. Practicing refusal skills may help these clients turn down offers to use substances in situations in which they do not want to use.

- The client may be concerned that saying "No" will make others not like him or her. This can be addressed in two ways. First, after modeling the skill for the client, you can ask him or her whether their way of turning down the offer to use substances was offensive or likely to make the other person dislike him or her. In most cases, clients indicate that when they role play with someone who says "No" to an offer to use substances that they do not feel offended or wouldn't dislike the person for turning down their offer. Second, you can raise the question of whether a "friend" is really a "friend" if they don't like you just because you won't use substances with them.

- The client may report feeling awkward or having low confidence after practicing a skill in a role-play. Assure the client that over time the skills will feel more comfortable and natural. Engaging the client in several role-plays can increase his or her confidence and comfort, as well as increasing the chances that the client will use the skill in actual social situations involving offers to use substances.

EVALUATING GAINS:

Improvements in the ability to turn down offers to use substances can be gauged in two ways:

1. The client's skill at turning down offers to use substances in role-plays conducted during the session.
2. Client reports of successful use of skills in actual situations involving substance use outside of the session.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR DEALING WITH SOCIAL SITUATIONS:

Therapeutic Goal	*Techniques & Probes*
Identify specific socially challenging situations involving substance use that client needs to manage in order to reduce or stop using substances.	• Ask the client about challenging social situations involving offers to use substances. • Explore with client which situations are easy to avoid and which are difficult. • Identify the most challenging situations to work on.
Review and practice interpersonal skills for effectively dealing with challenging social situations identified by the client.	• Discuss different skills for saying "No" in social situations involving offers to use substances. • Read dialogue of examples of the different ways of saying "No," with you taking one role and the client taking the other role; discuss how effective the person was at turning down offers to use substances. • Engage client in practicing at least one strategy for refusing offers to use substances; use skills training technique to facilitate teaching: - Model the skill, with you playing the role of the person turning down the offer to use and the client playing the role of offering the substance; tailor the situation to one likely to be experienced by the client. - Engage client in role play to practice skill in similar situation, with you playing the role of offering the client substances. - Provide positive feedback for specific skills done well. - Provide constructive feedback to improve performance. - Engage client in more than one role play to practice skill.

#7: Clinical Guidelines for "Coping with Triggers to Use, Part I: Environmental Cues and Boredom or Nothing to Do"

OVERVIEW:

A wide range of different "triggers" can lead clients to use alcohol and drugs, even if they intend not to use. Helping clients develop strategies for either avoiding or coping with triggers to use is critical to their achieving their goals of cutting down or stopping the use of substances. This is the first of three topic areas and handouts that addresses coping with triggers. This topic area focuses on dealing with common environmental triggers for using substances, such as having money in one's pocket or seeing drug paraphernalia, as well as the role of boredom or having nothing to do as a trigger for using substances. Environmental triggers of substance use are first explored with the client, followed by a review of strategies for addressing those triggers, and the formulation of a plan to implement those strategies. Then, the experience of boredom or having nothing to do as a trigger for using substances is explored with the client. As this is a very common motive for using substances, it is expected that most clients will report using substances partly for this reason. Time is then spent with the client identifying alternative ways of having fun instead of using substances, and making a plan to engage in some of these activities. After completing this module, some clients may benefit from additional attention on developing fun and rewarding activities by working on the Having Fun and Developing Good Relationships module.

Goals

1. Complete and review Alcohol and Drug Log.
2. Explore possible environmental triggers of substance use.
3. Identify strategies for removing or reducing environmental triggers to use substances, and make plans to implement selected strategies.
4. Evaluate extent to which client uses substances to alleviate boredom or when he or she has nothing to do.
5. Identify reinforcing alternative activities to substance use the client can participate when feeling bored or having nothing to do, and make a plan to implement those activities.

Materials Needed

Alcohol and Drug Log.
Topic handout #7– Coping with Triggers to Use, Part I: Environmental Cues and Boredom or Nothing to Do.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Environmental triggers; Solutions for environmental triggers	Session 1- Environmental triggers; Solutions for environmental triggers; Boredom or having nothing to do; Alternative ways of having fun
Session 2- Boredom or having nothing to do; Alternative ways of having fun	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Describe the nature of environmental triggers for using substances (e.g., strategies for dealing with having money in one's pocket or exposure to drug paraphernalia), and ask the client whether he or she has experienced any of those triggers.
- Explore with the client how he or she has dealt with any environmental triggers in the past.
- Prompt the client to complete the Environmental Triggers Checklist.
- For any environmental triggers identified by the client, review possible solutions for dealing with them, and prompt the client to complete the corresponding checklists of solutions that he or she would like to try.
- Make a plan with the client to try any selected strategies for dealing with environmental triggers over the following week.
- Explore with client whether he or she has used substances when feeling bored or having nothing to do, and prompt client to complete the corresponding Boredom/Nothing to do as Triggers of Substance Use Checklist.
- Explore possible rewarding activities that the client can do when feeling bored or having nothing to do, and prompt the him or her to complete Activities When You Feel Bored or Have Nothing to do checklist, which lists different activities and prompts the client to indicate for each one whether they currently engage in the activity, whether they would like to do more of the activity, or whether they would like to try the activity.
- Make a plan with the client to try at lease one new activity over the next week.

TIPS FOR COMMON PROBLEMS:

- Some clients say they experience no environmental cues that trigger their substance use. This is fine, as not everyone has this experience, and therefore the part of the handout on solutions for addressing environmental triggers can be skipped. However, when reviewing the client's substance use at the beginning of each session, you may discover with the client that some environmental cues are in fact triggering substance

use. If this happens, you can return to the solutions for addressing environmental cues in this handout, and select appropriate strategies as needed.

- The client may be unable to remove some environmental cues for using due to his or her living situation (e.g., others drinking, using drugs). Two approaches to this problem can be helpful. First, you can strategize with the client how to spend less time in settings in which there are abundant cues to use substances, and more time engaged in activities such as school, work, or pursuing other interests. Second, consider the client's exposure to environmental cues as leading to cravings, and then focus on helping the client develop effective strategies for coping with these cravings, which is addressed in the next topic area.

- The client may complain that nothing is as fun as using substances. It is important to acknowledge the client experience of having fun when using substances. Not only does it often feel good for the person, but often there is a level of excitement associated with obtaining substances, especially drugs such as marijuana and cocaine. You can then point out (or elicit through Socratic questioning) that part of the client's enjoyment of using substances is their familiarity with the effects of a substance, and the excitement and positive anticipation associated with looking forward to using it. Explain that developing new fun activities takes time, and that enjoyment of an activity increases over time as the person engages more and more in the activity. Try to find some activity that the client does enjoy doing other than using substances as an example (e.g., following a particular sports team, event, listening to music, watching a TV show) and discuss how their familiarity with that activity has made it more enjoyable for them over time, and how they even look forward to engaging in the activity. Thus, developing new fun activities takes time, and the more often the person does the activity, the more fun it becomes. Further work on developing fun activities can be addressed in the Having Fun and Social Relationships module.

EVALUATING GAINS:

Gains in dealing with environmental triggers for using substances and boredom or having nothing to do as triggers can be evaluated in subsequent sessions by:

1. Following up with the client when reviewing his or her recent substance use whether plans to remove or deal with environmental triggers for using substances were implemented, and if so whether they were successful in preventing substance use.
2. Checking in regularly with the client about his or her recent engagement in alternative fun activities, the extent of enjoyment in those activities, and whether additional activities should be identified and incorporated into the client's life.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR COPING WITH TRIGGERS TO USE. PART I: ENVIRONMENTAL CUES AND BOREDOM OR NOTHING TO DO:

Therapeutic Goal	*Techniques & Probes*
Explore possible environmental triggers of substance use.	• Ask the client to identify environmental triggers to using substances. • Have client complete Environmental Triggers for Using Alcohol and Drugs worksheet.
Identify strategies for removing or reducing environmental triggers to use substances, and make plans to implement selected strategies.	• If environmental triggers to using substances are identified, review strategies for removing or coping with triggers. • If money of a trigger for using substances, review with client strategies for managing money (prompt client to complete Managing Money in Your Pocket checklist) and select at least one strategy to implement, and make a plan to implement it; involvement of significant others may facilitate planning on how to implement a strategy for dealing with money as a trigger for using. • Review other environmental triggers and strategies for removing them or reducing exposure to them. • Make plans to implement strategies for dealing with other environment cues to use. • Explore whether smoking is a trigger for using substances, and if so, explore whether client is interested in learning more about smoking and the possibility of quitting (addressed in the Nutrition and Exercise module of IRT).
Evaluate extent to which client uses substances to alleviate boredom or when he or she has nothing to do.	• Ask client whether he or she has used substances to reduce boredom or to have something to look forward to. • Prompt client to complete Boredom/Nothing to do As Triggers of Substance Use checklist
Identify reinforcing alternative activities to substance use the client can participate in when feeling bored or having nothing to do, and make a plan to implement those activities.	• Review list of alternative activities to do when bored. • Prompt client to identify activities he or she would like to do more of or try over the next week, and make a plan with the client to engage in those activities. • Helping the client identify a friend to do the activities with can increase follow-through.

#8: Clinical Guidelines for "Coping With Triggers to Use, Part II: Cravings"

OVERVIEW:

This topic area addresses strategies for coping with intense cravings to use alcohol or drugs. The first part of the handout is devoted to describing the nature of cravings, and then evaluating whether the client has experienced cravings to use substances. For clients who have experienced significant cravings, strategies for coping with them are then described, and the clinician and client together select at least one strategy to practice in the session, and then make a plan to practice as a home assignment. Follow-up on practice assignments, additional practice, and teaching additional coping strategies in subsequent sessions may be necessary in order for the client develop sufficient coping skills to resist cravings to use substances. Some clients do not experience cravings to use substances, and with these clients the review of coping strategies can be skipped, and the clinician can go onto the next topic area.

Goals

1. Complete and review Alcohol and Drug Log.
2. Describe the nature of cravings to use substances and evaluate whether the client experiences cravings.
3. Review possible coping strategies for cravings, and teach at least one strategy in the session.

Materials Needed

Alcohol and Drug Log.
Topic handout #8 – Coping with Triggers to Use, Part II: Cravings.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Cravings; Strategies for dealing with cravings	Session 1- Cravings; Strategies for dealing with cravings

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Describe the intense but transient nature of cravings to use substances.
- Elicit the client's experiences with cravings, how they have coped with them in the past, and the effectiveness of their coping efforts.

- Prompt the client to complete the Experiences with Cravings for Alcohol or Drugs checklist.

- If the client endorses some craving experiences, review and discuss different strategies for coping with cravings.

- Help the client choose at least one coping strategy by prompting him or her to complete the Coping with Cravings checklist.

- Model the selected strategy for the client, and then engage him or her in practicing the skill in a role play, providing positive and constructive feedback to improve the client's skill over several role plays.

- When arranging a craving situation to simulate in the session for the purposes of modeling and practicing the skill, find out from the client a typical situation, and get as much detail about it and the nature of the craving as possible (e.g., where does it take place? Is the craving associated with positive images of using or self-talk about how good using will feel or about how the client can't withstand the urge to use?).

- Work out with the client in as much detail as possible the nature of the coping strategy that will be demonstrated so that it feels right to the client (e.g., the specific self-talk or mindfulness statement, the negative image that will be conjured up).

- Set up the situation so that it resembles the client's real situation as much as possible.

- Before modeling the skill, inform the client that you will demonstrate the skill, playing his or her role; then, instruct the client to play the role of describing the cravings out loud that you (who will be modeling the client) will be experiencing internally (e.g., "you are thinking 'Getting high right now would feel soooo good!'"; "you are imagining the taste of beer on your lips and thinking of how relaxed you'll feel when you get a few beers into you").

- When modeling the skill, as the client takes the role of the craving you should say out loud the coping strategy you are demonstrating so the client knows what is going through your head (e.g., the specific coping or mindfulness statements, the negative image you are thinking of, the prayer you are saying, what you are distracting yourself by doing).

- Switch roles with the client, and have him or her play him/herself, and you play the role of the craving; as with the demonstration, describe the craving experience to the client, who then practices the coping strategy by saying aloud what he or she is thinking, imagining, or doing to cope with the craving.

- Provide positive feedback to the client and discuss the role play, making whatever alterations are needed in the coping strategy to for it to feel more comfortable for him or her.

- Incorporate those modifications into another role play, using the same methods as the previous one, with you playing the role of the cravings and the client talking out loud when he or she is thinking; provide feedback, discuss, and make any necessary modifications as before, and if necessary practice again.

- When the client feels comfortable with the coping strategy, set up another role play, but this time instruct him or her not to say aloud what they are thinking or imagining, but instead to do it in their head. Run through the role play as before, with you playing the role of the cravings, and the client practicing the skill covertly. When completed find out how it went, and make any further modifications necessary.

- Develop a plan in the session for the client to practice the coping strategy on his or her own outside of the session. Initially, plans to practice the coping strategy should focus first on practicing the skill when the client feels comfortable and relaxed, rather than in the midst of a craving. As the client becomes more familiar with the skill, using it during a craving becomes more feasible.

TIPS FOR COMMON PROBLEMS:

- Some clients do not report experiencing cravings for alcohol or drugs. This is fine, and you can skip the coping strategies part of the handout and go to the next topic area. However, when reviewing the client's use of substances in the subsequent sessions, be alert to the possibility that the client may experience cravings to use. If such cravings become apparent, you can return to teaching coping strategies for dealing with cravings, as addressed in this handout.

- Practicing a coping strategy in the session may feel awkward or unnatural to the client. You should feel free to make whatever modifications to the coping strategy are necessary in order to make it seem more comfortable and natural to the client. In addition, explain to the client that the more he or she practices a coping strategy, the more natural it will feel.

- One coping strategy for dealing with cravings may be insufficient for the client to be successful in not giving into the cravings. Many clients benefit from additional time spent in subsequent sessions on learning additional strategies for coping with cravings. The more coping skills a client has for dealing with cravings, the better his or her coping efficacy will be, and ability to resist the temptation to use substances.

EVALUATING GAINS:

Gains in the ability to cope with cravings can be evaluated in subsequent sessions by:

1. Reviewing the client's use of coping strategies to deal with cravings after conducting regular follow-up assessments of the client's substance use each session.
2. Asking the client to demonstrate in the session his or her strategies for coping with cravings to use substances.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR COPING WITH TRIGGERS TO USE. II: CRAVINGS:

Therapeutic Goal	*Techniques & Probes*
Describe the nature of cravings to use substances and evaluate whether the client experiences cravings.	• Explain nature of cravings, including the fact that they tend to be transient and go away quickly if the person does not give into them. • Have client fill out Experiences with Dealing with Cravings Checklist. • Discuss what strategies the client has used to deal with cravings, and whether they have been successful. • If cravings are not reported, skip the following coping strategies section
Review possible coping strategies for cravings, and teach at least one strategy in the session.	• Discuss and describe different coping strategies for coping with cravings. • Prompt client to choose at least one strategy to practice in session. • Teach the selected coping strategy by: - Modeling the coping skill and then discussing it with the client. - Engaging client in role play to practice skill. - Providing positive feedback for parts that were done well. - Provide constructive feedback or tailoring the strategy to help the client do it better. - Engaging the client in another role play to get even better and more comfortable with it.

#9: Clinical Guidelines for "Coping With Triggers to Use, Part III: Negative Feelings, Symptoms, and Sleep Problems"

OVERVIEW:

This final topic area on triggers of substance use addresses three common triggers: negative feelings such as depression or anxiety, hallucinations, and sleep disturbances, such as difficulty falling asleep or staying asleep. For each of these different triggers, the clinician first describes the nature of the trigger one at a time, and then helps the client evaluate whether he or she has experienced it as a trigger for using substances. If the client has experienced the trigger, different coping strategies for dealing with it are reviewed, at least one is selected, and it is then practiced in the session. Home assignments are then developed that focus on practicing the coping strategy or strategies outside of session. For clients who do not experience a particular trigger addressed in the topic area, the coping strategies for that trigger are skipped and the clinician moves onto the next type of trigger. As with the other topic areas that target coping strategies for substance use triggers, follow-up on practice assignments, additional practice, and teaching additional coping strategies in subsequent sessions may be necessary in order for the client to develop sufficient coping skills for dealing with the triggers addressed in this topic area.

Goals

1. Complete and review Alcohol and Drug Log.
2. Evaluate whether the client experiences anxiety or depression as a trigger for using substances.
3. Review possible strategies for coping with anxiety or depression as triggers, and teach one strategy in the session.
4. Evaluate whether the client experiences hallucinations as a trigger for using substances.
5. Review possible strategies for coping with hallucinations as a trigger, and teach one strategy in the session.
6. Evaluate whether sleep problems have been a trigger for the client to use substances.
7. Review sleep hygiene habits as a strategy for dealing with sleep problems as a trigger, and make a plan with the client to implement some of those strategies.

Materials Needed

Alcohol and Drug Log.
Topic handout #9– Coping with Triggers to Use. III: Negative Feelings, Symptoms, and Sleep Problems.

Suggested Agenda:

Slow-Paced	Medium-Paced
Session 1- Depression and anxiety; Coping with depression and anxiety	Session 1- Depression and anxiety; Coping with depression and anxiety; Hallucinations; Coping with hallucinations; Sleep problems; Good sleep hygiene (Note, client may not have all of these symptoms, hence some may be skipped)
Session 2- Hallucinations; Coping with hallucinations	
Session 3- Sleep problems; Good sleep hygiene	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Discuss different symptoms of depression and prompt the client to complete the Symptoms of Depression Checklist regarding symptoms experienced over the past month.
- When symptoms of depression are noted, explore with the client whether these symptoms have been triggers for using substances.
- Discuss different symptoms of anxiety and prompt the client to complete the Symptoms of Anxiety Checklist regarding symptoms experienced over the last month.
- For any symptoms of anxiety that were noted, explore with the client whether these symptoms have triggered their use of substances in the past.
- If depression or anxiety were not identified as triggers for using substances, skip the coping strategy section and go on to the hallucinations section.
- If symptoms of depression or anxiety are identified by the client as triggers for using substances, review and discuss different strategies for coping with anxiety or depression, including any strategies the client has used in the past and their effectiveness.
- Prompt the client to complete the Coping with Anxiety or Depression Checklist, and select at lease one strategy to practice in the session.
- When feasible, model the skill for the client and engage him or her in practicing it, providing positive and constructive feedback as necessary and making modifications in the strategy will make it more natural for the client to use.
- If the client selects “Planning and doing fun activities” or “Exercise,” work it out with the client as specifically as possible.

- If the client selects "Coping self-talk" or "Mindfulness," use the same skills training procedures to help the client set up a realistic situation to practice the skill as described in the previous topic area on Coping with Cravings, *except* instead of the client (and then you) taking the role of describing the cravings to the other person who is using the coping skill, the client (and then you) describes the thoughts and feelings of anxiety or depression that the other person is experiencing as a trigger to use substances (e.g., "You are feeling really down, like you have nothing to live for, and you just want to escape that feeling—drink or find some cocaine, any escape will do," "You feeling on edge, nervous about everything, and just imagine how calm you'll feel after you've had a drink or two"); as in teaching coping with cravings.

- Make a plan with the client to practice the coping strategy on his or her own.

- If the client wants to consider a medication change to address depression or anxiety, work out a plan for the client to meet with the Psychiatrist to talk about it; it may be helpful for the client to plan and rehearse what he or she will say to the doctor in a role play:

  - Model the skill for the client first, demonstrating: good eye contact, firm and clear voice tone, clear statement of problem, request for help, and thanks for the doctor's efforts.

  - Engage the client in a role play to practice talking to the doctor.

  - Provide positive feedback, constructive suggestions for improvement, and suggest additional role plays if appropriate.

- Check on the client's comfort level and confidence with using the skill.

- Describe the nature of hallucinations and the fact that people sometimes use substances to cope with them.

- Explore with the client whether he or she has experienced hallucinations, and if so whether they have used substances to cope with them, and what the consequences were.

- If the client has not recently experienced hallucinations, or reports that hallucinations are not a trigger for using substances, skip the coping strategies section and go to the section on sleeping problems.

- If the client indicated that hallucinations have triggered substance use, review the different strategies for coping with hallucinations, including any strategies the client has used and their effectiveness.

- Prompt the client to complete the Coping with Hallucinations Checklist, and then select a strategy to practice in the session.

- Model the skill for the client in the session, and then engage him or her in practicing it, providing positive and constructive feedback as necessary and making modifications in the strategy to make it more natural for the client.

- The same skills training methods used to teach clients how to cope with cravings can be used to teach coping with hallucinations, except that instead of the client (and then you)

playing the role of the cravings, the client (and then you) play the role of speaking or describing the hallucinations aloud:

  - Select a situation in which the client has experienced hallucinations.
  - Get the client to provide you with as detailed a description of the hallucination as possible.
  - When the client is practicing the skill, start by describing the hallucinations in a soft voice to make it easier for the client to practice the coping skill.
  - Increase the loudness of your voice as the client becomes better at using the coping strategy.

- Make a plan with the client to practice the strategy for coping with hallucinations on his or her own.
- Many clients benefit from learning several coping strategies for dealing with hallucinations, which can be taught in subsequent sessions.
- If the client wants to consider a medication change to address the hallucinations, work out a plan for the client to meet with the Psychiatrist to talk about it; it may be helpful for the client to plan and rehearse what he or she will say to the doctor in a role play (as described above in the techniques for teaching coping strategies for depression and anxiety.
- Describe the nature of sleep problems and the fact that people sometimes use alcohol or drugs to cope with such problems as difficulty falling asleep or staying asleep.
- Explore with the client whether he or she has used substances to cope with sleep problems, and if so what the effects were.
- If sleep problems have not been a trigger for the client to use substances, skip the section on sleep hygiene.
- If sleep problems have been a trigger for substance use, explain the concept of sleep hygiene habits and how it can help people get a good night sleep.
- Prompt the client to complete the Good Sleep Hygiene Checklist to indicate which behaviors here she currently engages in. Then, facilitate a discussion with the client about which sleep hygiene behaviors he or she would like to work on changing, and make a plan with the client to follow through on implementing those changes.

TIPS FOR COMMON PROBLEMS:

- Some clients may report that negative feelings, hallucinations, or sleep problems do not trigger urges to use substances. This is not a problem, and the coping strategy parts of the handout can be skipped for triggers that the client does not experience. At a later point in time, new information may emerge indicating that one of these triggers is actually important. If this happens, you can return to the relevant coping strategies in this handout and teach them as needed.

- The client may feel that despite his or her attempts to use coping strategies to deal with depression, anxiety, or hallucinations, their symptoms still trigger substance use. You should reassure the client that with continued work on developing and practicing coping skills he or she will eventually be able to resist these triggers.

- When the client does not report immediate success with using a coping skill to deal with depression, anxiety, or hallucinations as triggers to substance use, you should consider the following three rules of thumb for teaching effective coping strategies:

  - When following up on a client's home assignment to practice a coping strategy, if the client reported that it did not produce some relief, prompt him or her to demonstrate the coping strategy for you (if feasible), or explain in detail he or she did so that you can verify whether the coping strategy was used correctly. If it was not used correctly, provide additional instructions, modeling, and practice in the session to help the client learn how to better use the skill. If the client appears to have used the skill correctly, but experienced little or no relief, consider modifying the skill to make it better suited to the client.

  - The more the client practices the coping strategies on his or her own when feeling depressed or anxious, or when experiencing hallucinations, the more skillful and he or she will become. Such practice is especially important when the client experiences a symptom but does not have a strong urge to use substances as it provides an opportunity for the client improve his or her ability to use the skill without the looming threat of substance use.

  - Coping efficacy is highest when people have multiple coping strategies for dealing with distressing symptoms. Therefore, after the client has learned one coping strategy, at least one or two additional strategies should be taught to bolster his or her coping efficacy.

- Clients who have ongoing problems with anxiety or depression triggering substance use, despite learning coping strategies, should learn cognitive restructuring (from the Dealing with Negative Feelings IRT module) if they have not already learned it. If the client has learned cognitive restructuring, but continues to have problems with depression or anxiety triggering substance use, you should help the client apply their cognitive restructuring skills to addressing these feelings and the corresponding urges to use substances.

- Some clients who report anxiety as a trigger for using substances may have poor follow-through on home assignments to practice their coping strategies, or may experience little relief from using coping skills or cognitive restructuring, despite adequate practice. With these clients, sometimes cravings to use substances can masquerade as anxiety, and attention needs to be turned to improving the client's ability to cope with cravings (as addressed in a previous topic area) rather than coping with anxiety.

- The client may report continued sleep problems despite making changes in their sleep hygiene. Sleep hygiene is most effective when:

  - All of the recommended sleep hygiene behaviors are implemented, not just some of the behaviors.

  - The client consistently implements the sleep hygiene changes, not just occasionally.

- The client may report sleep problems despite developing good sleep hygiene habits. These clients may benefit from discussing this problem with their Psychiatrist . Sometimes modifications can be made in the client's medication regimen to facilitate sleep, such as taking all of their medication right before they go to sleep at night or switching medications to a one with more sedating effects.

- Despite in-session practice and making detailed plans to practice coping skills outside of sessions, the client may forget to practice the skills on his or her own. With these clients it may be helpful to identify a supportive person to help the client practice the skill outside the session (e.g., friend, family member). It may also be important to invite the support person to attend part of an IRT session in order to understand the coping skills and to help the client practice those skills outside of the session.

EVALUATING GAINS:

Gains in the ability to cope with cope with the triggers covered in this topic area can be evaluated in subsequent sessions by:

1. Checking in with the client whether he or she has been able to use the coping skills for dealing with depression, anxiety, or hallucinations, and if so whether they brought the desired relief and were successful in staving off urges to use substances.
2. Asking the client to demonstrate in the session his or her strategies for coping with depression, anxiety, or hallucinations.
3. Reviewing the client's success in implementing good sleep hygiene habits.

Therapeutic Goals, Specific Techniques, and Probes for Coping With Triggers to Use. III: Negative Feelings, Symptoms, and Sleep Problems:

Therapeutic Goal	*Techniques & Probes*
Evaluate whether the client experiences anxiety or depression as a trigger for using substances.	• Review the symptoms of depression, prompt client to complete the checklist, and check to see whether any symptoms of depression have been triggers to use substances. • Review the symptoms of anxiety, prompt client to complete the checklist, and check to see whether anxiety has been a trigger to use substances. • If anxiety or depression are not triggers for the client, skip the next goal on developing coping strategies to manage them.
Review possible strategies for coping with anxiety or depression as triggers, and teach one strategy in the session.	• Review and discuss the list of coping strategies for dealing with depression or anxiety as a trigger for using substances. • Prompt the client to complete the Coping with Anxiety or Depression Checklist and talk about what coping strategies the client has used in the past to deal with depression and anxiety, and how effective those strategies were. • Prompt client to select a new coping strategy to try based on the completed checklist. • Model the skill in a role play (if feasible), then engage the client in practicing it, and then developing a plan to practice it at home.
Evaluate whether the client experiences hallucinations as a trigger for using substances.	• Review the nature of hallucinations, explore whether the client has recently experienced them, and if so whether they have triggered substance use. • If hallucinations are not triggers for the client, skip the next goal on developing coping strategies to manage them.
Review possible strategies for coping with hallucinations as a trigger, and teach one strategy in the session.	• Review and discuss the list of coping strategies for dealing with hallucinations as a trigger for using substances. • Prompt the client to complete the Coping with Hallucinations Checklist and talk about what coping strategies the client has used in the past to deal with hallucinations, and how effective those strategies were. • Prompt client to select a new coping strategy to

	try based on the completed checklist.
Evaluate whether sleep problems have been a trigger for the client to use substances.	• Describe the role sleep problems can have as triggers to using substances. • Ask the client questions to determine whether he or she has any sleep problems, and if so, whether they have used substances to cope with these problems and what the effects were. • If sleep problems are not a trigger for the client to use substances, skip the next goal on developing coping strategies to manage them.
Review sleep hygiene habits as a strategy for dealing with sleep problems as a trigger, and make a plan with the client to implement some of those strategies.	• Discuss the nature of sleep hygiene, and prompt the client to complete the Good Sleep Hygiene Behaviors Checklist. • Tally up the client's Sleep Hygiene score, and explore whether the client would like to develop some new sleep hygiene habits. • Select one or more sleep hygiene habits to focus on, and make a plan to implement them over the next week, considering specific questions such as: – What relaxing activity will the client do before bedtime? – When will the client go to bed and wake up? – How can the client avoid napping if he or she has a bad night sleep? – What kind of exercise can the client begin to engage in? • Consider helping the client develop a sleep hygiene checklist that can be completed daily to prompt him/her to follow the new routine and to review whether the intended plan is being implemented. • Additional sleep hygiene strategies may need to be taught gradually over subsequent sessions.

#10: Clinical Guidelines for "Developing a Relapse Prevention Plan for Substance Abuse"

OVERVIEW:

Clients who have achieved abstinence from all substances, or who have succeeded in becoming abstinent from one substance despite continuing to use another (e.g., stopping cannabis use while continuing to use alcohol), can benefit from developing a Relapse Prevention Plan to maintain their abstinence. This topic area begins with a discussion of the importance of having a Relapse Prevention Plan, and then walks the client through the steps of developing a written plan, including: 1) identifying the most important reasons for not using substances, 2) identifying a supportive person, 3) listing personal triggers of substance use, 4) describing strategies for how each trigger will be dealt with, 5) describing the nature of a crisis situation in which the client is on the verge of using substances or has just used, 6) developing a plan for responding to the crises situation, 7) posting the plan where the client can see it regularly, and 8) making copies of the plan and giving it to people who are supportive of the client. After the Relapse Prevention Plan has been written, parts of it can be practiced in the session. At the end of the topic area the clinician also explains that the Relapse Prevention Plan is a "living document" that can be modified based on changes in the client's circumstances or lessons learned from relapses that may have occurred despite the Relapse Prevention Plan.

Goals

1. Complete and review Alcohol and Drug Log.
2. Discuss nature of substance abuse relapses and role of a Relapse Prevention Plan in preventing relapses.
3. Develop a specific, written Relapse Prevention Plan with the client.
4. Practice parts of the Relapse Prevention Plan with the client in the session.
5. Copy the written plan, share it with other involved people, and post it where the client can see it on a daily basis.
6. Help client understand Relapse Prevention Plan is a "living" document that can be modified as needed based on experience and changes in the client's social supports.

Materials Needed

Alcohol and Drug Log.
Topic handout #10 – Developing a Relapse Prevention Plan for Substance Abuse.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- What is a relapse?; Guidelines for making your own Relapse Prevention Plan; Steps 1-3 (Reason for not using substances, People who support decision not to use; Most important triggers)	Session 1- What is a relapse?; Guidelines for making your own Relapse Prevention Plan; Steps 1-4 (Reason for not using substances, People who support decision not to use; Most important triggers; Strategies for dealing with triggers)
Session 2- Relapse Prevention Plan steps 4-6: (Strategies for dealing with triggers; Establishing a crisis action plan if you are about to use or have just used, Practice the plan)	Session 2- ; Relapse Prevention Plan steps 5-8: (Establishing a crisis action plan if you are about to use or have just used, Practice the plan, Post a copy where you can see it every day, Give a written copy of the plan to supportive other people); The Relapse Prevention plan as a living document
Session 3- Relapse Prevention Plan steps 7-8 (Post a copy of plan where you can see it every day, Give a written copy of the plan to supportive other people); The Relapse Prevention plan as a living document	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Some clients benefit from having a supportive person participate with them in the sessions devoted to developing a Relapse Prevention Plan (e.g., family member, friend).
- Explain the difference between a slip and a relapse, and engage the client in a discussion of the value of preventing relapses.
- Walk the client through the first five steps of developing a Relapse Prevention Plan, and have the client record the plan on the record sheet: 1) Describe your most important reason for not using substances. 2) Name people who support your abstinence. 3) Identify your most important triggers of substance use. 4) Identify your most effective strategies for dealing with these triggers. 5) Establish a crisis action plan in case you are about to use or have just used.
- Steps 1-4 have already been covered in previous topic areas of this module, so the client should have all of the relevant worksheets available to him or her in the session in order to summarize them for the relevant steps of the Relapse Prevention Plan.
- For step 5, prompt the client to identify at lease one or two people they can call in the event that they feel overwhelmed by an urge to use substances or have just used substances again. Make a plan with the client to check out what these people their willingness to play this role in their Relapse Prevention Plan.

- In step 6 (Practice the plan) set up role-plays to practice parts of the Relapse Prevention Plan, with a particular focus on coping strategies and the crisis action plan

- For practicing coping strategies to deal with urges to use:

  – Create as specific and plausible a situation as possible based on the client's input.

  – Discuss in advance with the client which coping strategy or strategies he or she will use.

  – If the triggers involve offers to use substances from others, cravings, negative feelings, or hallucinations, offer to play the role of the other person, their cravings, their negative feelings, etc., as described in the Dealing with Social Situations and Coping with Triggers II and III topic areas.

  – After the practice, discuss how it went, provide positive feedback about effective aspects of the client's responses, and get the client to evaluate his or her performance.

- For practicing the crisis action plan:

  – Get the client's input to help you set up the situation.

  – After the practice, discuss how it went, provide positive feedback about effective aspects of the client's responses, and get the client to evaluate his or her performance.

- In step 7 (Post a copy of your plan where you can see it every day), prompt the client to identify a place where he or she could be reminded of their Relapse Prevention Plan every day.

- In step 8 (Give a written copy of the plan to supportive other people), identify with the client support of people who should be given a copy of the plan, and arrange who will give it to them. Also arrange to place a copy in the client's chart.

- Discuss with the client the concept of a Relapse Prevention Plan as they "living document" that can be modified in the future based on changes in the client's circumstances or the experience of slips or relapses.

TIPS FOR COMMON PROBLEMS:

- Some clients who become abstinent do not like to think about the possibility of a relapse, either because they think it is impossible or it makes them anxious.

  – For clients who do not think that a relapse is possible, convey the notion that although it may be unlikely that a relapse will occur, making a Relapse Prevention Plan will make a relapse even less likely to occur, so it can't hurt to make such a plan.

  – For clients who report that talking about relapses makes them anxious, practice some relaxation exercises in the session (e.g., relaxed breathing) before beginning the plan, and if necessary take breaks to practice relaxation again throughout the process of creating the plan.

- The client may have difficulty identifying someone who can support them when they are on the verge of using or just used. Two options are:

  - Identify one or more members of the client's treatment team.

  - Explore again the possibility of getting involved with a self-help group for addiction (such as Dual Recovery Anonymous) where a sponsor can be found who can provide the needed support.

- The client may forget to follow through on contacting other people involved in the Relapse Prevention Plan or giving them copies of the plan. Solutions to this problem should be discussed with the client, including you contacting the people directly or inviting them to participate in part of an IRT session.

- The client may have a relapse despite having followed all the steps of a Relapse Prevention Plan or despite following some of the steps. As described in the handout, when the relapse has been addressed in the client is stable and abstinent again, you should review the Relapse Prevention Plan with the client (and any available support persons), praise the client (and supporters) for any steps of the plan that were followed, and then make modifications to the plan to address those areas which appear to have not worked. The modified plan should replace the old plan, with copies made and distributed to the appropriate people, and posted prominently somewhere the client can see it on a regular basis.

- The client may feel demoralized after having a relapse of substance abuse. The client may feel at all the work he or she has invested in working on their substitute use problems has been for nothing, and now they have to start all over. You can help the client reframe a relapse as part of the process of recovering from an addiction or substance use problem that does not mean that they have to start all over again. Recovery can be conceptualized as a journey, road, path, or trip that has various obstacles and challenges along the way (including slips and relapses), but that despite encountering these challenges they are still progressing along the "road to recovery." Some clients may find it helpful to complete the exercise of Recovering Mountain after experiencing a relapse.

EVALUATING GAINS:

Gains in developing and implementing a relapse prevention plan can be evaluated by addressing the following questions:

- Was a written Relapse Prevention Plan created?
- Has the client posted the plan somewhere prominent?
- Have important people to implementing the plan been contacted and given copies of the plan?
- Does the client report seeing and being reminded of the plan on a regular basis?
- Have members of the treatment team received copies of the Relapse Prevention Plan?
- Is a copy of the Relapse Prevention Plan in the client's chart?
- Has the client reported successfully using the plan to cope with triggers to use substances or with a crisis in which the urge to use overwhelming or a slip occurred?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR DEVELOPING A RELAPSE PREVENTION PLAN:

Therapeutic Goal	*Techniques & Probes*
Discuss nature of substance abuse relapses and role of a Relapse Prevention Plan in preventing relapses.	• Explain the distinction between a relapse and a slip. • Elicit the client's thoughts about the importance of prevention, and then describe the purpose of a Relapse Prevention Plan.
Develop a specific, written Relapse Prevention Plan with the client.	• Prompt the client to take responsibility for recording the written 5 step Relapse Prevention Plan. • For Step 1 (reasons for not using substances), prompt client to identify the most important reasons he or she doesn't want to use substances, and write them on the plan; if possible, include one of the long-term goals the client is working towards in IRT as one of those reasons. • For Step 2 (people who support abstinence), the person identified in Topic Area 4 (Getting Support for Quitting) should be included on the written plan, unless there has been a change in supportive persons. • For Step 3 (important triggers of substance use), these triggers were identified in Topic Areas 7-9 (Coping with Triggers to Use I-III), and there is a summary checklist (My Triggers for Using Substances) in this handout; up to three important triggers should be recorded on the Relapse Prevention Plan. • For Step 4 (effective strategies for dealing with triggers), these strategies can be drawn from the handouts and work done in Topic Areas 7-9, and recorded on the plan. • For Step 5 (crisis action plan in case client is about to use or has just used), discuss with the client the signs of a crisis of being on verge of using substances or just having used, and then: – Record those signs on the Relapse Prevention Plan. – Explore with the client could be contacted in the event of such a crisis, and record their names and contact information on the Plan.

Practice parts of the Relapse Prevention Plan with the client in the session.	• Two parts of the Relapse Prevention Plan can be practiced in session: coping with triggers and responding to a crisis. • To practice coping with triggers, set up with the client one or two practice situations focusing on their most important triggers, one at a time: • To practice responding to a crisis, set up a practice situation based on the client's input, and (if you don't know already) get the client to describe the person he or she will call in the situation so you can take that person's role.
Copy the written plan, share it with other involved people, and post it where the client can see it on a daily basis.	• Make a plan with the client to give copies of the Relapse Prevention Plan to involved persons, including people who support the client's abstinence and the treatment team. • Arrange to put a copy of the Plan in the client's chart. • Explore with the client where he or she can post the Plan where it will be seen every day.
Help client understand Relapse Prevention Plan is a "living" document that can be modified as needed based on experience and changes in the client's social supports.	• Explain that a Relapse Prevention Plan can be modified over time as circumstances in the client's life change, such as a change in social supports. • Note that if a slip or relapse occurs, the Relapse Prevention Plan can be reviewed and changed to make more effective.

#11: Clinical Guidelines for "Wrapping Up and Looking to the Future"

OVERVIEW:

In this topic area you will review the gains the client has made over the course of the Substance Use module, explore current and future needs the client may have related to their substance use, and help the client make a plan for addressing those issues. When reviewing the gains made over the course of the module, it may become apparent that the client would benefit from returning to some of the topic areas previously covered, and doing additional work. The identification of client needs may also lead to the selection of other IRT modules to work on next. For example, high levels of distress which trigger substance use could suggest the client might benefit from participating in either the Dealing with Negative Feelings module or the Coping with Symptoms module, where as difficulties making friends with people who don't use substances or lack of alternative fun activities might suggest the client would benefit from working on the Having Fun and Developing Good Relationships module. The overall tone is this session should be positive and upbeat, noting the gains the client has made, however limited, and making plans for the future.

Goals

1. Complete and review Alcohol and Drug Log.
2. Review the client's progress over the module in increasing their understanding and insight about substance use, and their motivation to change, and decreasing their substance use behavior and the negative consequences of substance use.
3. Help client identify any current or future needs related to their substance use.
4. Make a plan with the client to address any needs identified.
5. Conclude the module in a positive, upbeat fashion that acknowledges the client's efforts and progress.

Materials Needed

Alcohol and Drug Log.
Topic handout #11 – Wrapping Up and Looking to the Future.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Reviewing your progress (Understanding and insight, Motivation, Behavior, Consequences)	Session 1- Reviewing your progress (Understanding and insight, Motivation, Behavior, Consequences); Current and future needs; Plan for addressing needs related to reducing use of maintaining abstinence; Wrapping it all up
Session 2- Current and future needs; Plan for addressing needs related to reducing use of maintaining abstinence; Wrapping it all up	

TEACHING STRATEGIES:

- Provide a brief overview of the topic.
- Throughout this topic area, strive to focus on the positive and gains the client has made, even if substance use continues to be a problem.
- Prompt the client to discuss the initial probe questions in the handout on:
  - How they have found working on the Substance Use module helpful?
  - How has their life changed as a result of working on the module?
  - What are they most proud of in their work on the module?
- Regarding changes in insight and knowledge about substance use problems, prompt the client to consider what they have learned about substance use, psychosis, themselves, and skills and other tools for dealing with urges to use or situations involving substance use.
- Prompt the client to complete the Importance Ruler and Confidence Ruler regarding his or her motivation and ability to cut down or stop using. Engage the client in a discussion of whether his or her importance or confidence has changed compared to earlier in the module, and if so, why.
- Regarding changes in behavior, engage the client in a discussion of what changes he or she has made in their substance use, based on whether their goal was to reduce or stop using substances. Explore with the client his or her perceived reasons for change (or not changing), satisfaction with changes, and desire for more change in the future.
- Regarding changes in consequences of substance use, prompt the client to complete the Negative Consequences of Using Alcohol and Drugs worksheet, and then discuss any differences compared to when the worksheet was completed earlier in the module.
- Engage the client in a discussion of what current needs he or she has or may have in the future related to their substance use. Prompt client to complete the Checklist of Needs for Reducing Substance Use or Maintaining Abstinence, and discuss his or her answers.

- Develop a plan with the client to address needs identified on the Checklist. This plan may involve going back and doing additional work on some of the topic areas of the module previously covered, or working next on other IRT modules.

- Wrap up by praising the client for his or her work on the module and identifying some specific, genuine examples of the person's efforts, skills, or gains made during the module.

TIPS FOR COMMON PROBLEMS:

- Clients who have made little progress in reducing or stopping their substance use may feel discouraged or demoralized at the end of the module. Several strategies may be helpful with these clients.

  - Emphasize any gains that have been made, however minor.

  - Reassure the client that you will continue working on this problem together as you move onto other IRT modules

  - Help the client reframe their experience as part of "being on the road to recovery" from substance use problems, and that their efforts in the module are part of their personal journey of taking control over their lives.

- Clients may report that they still experience difficulty with some of the topic areas covered in the module, such as dealing with social situations or coping with triggers to use. When clients have gradually reduced their substance use, or stopped using later in the course of the module, their retention of skills taught earlier may be limited. These clients may benefit from returning to and learning previously covered material when they are no longer using, and are more able to learn the critical skills.

EVALUATING GAINS:

After completing this module it is important to periodically review the client's use of substances at the beginning of sessions

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR WRAPPING UP AND LOOKING TO THE FUTURE:

Therapeutic Goal	*Techniques & Probes*
Review the client's progress over the module in increasing his or her understanding and insight about substance use, and his or her motivation to change, and decreasing his or her substance use behavior and the negative consequences of substance use.	• Ask client general questions to find out how participation in the module was helpful, what has changed, and what he or she is proud of in their work on the module. • Ask client probe questions to explore changes in understanding and insight into substance use and psychosis, his or her own substance use, and what tools or skills he or she has learned. • Explore changes in the client's motivation to not use substances with the Importance Ruler and Confidence Ruler related to substance use reduction, and compare with ratings made in Topic Area #3 (Weighing the Pro's and Con's of Substance Use). • Find out what the most important factors have been for motivating the client to reduce or not use substances, including the interference of substance use with attaining their goals. • Review changes in the client's substance use based on regular assessments, and explore factors either contributing to reduction or abstinence, or interfering with reducing. • Prompt the client to complete the Negative Effects of Using Alcohol and Drugs for the past month, and compare it to the same worksheet completed in Topic Area #2 (Substance Use and Psychosis). • Explore reasons for change or lack of change.
Help client identify any current or future needs related to their substance use.	• Ask the client about any current or anticipated needs that are important to either cutting down substance use or maintaining abstinence. • Prompt the client to complete the Checklist of Needs for Reducing Substance Use of Maintaining Abstinence.
Make a plan with the client to address any needs identified.	• Review the Checklist of Needs and make a plan with the client how to address the needs. • Needs related to skills for refusing substances, social support for not using, better coping with cravings, and help dealing with money can be addressed by returning to the relevant topic areas of the Substance Use Module.

	• Needs related to more fun things to do, coping with depression, anxiety, or hallucinations, or coping with sleep problems can be addressed either by returning to the relevant topic areas in the Substance Use Module, or by moving onto other IRT modules in which these problems areas are also addressed. • Help dealing with upsetting memories of past events may indicate the client has posttraumatic stress disorder, and would benefit from cognitive restructuring taught in the Dealing with Negative Feelings module.
Conclude the module in a positive, upbeat fashion that acknowledges the client's efforts and progress.	• Focus on gains the client has made. • Elicit from the client examples of personal strengths and resiliency skills he or she used to make gains. • Connote the work the client has done as part of being on the "road to recovery." • Praise the client for his or her efforts and give specific examples of accomplishments.

Alcohol & Drug Log

Instructions: Tell the client "I'd like to review with you your use of substances since we met last." Starting with yesterday find out from the client how many drinks he/she had and the situations in which the drinking took place. Next ask about drug use that same day (specify type of drug) and situations in which drugs were used. Repeat until all days are filled in since last meeting. Remember that this information is confidential (between you and your IRT therapist) unless you have explicitly agreed to have this information shared with others.

Date completed: ____

Day of Week	Month	Day of Month	Number of Drinks	Drug Use Type (*)	Situations	Notes
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						

Total Number of Days ________ Total Number of Drinks _________ Total Number of Days Using Drugs _________

*Drug Code: M=Marijuana, C= Cocaine, A=Amphetamine, O=Opiate (e.g., heroin, oxycontin), H=Hallucinogens (e.g., LSD, PCP, Mescaline), B=Benzodiazepine/other sedative, OTC= Over the counter, I=Inhalants (e.g., glue)

Introduction to Substance Use

Alcohol and drug use are common behaviors that many people engage in. People who have had a recent psychosis are very sensitive to the effects of substances: even small amounts of alcohol or drug use can trigger symptoms or interfere with functioning. This module focuses on talking about your substance use, and helping you make a decision about whether your use in the future may be affected by having had a psychosis, and if you would like to continue to use, cut down, or quit altogether.

In this module we will:

- Review information about different types of substances.
- Discuss common reasons for using substances.
- Discuss consequences of using substances, including the effects on psychosis.
- Explore whether using substances helps or hurts your recovery from psychosis and attainment of personal goals.
- Help you weigh the pros and cons about using substance or cutting down or stopping to use.
- Explore ways of getting you support if you decide you want to cut down or stop using substances.
- Help you develop skills and coping strategies to handle triggers to use substances if you want to cut down or stop using.
- Work together to make a personal relapse prevention plan if you decide to stop using.

What I expect from you:

- Honest, open discussion about your substance use.

- Regular check-in about your use of alcohol and drugs over the past week. We will start this today, using the copy of the Alcohol and Drug Log at the end of this handout.

What you can expect from me:

- Factual information about substance use and effects on psychosis.
- Non-judgmental exploration with you about the reasons for using substances and the benefits of not using.
- Confidentiality about your substance use except with the treatment team (unless you are willing to discuss with your family).
- No pressure to change.
- Help changing your substance use habits, if you choose.

This module focuses on substance use, reasons for using, and the effects of using on psychosis and other areas of your life.

If you decide you want to cut down or quit using substances, we will work together on making a plan to help you accomplish your goal.

A Message of Hope:

Many people with a psychosis and substance use problems have been able to reduce and stop using substances, taking control over their lives and their recovery.

Getting Started:

On the following page you will find a blank Alcohol and Drug Log, which you will complete every time you meet with your IRT clinician during this module. You can get started by completing this log with your clinician now.

Alcohol & Drug Log

Instructions: Please use this log every time you meet with your IRT clinician to review your use of substances since your last meeting. Starting with yesterday, how many drinks did you have and what situations did you drink in? Starting with yesterday, what type of drugs did you use and what situations did you use them in? Repeat these questions for each day until all days are filled in since your last meeting with your IRT clinician. Remember that this information is confidential (between you and your IRT clinician) unless you have explicitly agreed to have this information shared with others.

Date of Completion: ____

Day of Week	Month	Day of Month	Number of Drinks	Drug Use Type(*)	Situations	Notes
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Total Number of Days ________ Total Number of Drinks _________

Total Number of Days Using Drugs ________

*Drug Code: M=Marijuana, C= Cocaine, A=Amphetamine, O=Opiate (e.g., heroin, oxycontin), H=Hallucinogens (e.g., LSD, PCP, Mescaline), B=Benzodiazepine/other sedative, OTC= Over-the-counter, I=Inhalants (e.g., glue)

#1: Basic Facts about Alcohol and Drugs

Using alcohol and drugs is a common human behavior that dates back for thousands of years. For example, drinking a beer, a glass of wine, or a mixed drink is common in modern society. Similarly, using drugs such as marijuana, cocaine or speed, or ecstasy to get high, and feel energetic or relaxed is also common.

These types of substances can make people feel good, but they can also cause problems for people who have experienced psychosis. This handout covers commonly used substances and their effects. It also explores your own personal reasons for using.

Commonly Used Substances and Their Effects

It is helpful to understand what people commonly experience when they use alcohol and drugs. The following table lists examples of both the positive and negative effects of alcohol and drugs.

Questions:

- Which of the following substances have you ever tried? Anything you have tried (such as over the counter medicines or herbal preparations) that is not on the list?
- When was the last time you used each substance?
- What effects (both positive and negative) have you noticed experiencing from each of the substances you have tried?

Commonly Used Substances and Their Effects

Substance Type	Examples	Positive Effects	Negative Effects
Alcohol	Beer, wine, gin, whiskey, vodka, tequila	-Relaxation -Lighter mood	-Slower reaction time, feeling tired -Socially embarrassing

Substance Type	**Examples**	**Positive Effects**	**Negative Effects**
			behavior
Cannabis	Marijuana, hash, THC	-Relaxation -"High" feeling	-Reduced reaction time and coordination -Feeling unmotivated -Feeling tired -Paranoia -Increased anxiety or feeling panicky
Stimulants	Cocaine (powder/or crack), amphetamines (crystal meth., Dexedrine, Ritalin, Adderall, ephedrine)	-Feeling alert, energetic -Euphoria	-Increased anxiety -Paranoia and psychosis -Sleeplessness -Feeling jittery
Hallucinogens	Ecstasy, LSD, peyote, mescaline	-Increased sensory experiences -Feeling of well-being	-Bad "trips" -Psychotic symptoms
Opiates	Heroin, morphine, vicodin, Demerol, opiumOxycontin	-Positive feeling of well-being -Relaxation -Reduced pain sensitivity	-Drowsiness -Highly addictive -Risk of overdose

<u>Other Commonly Used Substances and Their Effects</u>

Substance Type	**Examples**	**Positive Effects**	**Negative Effects**
Inhalants	Glue, aerosols, paint	-"High" feeling	-Severe disorientation -Toxic/brain damage
Over-the-counter medications	Cough syrup, antihistamines and related compounds (such as Benadryl and other cold tablets)	-"High" feeling -Sedation	-Drowsiness
Caffeine	Coffee, energy drinks, some teas, some sodas	-Alert feeling	-Feeling jittery -Interference with sleep
Nicotine	Smoking, chewing tobacco	-Feeling alert -Feels good	-Health problems, such as emphysema, lung/ throat/ mouth cancer
Benzodiazepines (anti-anxiety medication)	Valium, Xanax, Klonopin, Ativan	-Reduced anxiety -Relaxation	-"Rebound anxiety" when medication wears off -Loss of inhibition and coordination -Dulled senses

Why do People Use Alcohol and Drugs?

There are many reasons people use substances. Some of the most common reasons are described below.

Common Reasons for Using

To socialize

Using substances with other people can make you "one of the crowd". It can make it easier to meet people, to feel comfortable around people, or just something to do with friends to have fun or hang out. Using with friends can also be a way of re-connecting with people you haven't been in touch with for a while. People often use substances together at parties, celebrations, or holidays.

To have fun

Alcohol or drugs can make people feel good, and fight boredom in their lives. Some substances may make people feel high, relaxed and mellow. Others can cause people to feel alert, energetic, and full of life.

To improve mood

People may use substances to counteract the effects of feeling bad. Alcohol and drugs can provide temporary relief from feeling depressed, anxious, or angry, although it can also contribute to negative feelings. For example, it is common for people to feel bad about themselves for being unproductive if they are spending a lot of time hung over.

To cope with symptoms

Some people use alcohol and drugs is to cope with symptoms. Alcohol and drugs may provide temporary relief from hearing voices or having other hallucinations. Using substances can reduce paranoid thinking, or being concerned that other people are looking at you, talking about you, or know what you are thinking. Some substances can increase concentration, which can help when one's attention easily wanders. Using substances to cope with symptoms can provide some temporary relief, but it can also worsen the problem in the long-run.

To help with sleep

Alcohol and drugs can make it easier to get to sleep. However, the sleep is often less restful and you may feel groggy in the morning.

To avoid other problems

People may also use substances as a way of distracting themselves from their problems. For example, people may use alcohol or drugs to distract themselves from problems with work or school, when they are having conflicts with others, because they are lonely, or because they are unhappy with themselves.

For these individuals, substance use may provide a temporary escape from a variety of life problems.

It becomes part of a daily routine

Some people use substances because it becomes part of their daily routine, and gives them something to look forward to. Everybody needs to have things they care about and look forward to doing, and for some people this includes using alcohol or drugs. For these individuals, 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.

Chasing the "good old days"

People who have had a psychotic episode sometimes resume using alcohol or drugs, often with their friends, after their symptoms are under control because they want to experience the same pleasure and enjoyment they previously had from using substances. This may work some of the time, but people often find that they are more sensitive to the effects of substances after their episode, and that the effects aren't as enjoyable as before.

Questions:

- For each reason, does this apply to you? For which substances?
- How effective is drinking alcohol or using drugs for each of the reasons you identified?
- Have you noticed any differences in effectiveness since your psychotic episode?

You can use the worksheet below to summarize your reasons for using alcohol or drugs.

Reasons for Using Alcohol or Drugs Worksheet

Instructions: For each of the three most substances you most often use now (or have used in the past), check off the reasons why you use it.

Reason for Using:	Substance #1: ____________	Substance #2: ____________	Substance #3: ____________
Feeling less depressed			
Feeling "high"			
Feeling more alert			
Feeling of well-being			
Reducing anxiety			
Coping with hallucinations			
Altering my senses			
Sleeping better			
Distracting myself from problems			
Coping with symptoms			
Feeling sociable			
Something to do with friends			
Giving myself something to do every day			
Celebrating			
Avoiding boredom			
Peer pressure			
Chasing the "good old days"			
Other:			

Home Practice Options

(Can be reviewed now or at the end of the session)

1. Make a list of substances that you used before your psychotic episode. For each substance, indicate whether you are continuing to use it or have stopped using it.

2. For the substance you use most often, make a list of the positive effects of using it, and any negative effects you may have noticed.

3. Remember what it was like using your favorite substances before your psychotic episode, and compare it to after the episode. Have you noticed any differences? Describe any differences you have experienced in the effects of substances from before your episode to after the episode.

Summary Points for Basis Facts about Drugs and Alcohol

- *Alcohol and drug use are common human behaviors.*
- *Each Type of substance has specific positive and negative effects.*
- *Common reasons for using substances include:*
  - *Socialization*
  - *Having fun and improving mood*
  - *Coping with symptoms*
  - *Helping with sleep*
  - *Avoiding other problems*
  - *It becomes part of a daily routine*
  - *Chasing the "good old days"*

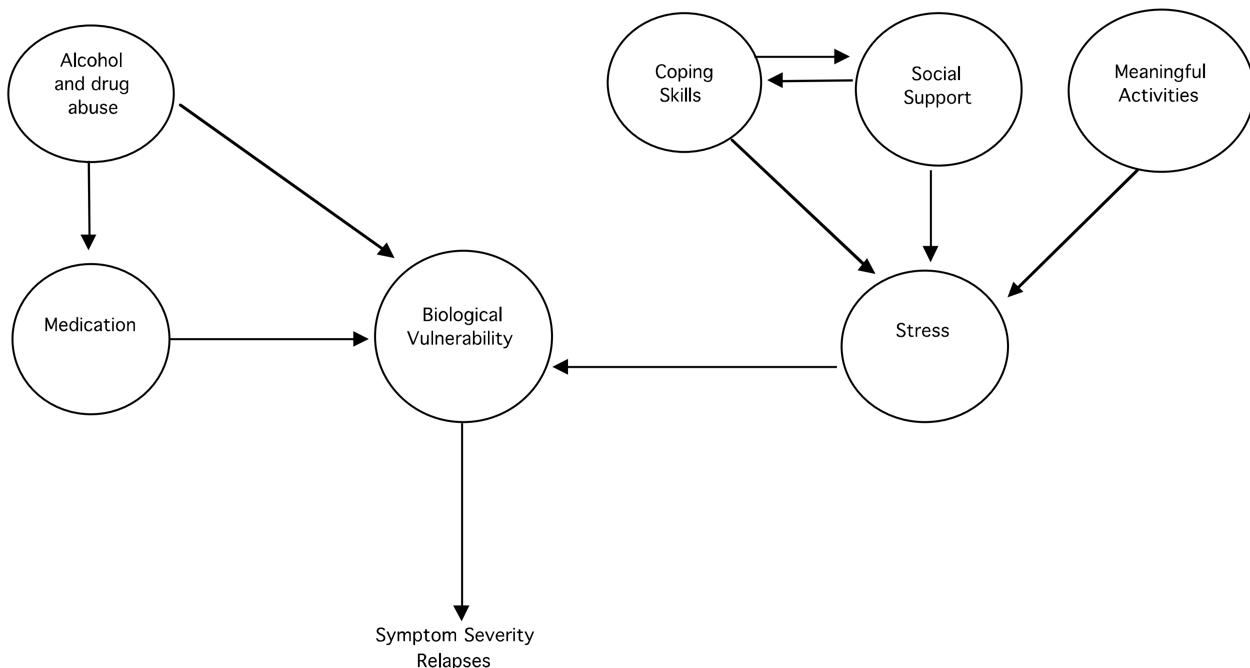
#2: Substance Use and Psychosis

Using alcohol and drugs is common. However, substance use can also cause problems. People who have recently experienced a psychosis are especially sensitive to the effects of substances. This handout covers common problems related to alcohol and drug use in people with a psychosis.

The Stress-Vulnerability Model

Alcohol and drugs can trigger symptoms and relapses of psychosis. The stress-vulnerability model of psychosis helps explain why using even small amounts of substances can make your symptoms worse, and lead to relapses and hospitalizations.

The figure below summarizes the stress-vulnerability model, which is also explained here.



The symptoms of psychosis are caused by *biological factors* (or vulnerabilities).

- These biological factors and symptoms can be made worse by:
  - Alcohol and drugs
  - Stress

- These biological factors and symptoms can be improved by:
  - Taking medications
  - Learning effective strategies for coping with stress and symptoms
  - Good social support
  - Engaging in meaningful activities, such as work or school
  - Avoiding alcohol and drug use

Using substances can lead to symptom relapses in two ways:

- Alcohol and drugs can directly affect the biological factors in your brain (brain chemicals or *neurotransmitters*) that cause psychosis, worsening symptoms.

- Substance use can interfere with the protective effects of medication on reducing symptoms and causing relapses, leading to worse symptoms and more relapses.

- Other effects leading to worsening of stress through negative consequences of using substances and/or effects on disrupting protective factors (such as, social support through arguments about use, structured daily activity--missing work or school, etc).

Question:

- Have you noticed any change in your sensitivity to alcohol or drugs since you experienced a psychotic episode?

Other Problems Related to Alcohol and Drug Use

In addition to increasing symptoms and causing relapses, drug and alcohol use can lead to other problems.

Interference with work or school

Using substances can get in the way of work or going to school. People may have difficulty focusing at work or school, and doing the best they are capable of. Or they may be late or miss work or school, because they were up late the night before or they just don't care as much.

Question:

- Has using substances ever interfered with your work or performance at school?

Social problems

Substance use often causes conflicts with other people, either family members or friends. Relatives may be concerned about a loved one's use of alcohol or drugs, and this can lead to arguments and tension in the family. Substances can make people less predictable and harder to get along with. For example:

- Acting more irritable or moody than usual.
- Not coming home when expected.
- Not following through on responsibilities to others, such as chores, cooking, or cleaning.
- Not being as involved in friends' lives, such as not returning calls, keeping up with communication, or canceling plans.

Questions:

- Have your family members (or close friends) ever said they were concerned about your substance use?
- Has substance use ever led to arguments or conflict with your family or friends?

Substances can also cause problems related to the people with whom you use. For example:

- Being disinhibited when using, and doing things that are embarrassing or get you in trouble, such as causing a disturbance, getting into fights, or having sex with someone you don't know well.

- Being taken advantage of by other people, either sexually or financially. People may act like they are your friends, but only because you have something they want, such as your money or the use of your apartment.

Questions:

- Have you ever done things under the influence of substances that you wish you hadn't?
- Have you ever been taken advantage of by someone you were using substances with?

Daily living problems

People may not take care of themselves when they are using substances. They may not shower, brush their teeth, or keep up their appearance like they ordinarily would. Or they may not eat well, or take care of their room, apartment, or house.

Question:

- Has using substances ever interfered with taking care yourself, such as your personal hygiene or your living space?

Legal problems

Using substances can cause legal problems. For example, driving under the influence of alcohol or drugs is against the law and can result in severe penalties. People may be arrested for acting in an aggressive or disorderly way, or for possessing illegal drugs.

Question: Has using substances ever led to any problems with the police?

Safety problems

People may use substances in unsafe situations, such as driving under the influence, going to dangerous neighborhoods in order to buy drugs, or hanging out with people who may take advantage of them or harm them. Using substances can also make it easier to get into accidents, such as car accidents or tripping and falling down.

Questions:

- Have you ever done anything unsafe because of your use of alcohol or drugs?
- Have you ever had an accident when you were using?

Health problems

Substances can cause a variety of health problems, both short- and long-term. Short-term health problems include weight gain or loss, digestive problems, appetite disturbance, and sleep problems.

Long-term alcohol use can produce many problems, including liver problems such as cirrhosis. Drugs such as cocaine, heroin, and amphetamines can cause blood borne 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, such as by sharing needles (injecting) or straws (snorting) between different people for using these drugs.

People may also neglect to take care of chronic health conditions such as diabetes or to keep up with health protective behaviors like exercise because they are doing drugs.

Question: Has using substances ever led to any health problems?

Psychological dependence

Frequent use alcohol or drugs can lead to *psychological dependence*, such as:

- Spending a lot of time using substances
- Giving up important activities in order to use
- Using more than intended
- Trying unsuccessfully to stop

Question: Have you had any of these experiences?

Physical dependence

Frequent use of substances can also lead to developing tolerance, so that the person needs to take larger amounts to get the same effect they used to get. Another sign of physical dependence is experiencing withdrawal symptoms if they stop using, such as feeling shaky or nauseous.

Questions:

- Do you use a greater amount of any particular substance to get the same effects you used to get with a smaller amount?

- Do you ever feel like you "need" to have a drink or use drugs to improve your mood or to calm yourself?

Problems achieving goals

Using alcohol or drugs can get in the way of people achieving their personal goals. It may be difficult to sort out whether psychosis or substance use has interfered with you achieving your goals, because the two problems can interact with each other. This can make you sensitive to the effects of even relatively small amounts of substances.

Questions:

- Has using substances ever interfered with achieving the goals you set for yourself in this program (or previously)?
- Do you think that continuing to use alcohol or drug could interfere with achieving one of your goals? How?

Negative Effects of Using Alcohol and Drugs Checklist

Instructions: Indicate in the checklist below which negative effects you have experienced from using the substances.

Negative effects:	**Substance #1:** ___________	**Substance #2:** ___________	**Substance #3:** ___________
Worse symptoms or relapses			
Hospitalization			
Family conflict			
Conflicts with others			
Problems at school			
Problems working			
People complain about my use			
Feeling more irritated at others			
People can't count on me			
Losing friends			
Hanging out with a bad crowd			
People take advantage of me			
Not taking care of myself			
Spending too much money			
Using in unsafe situations			
Legal problems			
Health problems			
Doing unsafe things			
Spending too much time using			
Problems achieving goals			
Other:			

Home Practice Options

1. Share the Negative Effects of Using Substances Checklist with someone who knows you, and ask if they agree or disagree with the answers you gave.

2. Ask someone you know and trust whether they have ever been concerned with your use of alcohol or drugs.

Summary Points for Substance Use and Psychosis

- *The stress- vulnerability model explains that substance use can:*
  - *Make people more sensitive to the negative effects of alcohol and drug use*
  - *Undermine the protective effects of medication*
  - *Worsen symptoms and precipitating relapses*

- *Negative effects of substance use indute?:*
  - *Problems with work and school*
  - *Social problems*
  - *Daily living problems*
  - *Legal problems*
  - *Health problems*
  - *Safety problems*
  - *Psychological dependence*
  - *Physical dependence*
  - *Problems achieving goals*

#3: Weighing the Pros and Cons of Substance Use

Deciding whether to stop using alcohol and drugs, or cut down, can be a difficult decision to make. There are some positive aspects to using substances, such as socializing or feeling good, but negative aspects as well, such as increasing symptoms or interfering with achieving your goals. In addition, how confident you feel about your ability to cut down or stop using substances can be important. If you don't feel confident that you would be able to stop, you probably wouldn't want to try.

Your treatment team recommends that you do not use alcohol or drugs in order for the treatment of your psychosis to be as effective as possible. However, you have to make your own decision about using substances. This handout will help you decide whether should cut down or stop using substances because of your psychosis.

Weighing the Pros and Cons of Using and Not Using Substances

One way to help you decide about whether to continue using alcohol and drugs is to first come up with a list of all the "pros" (advantages) of using substances, and all the "cons" (disadvantages) of using substances. To best understand your own pros and cons for using substances, complete the worksheet below. You can use the information on **Reasons for Using Alcohol or Drugs** worksheet and **Negative Effects of Using Alcohol and Drugs** worksheet that you previously completed to help you list the pros and cons on the worksheet.

Pros and Cons of Using Substances Worksheet

Instructions: Indicate below the advantages (pros) and disadvantages (cons) of using substances.

"PROS" of using substances List all the advantages of continuing to use drugs or alcohol. Consider advantages such as: hanging out with friends, feeling good, feeling "normal," escaping, coping with symptoms, fighting boredom, having something to look forward to, and any other that important reason.	**"CONS" of using substances** List all the disadvantages you can think of related to using drugs or alcohol. Consider disadvantages such as: worse symptoms, relapses of psychosis, conflict with your family, difficulty at school or work, money problems, health problems, interference with achieving your goals, or any other possible problems.

Questions:

- If someone else were to look at your list, would they think something was missing from either the "pros" or the "cons?" What?
- As you look over your list of pros and cons of using, what are your initial reactions? Does using substances tend to be problem or are you not that concerned about it?

Considering the pros and cons of using substances is only half the story. In order to make the most informed decision possible about using substances, it is also important to consider the pros and cons of not using substances. What are the advantages of cutting down on your substance use or stopping altogether? What might be hard, or a disadvantage of not using?

Pros and Cons of NOT Using Substances Worksheet

Instructions: Indicate the pros (advantages) and cons (disadvantages) of NOT using substances.

PRO'S of NOT Using Substances List all the advantages of NOT using substances or cutting down. Consider how not using could help you achieve your personal goals. Review your list of CONS of using substances in order to identify some PROS of not using.	**CON'S of Not Using Substances** List what you think you might have to give up if you stop using substances. Consider what might be hard about cutting down or stopping your use. Review your list of PROS of using substances in order to identify some CONS of not using.

Question:

- Considering all the "pros" and "cons" of using substance listed above, and the "pros" and "cons" of not using substances, how important is it for you to cut down or not use substances?

Importance Ruler

1 2 3 4 5 6 7 8 9 10

- What would have to change to make quitting or cutting down more important?

Confidence Ruler

1 2 3 4 5 6 7 8 9 10

- How confident are you that you can cut down or stop using substances?

Questions:

- What could get in the way of quitting or cutting down? Remember, we could work on addressing things that might get in the way of quitting.
- What would make you feel more confident that you could quit or cut down?

Setting Goals Related to Changing Your Substance Use

Setting a goal can help you change your substance use habits, and give you more control over your life. When trying to make these changes, it can be helpful to first think of what your long-term goal is. Then, you can think of a short-term step you can take towards achieving your long-term. For example, if you goal is to stop drinking alcohol, and you currently drink four or five drinks every night, you might set a goal of drinking only five or four nights next week, each night with no more than four drinks.

Setting a Long-Term Goal

Remember that even using small amounts of substances can trigger your psychotic symptoms, or make your medication less effective. For this reason, not using any substances is the best long-term goal. However, using fewer substances, or cutting out some types of substance use, can also be very helpful.

Questions:

- What would you like your long term goal to be? Think about how using substances can be a problem, and what changes you would like to make in the long-run.

- Do you want to quit?

- Would you rather prefer to cut down using substances, or stop using some substances but not others?

Setting a Short-Term Goal Related to Your Long-Term Goal

Short-term goals, or small steps, can make it easier to achieve long-term goals, such as changing your substance use habits. Rather than getting overwhelmed by thinking about how difficult it will be to achieve your long-term goal, working on smaller goals lets you focus on just one manageable step at a time.

Think of one step you could take next week towards your long-term goal. This step should be one that:

- Is in your control.

- You are confident you could achieve.

- Would boost you confidence that you could take additional steps towards your long-term goal.

Questions:

- What step would you like to take over the next week towards your long-term goal?

- What obstacles can you anticipate that might interfere with taking this step?

- What strategies could you use to deal with these obstacles?

- Is there anything else that might interfere with taking this next step?

Use the Long- and Short-term Goals Worksheet at the end of this handout to make a plan and anticipate possible obstacles.

Home Practice Options

1. Follow through on you goal and indicate on the worksheet how it went.

2. Share the step you are going to take towards your long-term goal of cutting substance use or becoming abstinent.

3. Show a supportive person your list of Pros and Cons of using substances, and Pros and Cons of not using, and ask whether he/she thinks you left any pros or cons out.

Long- and Short-term Goals Worksheet

Instructions: Use this worksheet to set a long-term goal related to your substance use, and then a short-term goal related to it. Identify any obstacles to achieving your plan, and possible solutions to each obstacle. Then, monitor your behavior to see if you met your short-term goal.

My Long-Term Substance Use Goal: ___________________________________

____

My Short-Term Substance Use Goal (for next week): _____________________

____

Possible Obstacles to Achieving Short-Term Goal: ________________________

____

____

Possible Solutions to Obstacles: _______________________________________

____

____

Monitoring My Success: Check on which days you met your short-term goal, and if you didn't, why.

Day	I met my short-term goal	I didn't meet my short-term goal	Comment
Monday	___	___	______________________
Tuesday	___	___	______________________
Wednesday	___	___	______________________
Thursday	___	___	______________________
Friday	___	___	______________________
Saturday	___	___	______________________
Sunday	___	___	______________________

Summary Points for Weighing the Pros and Cons of Substance Use:

- *Weighing the pros and cons of using substances verses cutting down or quitting can help people make a decision about whether to change their substance use habits.*

- *Examining the importance of cutting down or stopping substance use, and confidence in reducing substance use can facilitate making a decision about changing ones lifestyle.*

- *Setting a long-term goal about reducing or stopping substance use is the first step to getting control over your substance use problems.*

- *Setting a short-term goal can help the process of reducing and stopping substance use.*

#4: Getting Support for Quitting

The decision to reduce substance use or stop using altogether takes planning and practice. Developing your own personal plan for stopping alcohol and drug use an important part of managing your psychosis, including preventing relapses and achieving your personal recovery goals. This handout focuses on one important component for successfully achieving your goals related to substance use: getting support for quitting.

Getting Support for Your Decision to Cut Down or Stop Using Substances

Whenever you decide to make a personal change in your lifestyle, it helps to get the support of someone who cares about the change you want to make. Finding someone who can support you in overcoming your alcohol and drug use problems can help you achieve your goals. Having a person in your life who is supportive can boost your confidence because you know that someone is on your side, rooting for you. It also helps to have someone you can turn to when you need help or just someone to talk to.

When thinking of someone who can support you, try to think of a person who does not have an alcohol or drug problem. Research shows that overcoming substance use problems involves spending more time with other people who do not use, and less time with people who use substances, so that you have fewer temptations to begin using again. You may be able to think of someone who used to have substance use problems but no longer does. People who are in recovery from substance use problems can be very supportive because they understand the experience and temptations of using substances. You can learn from them in building your own substance-free lifestyle.

Here are some examples of people who might be able to support you:

- A family member, such as a brother, sister, parent, aunt, uncle, grandparent
- A friend
- Your spouse, partner, boyfriend, or girlfriend

- A member of your religious community
- A teacher with whom you have a good relationship
- A sponsor or another member of a self-help group for drug and alcohol problems, such as AA (Alcoholics Anonymous), NA (Narcotics Anonymous), or Dual Recovery Anonymous
- A peer at a local peer support agency

Questions:

- Who is a supportive person to you? Do they drink or use drugs?
- Who could you look to for support for your plan to cut down or stop using substances?

Having someone who supports your plan to cut down and stop using substances can help you achieve your goals.

Check it Out

✓ You may find it helpful to plan out in advance how to talk to someone whom you want support from for your plan to stop using substances.

Some helpful steps for asking for someone's support include:

- Explain your decision to quit or reduce using alcohol or drugs.
- Describe what your personal long-term goals are, and how not using substances will help you achieve those goals.
- Tell the person why you chose him or her to support you in this.
- Ask whether the person is willing to support you.
- Explain to the person how he or she can support you in achieving your short- and long-term goals.

✓ It can be helpful to practice asking someone for their support in a pretend (role play) situation before asking the person in real life. This can prepare you so you feel more comfortable when you ask the person for their support.

Self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, or Dual Recovery Anonymous can be very helpful places to meet people who can support you in your goal of quitting substance use. Everyone in a self-help group has struggled with alcohol or drug problems, and like you, everyone has made a personal decision to overcome their substance use.

There are many different self-help groups available, and each group has its unique character. For example, there are some groups that are specially focused on young people who want to overcome their alcohol or drug problems. It might take some time to find the right group for you. It's perfectly fine to go "meeting shopping" to check out different self-help groups to find the right one. Finding someone to go with you can make it easier to choose the right group, and connect with people you feel comfortable with. Self-help groups have helped millions of people like you reclaim their lives from alcohol or drug use.

Questions:

- Do you know anyone who has ever attended (or currently attends) a self-help group for addiction? What happened? Did it seem to help? Do they currently find it helpful?

- Have you ever attended a self-help group? What was it like?

Self-help groups can provide support to people who want to cut down and stop using substances.

Check it Out

- ✓ Exploring a self-help group may give you a better idea of what they are like.

- ✓ You can find a local self-help group by looking in your local telephone directory, or asking your mental health clinician.

- ✓ Asking someone you know who attends a self-help group, or a friend or other supportive person can make it easier to try out a group.

Questions:

- What do you think about trying out a self-help group?

- Is it something you might like to explore?

Home Practice Options

1. Set a new goal for reducing/quitting your substance use over the next week. Tell someone who is supportive about your goals, including your personal recovery goals, your long-term goal of cutting down or quitting, and your short-term goal for the next week. Ask him or her if they are willing to support you in achieving your goal.

2. Talk to someone you know who attends self-help meetings for addiction and find out what they are like.

3. Identify a local self-help group for addiction and attend one meeting. If you know someone who attends such self-help groups, ask whether you can go to a group with him or her.

Summary Points for Getting Support for Quitting:

- *Having people who support your substance reduction or abstinence can help you achieve your goals.*

- *Positive supportive people include:*
  - *Family member*
  - *Sober friend*
  - *Spouse, partner*
  - *Member of your religious community*
  - *Teacher*
  - *Sponsor at self help groups*
  - *Peers at peer support agency*

- *Approaching someone to support your recovery from substance abuse can help you achieve your goals.*

- *Exploring self-help groups for addiction can provide additional opportunities for support of your goals.*

- *Having your IRT clinician attend some self-help groups with you to explore whether you would like to participate in such a group can be helpful.*

#5: Resiliency and Overcoming Barriers to Quitting

The thought of cutting down or stopping your use of alcohol or drugs may feel like an overwhelming task. Or if you have stopped using, you may be concerned that you could be tempted to start again sometime in the future, which could trigger a relapse of your psychotic symptoms. Building on your personal resiliency can help you prepare for the challenges of changing your substance use habits, and getting your life back under your own control.

This handout focuses on using your personal resiliency skills to deal with potential obstacles to your goal of reducing or not using. Understanding which barriers are most important to overcome can help you plan on how to use your resiliency skills most effectively. Other handouts will address additional strategies for overcoming barriers to quitting.

Remembering Your Personal Strengths

You have already spent some time identifying your personal strengths, and working on building additional resiliency skills. First, it can be helpful to review what your personal strengths are, and whether there are additional strengths you have developed since you began the program.

You may recall that strengths can include a wide range *personal qualities*. Just a few examples include:

- Determination
- Creativity
- Kindness to others
- Honesty
- Modesty
- Playfulness
- Humor
- Trustworthiness
- Hopefulness
- Spirituality/religious beliefs
- Expertise at something (such as a musical instrument or computers)

Strengths can also include *things you have access to* that can help you cope better and achieve your goals, such as:

- Supportive family members
- Supportive friends
- A nice place to live
- An interesting job

Questions:

- What are some of your personal strengths?
- What are some things you have access to that are strengths?

In order to be sure you are aware of all of your strengths, it can be helpful to review your personal strengths profile you completed earlier in the program. Take out your profile to see which strengths you previously identified.

Questions:

- Are there strengths you have that should be added to your profile? Consider your answers to the questions about strengths above.
- Have you recently developed new strengths since beginning this program? Which ones?
- Of the strengths you have noted in your profile, which ones do you think are your greatest strengths? You can put an ***** next to the 5 or 6 strengths you think are your strongest ones.

Identifying Your Barriers to Quitting

Barriers to quitting substances or cutting down include anything that can get in the way of your goal of getting control over your substance use. Some common barriers include:

- Reluctance about saying no to friends
- Having nothing to do
- Feeling down or anxious
- Difficulty sleeping

One helpful way to identify the most important barriers to quitting for you is to review your "Pros and Cons of Not Using Substances" worksheet. The "Cons" of not using substances on this worksheet are potential disadvantages or barriers to successfully cutting down or quitting.

Questions:

- Are there additional "Cons" to not using substances (or barriers to quitting) that you think should be added to the list?
- When you look through the list of "Cons" of not using, which one or which ones do you think will be the most challenging to deal with?

My Most Important Barriers to Quitting

Instructions: Indicate below which barriers to cutting down or quitting you think are most important to deal with.

1. ____

2. ____

3. ____

4. ____

5. ____

Questions:

- Which of these barriers have you dealt with successfully in the past?
- Which barrier do you think will be (or is) most challenging to overcome?

Empowering Yourself

You have the power and responsibility to change your life. Self-empowerment involves deciding how you want your life to be, and using your strengths to make the changes you want. Here are some self-empowerment suggestions:

- Trust yourself

- Act confidently
- Have a plan
- Be honest with yourself
- Stay motivated
- Remember your long-term goal

Questions:

- Which of these empowerment strategies have you used?
- Which strategies would you like to use more?

Using Your Strengths to Deal with Barriers to Quitting

Your strengths, and your empowerment strategies, can help you overcome barriers to quitting. Consider your most important barrier to quitting, and how you can use specific strengths and empowerment strategies to deal with that barrier.

Questions:

- What barrier do you think is will be most challenging to overcome?
- Which of your personal strengths could help you deal with that barrier?
- Which empowerment strategies can you use to overcome the barrier?

Home Practice Options

(can be reviewed now or at the end of the session)

1. Set a new goal for reducing/quitting your substance use over the next week. Make a plan to incorporate at least one personal strength and one empowerment strategy to deal with the most important barrier you anticipate. Indicate how your plan went on the worksheet.
2. Share your list of barriers with someone close to you and find out whether there are any other barriers that should be included.
3. Show your list of personal strengths to someone close to you and ask for input about whether other strengths should be added.

4. Talk to someone you know who overcame problems with alcohol or drugs. Find out what barriers they had to deal with, what strengths they relied on, and how they empowered themselves to overcome their substance use problems.

Summary Points for Resiliency and Overcoming Barriers to Quitting:

- *Personal strengths can help you achieve your substance use reduction goals.*
- *Identifying barriers to quitting can help you prepare to overcome those barriers.*
- *Empowerment strategies can help you use your strengths to cope with barriers such as:*
  - *Trusting yourself*
  - *Being honest with yourself*
  - *Staying motivated*
  - *Having a plan*
  - *Remembering your goal*

#6: Dealing With Social Situations

Using substances is often a social behavior. People are often introduced to alcohol or drugs in social situations, such as at a celebration, a party, or just hanging out with friends. In order to stop using substances or to cut down, it is often important to try to avoid social situations in which you know that people will be using substances. However, it's impossible to avoid all such situations, as some may come up unexpectedly. This handout will help you prepare for social situations in which you may be offered, pressured, or tempted to use substances.

Handling social situations involving substance use is an important key to cutting down and stopping using drugs or alcohol.

Social Situations and Substance Use

Each person's experience using alcohol or drugs is unique, including the social situations in which they have used. Successfully quitting substances involves spending less time with people who use and more time with people who don't use. Here are some common social situations in which people use substances:

- Going to a party.
- Hanging out with friends who use alcohol or drugs.
- Being pressured to use drugs or alcohol by friends, acquaintances, or co-workers.
- Attending a celebration or holiday (such as a birthday, wedding, or the 4th of July).
- Going to bars, clubs, music venues, or concerts.
- Attending a family get-together (such as a visit or reunion).
- Having a meal with family or friends.

- Running into a former drug connection or person you used to drink with.

- Getting sexually intimate with another person.

Questions:

- Which of these situations have you experienced?

- Which of these situations do you think are easy for you to avoid and which ones are hard to avoid?

Social Situations Involving Alcohol and Drug Use

Instructions: Indicate which social situations you have drunk alcohol in or used drugs.

Social Situation:	**I have used in this situation**	**This situation is easy to avoid**	**This situation is hard to avoid**
Going to a party			
Hanging out with friends who use			
Sexual situations			
Being pressured to use			
Attending a celebration or holiday			
Going to bars, clubs, music venues, or concerts			
Attending a family get-together			
Having a meal with family or friends			
Running into a former drug connection			
Getting sexually intimate with another person			
Other situation: ____________________			

Saying "No" to Offers or Pressure to Use

As you know, not all social situations involving substances can be avoided. Being prepared for situations in which you might be offered alcohol or drugs by others can bolster your confidence, and your skill, at refusing these offers. Being able to say "No" can help you achieve your personal goals.

There are many ways to say "No"—the best one depends on the nature of the situation, and your own personal preference and style. Let's review some effective ways of saying "No" to offers to use substances.

Simple Refusal

Simple refusal is just saying "no" to an offer to use as many times as necessary. You don't have to explain yourself to get your message across that you don't want to use.

- Just tell the person "no thank you"
- Talk in a firm voice tone to let them know you mean it
- Keep saying "no" or "no thank you" if they pester you

Example:

John: Hey, you want to get high?
Jim: No thank you.
John: Come on, it will be fun!
Jim: No thanks.
John: We'll get wasted!
Jim: No thanks.

Leveling

Leveling is explaining to someone who is offering you alcohol or drugs that you have decided not to use. Leveling requires more explanation than simple refusal. Some people prefer to use leveling with closer friends, and simple refusal with people they are not as close to.

- Tell the person "no thank you"
- Talk in a firm voice tone

- Explain that you have decided to stop drinking or using substances
- If asked why, provide a brief explanation
- Thank them for respecting your decision

Example:

Sandra:	How about a drink?
Alice:	No thanks. I've decided to stop drinking.
Sandra:	Really? Why?
Alice:	I've found drinking isn't good for me. That's why I've decided to stop.
Sandra:	I see. Okay.
Alice:	Thanks Sandra.

Suggesting an Alternative

Another option when a friend offers you or suggests using substances is to suggest an alternative activity. This is most appropriate when you want to spend time with that person, but doing something other than drinking or getting high.

- Tell the person "no thank you" or "I don't want to"
- Suggest something else you could do together
- Be open to other suggestions the person might have for things you could do together that don't involve using substances
- If the person persists on inviting you to use, ask them to stop in a firm, clear voice

Examples:

Carlos:	Let's have a drink.
Tina:	No thanks, I'd rather not. How about going to the movies?
Carlos:	I don't feel like the movies. What about going to the park?
Tina:	That would be nice.

OR

Carlos:	Let's have a drink.
Tina:	No thanks, I'd rather not. How about going to the movies?
Carlos:	I don't feel like the movies. Come on, a little drink won't hurt you. Maybe it will help you unwind.
Tina:	Carlos, I really don't want to drink. I would appreciate it if you would stop asking me or trying to get me to have a drink.

Carlos: Okay, I'm sorry.

Asking Them to Stop

When someone repeatedly invites you to drink or use drugs, or pressures you despite clearly explaining that you don't want to use, directly asking them to stop is often the most effective strategy. If they don't stop, leaving the situation is usually the next best step.

- Tell the person "no thanks"
- Speak in a firm voice tone
- Keep telling the person you're not interested if they ask again
- Request the person to stop asking if they persist
- Leave the situation if they don't stop

Example:

Bill: Come on, let's get baked.
Sam: No thanks, I'm not interested.
Bill: I got some good stuff. It'll be fun.
Sam: I really don't want to. Please stop asking me.
Bill: What's the matter? A little buzz won't hurt you.
Sam: I'm just not interested in getting high, and it stresses me out when you keep asking me to. I'm going to take off now, and maybe we could get together at a different time to do something else.
Bill: Okay, man.

Common strategies for handling offers to use substances include:

Simple refusal
Leveling
Suggesting an alternative
Asking them to stop

Questions:

- Have you ever tried any of these ways of turning down offers to use substances? What happened? What worked and what didn't?

- What other ways have you tried to refuse offers to use alcohol or drugs? Did any of them work?

Check it out

- ✓ Practicing how to deal with offers to use substances in a pretend situation (role play) can make you more comfortable when the real situation comes up, and help you develop your own personal style. Choose some situations and refusal styles and try practicing in session.

- ✓ The different ways of saying "no" can be combined with one-another. Choose two approaches and try combining them in a pretend situation.

Home Practice Options

1. Set a new goal for reducing/quitting your substance use over the next week. Share this handout with the person who supports your goals, and ask for his/her help in practicing some of the ways of turning down offers to use substances. Get his or her feedback on how effective you are.

2. If someone offers you alcohol or drugs, try using one or more of the ways of turning down the offer reviewed in this handout. Keep track of when, where, and who (if anybody) offers you to use, and how you responded (see worksheet).

Summary Points for Dealing with Social Situations:

- *Substance use often occurs in social situations.*

- *Learning interpersonal skills for refusing substances in social situations can help you achieve your substance use reduction goals.*

- *Specific social skills can be useful for dealing with different social situations involving substance use.*

- *Examples of useful refusal skills include:*
  - *Simple refusal*
  - *Leveling*
  - *Suggesting an alternative*
  - *Asking person to stop*

- *Role playing is a helpful strategy for practicing and learning skills for dealing with substance use social situations.*

#7: Coping With Triggers to Use, Part I: Environmental Cues and Boredom or Nothing To Do

In order to be successful in reducing and stopping substance use, it is helpful to make plans about how to deal with *triggers* for using substances. A trigger is anything that reminds you or leads you to want to use—this could be something in the environment (such as having money in your pocket), your feelings, or your symptoms. You have already learned about how to deal with social situations that can trigger substance use. This topic addresses how to handle common triggers for using such as environmental cues, feeling bored, or having nothing to do or nothing to look forward to. The next topic addresses how to handle triggers related to distressing feelings, symptoms, and other problems.

Triggers are anything that makes you want to use alcohol or drugs.
Common triggers include:
Environmental cues
Boredom or
Having nothing to do

Environmental Triggers

Sometimes something around the person, in their environment, triggers an urge to use substances. It could be passing a bar or liquor store, seeing something related to substance use (like alcohol bottles or rolling papers), or watching something on TV that involves drugs or alcohol.

Questions:

- What kinds of things in your environment have triggered your substance use?
- How have you dealt with these triggers? Have you been able to resist using when you experienced a trigger? How? What worked and what didn't?

- Which of these triggers have you experienced, and which ones are easy to handle and which are hard? Use the chart below to summarize your answers.

Environmental Triggers for Using Alcohol or Drugs

Instructions: Which environmental stimuli have triggered your alcohol or drug use in the past?

Environmental Trigger:	I have experienced this trigger	This trigger is easy to handle	This trigger is hard to handle
Having money in my pocket			
Seeing alcohol containers (like can of beer, bottle of wine)			
Seeing drug use paraphernalia (like rolling papers, pipe, bong)			
Other reminders at home, such as the smell of candles or a poster			
Being near a place you used to drink or buy drugs			
Smoking cigarettes			
Passing a bar or liquor store			
Running into an old drug connection or someone you used to drink with			
Watching something on TV that involves drugs and alcohol			
Other situation: _____________ ___________________________			

Solutions for Environmental Triggers

There are a number of different solutions to environmental cues that trigger your substance use.

Money

Having money in your pocket, or recently receiving a check, can be an especially big trigger to use for some people. Because you usually know when you are going to get

money in advance, you can take steps to prevent money from triggering you to use substances.

Managing Money in Your Pocket

Instructions: Review this checklist to indicate which strategies for managing money in your pocket you have tried and which ones you would like to try.

Solution:	I have used this	I have not used this	I would like to try this
Put money in a safe place (at home, In a bank) rather than on me			
Keep my debit card in a safe place rather than on me			
Carry only a little money each day (like enough for bus, food, etc.)			
Set up direct deposit into my account for paychecks or disability income			
Having a guardian co-sign cash withdrawals from my account			
Putting money into a savings account that is hard to get to			
Other solutions:			

Questions:

- For strategies you have tried before, did they work? Are you currently using them?
- Which strategies would you be most interested in trying over the next week?

Other environmental cues

Some environmental cues for using substances are predictable. For example, exposure to cues to use at home such as beer, liquor, or wine bottles, jugs or cans, paraphernalia related to drug use can be controlled by removing these reminders from your living environment. Being near a place you used to drink or buy drugs can also be predictable, and controlled by consciously avoiding such places.

Eliminating Other Environmental Cues to Use

Instructions: Review this checklist to indicate which strategies for removing environmental cues you have tried, and which you would like to try.

Solution:	I have used this	I have not used this	I would like to try this
Remove all alcohol from my room or house			
Remove all drug paraphernalia from my room or house (such as pipes, rolling papers, bongs, stash containers, snorting straws)			
Remove other reminders of substance use at home (such as candles, a poster)			
Avoid going to places where I have bought drugs or alcohol			
Other solutions: ______________ ______________________________			

Questions:

- For strategies you have tried before, did they work? Are you currently using them?
- Which strategies would you be most interested in trying over the next week?

Smoking

For some people, smoking cigarettes can trigger an urge to use something else, such as drinking or using. This may be because smoking and substance use have often occurred together. Or you may like the effect of using the two substances together, so that if you use one, you want the other. Smoking may be a cue for you to use that you are not fully aware of. Self-monitoring your smoking and urges to use may provide you with clues as to whether your smoking is a trigger to use substances.

Check it out

- ✓ Use a self-monitoring chart to record when you smoke cigarettes each day, when you have had urges to use substances, and when you have used substances.

- ✓ Learn more about cigarette smoking and health. Information about smoking that may help you make a decision about quitting is available in the Making Choices aout Smoking module of IRT.

Boredom or Having Nothing to Do

Boredom can be a trigger to use substances. Having nothing to do can be a trigger. Everybody needs fun and interesting things to do in their lives, and for some people using substances fills that role.

Boredom/Nothing to do as Triggers of Substance Use

Instructions: Complete the checklist below to indicate whether boredom or having nothing to do is a trigger for you using alcohol or drugs.

Trigger:	**This is a trigger for me**	**This is not a trigger for me**
Feeling bored		
Looking forward to a drink or getting high		
Having lots of time with nothing to do		
Wanting to relax or unwind		
Wanting to have some fun		
Other situation: ______________ ______________________________		

Questions:

- For the situations that you indicated above were triggers to use, what strategies have you tried other than using substances? Were they effective?

- What kinds of thinks do you like doing for fun? Are there things you used to enjoy doing, but no longer do? What? Would you be interested in trying some of these again?

Some strategies for dealing with boredom or having nothing to do are to increase doing activities you enjoy doing and to try something new that may be fun or personally meaningful. Use the checklist below to identify activities that can give you some enjoyment and something to look forward to other than using substances.

Activities When You Feel Bored or Have Nothing to do

Instructions: Indicate below which activities you do when you feel bored or have nothing to do, which activities you would like to do more, and which activities you would like to try.

Activity:	I do this	I would like to this more	I would like to try this
Reading a book or magazine			
Listening to music or watching TV			
Taking a walk or exercising			
Sketching, drawing, or painting			
Playing an instrument			
Playing computer games			
Doing crossword puzzles, sudoku			
Doing crafts such as knitting or building models			
Praying, reading the bible, or other spiritual readings			
Creative writing			
Meditation/yoga			
Calling a friend to do something together, like go a movie or watch TV			
Other solutions: ______________ ____________________________			

Questions:

- Which of the activities you currently do would you like to do more often when you have nothing to do or feel bored? Is there anything you need to help you do it more often?

- Which new activities would you like to try? Do you need anything to try the new activity?

Home Practice Options

1. Set a new goal for reducing/quitting your substance use over the next week. Share this handout with the person who supports your goals, and ask for his/her help in removing environmental cues that can trigger your substance use.
2. Choose at least one new activity you could do over the next week that is fun and could be an alternative to using substances when you are bored or have nothing to do.
3. Make a plan to implement at home the coping strategy for cravings that you selected and practiced in the session.

Summary Points for Coping with Triggers to Use, Part I: Environmental Cues and Boredom or Nothing to Do:

- *Some common triggers for using substances include environmental cues (such as passing a liquor store) and boredom or having nothing to do.*

- *Coping Strategies can be effective for dealing with environmental cues such as:*
  - *Money in your pocket*
  - *Seeing reminders of alcohol or drug use*
  - *Being near a place where you used to use alcohol or drugs*

- *Examples of coping strategies for boredom or having nothing to do include:*
  - *Listening to music or watching TV*
  - *Playing computer games*
  - *Taking a walk or exercising*

#8: Coping With Triggers to Use, Part II: Cravings

Cravings are the intense desire to use alcohol or drugs. Cravings can come out of nowhere, and suddenly dominate all of your thoughts and feelings. Cravings can also be triggered by specific cues related to substance use, such as hearing a certain song on the radio, seeing a bar or party, or running into someone you used to drink or use drugs with. The experience of cravings can be overwhelming, and lead to great temptation to use substances. However, with determination and practice, you can develop skills for coping with and not giving into cravings, and for continuing to meet your short- and long-term goals. This handout focuses on strategies to improve your ability to withstand cravings.

The Nature of Cravings

When a person experiences cravings, all of their thoughts and images focus on the pleasures of using, the relief from stress, and the familiar high, relaxed, or energetic feeling associated with using in the past. All of the negative aspects of using substances, such as social problems, difficulties at work or school, money problems, worsening symptoms, and interference with your goals, are forgotten during the height of a craving.

Although cravings involve strong feelings and desires that may be difficult to resist, they often do go away on their own if you let them after a short period, anywhere from 2-4 minutes to 10-15 minutes. If you begin to give into the craving and take steps towards using, they usually continue until you've used again.

Cravings are the sudden, intense desire to use substances.

Cravings can come out of nowhere or be triggered by something.

If you resist your cravings, they usually go away in a few minutes on their own.

Questions:

- Have you ever experienced cravings? What did they feel like? What happened? Did you give in or did you resist? What worked and what didn't work in resisting the temptation to use?

Experiences with Cravings for Alcohol or Drugs

Instructions: Use this checklist to indicate which craving experiences you have experienced over the past month.

Craving experience:	**I have experienced this in the past month**	**I have not experienced this in the past month**
Sudden, intense desire to use alcohol or drugs		
Positive images of using substances		
Hearing or seeing an advertisement for an alcohol product has triggered craving		
Not being able to think of anything else		
Thinking "this time I'll control myself"		
Thinking "just this one time won't hurt"		
Aching to use		
Minimizing or not even recalling past negative consequences of using		
Not caring about past consequences of using		
Other craving experiences: ______ ____________________________		

Strategies for Dealing with Cravings

Although cravings may feel overwhelming at the time they are experienced, if you can resist giving into them they often go away in just a few minutes. There are a variety of strategies that may help you cope with cravings and resist giving into

them. The more successful you are at resisting cravings, the less frequent and intense they become over time.

A variety of different coping strategies are described below. Review them and consider which ones you would like to try.

Coping Self-Talk

Positive self-talk can help you resist the temptation of cravings, and remind yourself of your strengths and your goals. Positive self-talk can focus on your strengths and personal resiliency qualities. Examples include:

- "Hang in there, be strong, let this craving pass."
- "Don't give in. My goal of ______ is much too important to jeopardize by drinking or doing drugs."
- "I'm a strong and determined person. I am in control, and I'm not giving into this craving."
- "These feelings are the addiction talking, not my real self. I'm the one who makes the decisions around here, not my addiction."
- "I am resilient because I keep bouncing back. I can resist this temptation, just as I have overcome many other challenges."

Mindfulness

Mindfulness is the ability to be fully conscious of one's thoughts, feelings, and surroundings in the present moment, as they are experienced, without judgment, evaluation, or reaction. Practicing mindfulness, and being mindful in everyday life, enables you to appreciate and to enjoy life to its fullest. Mindfulness also involves recognizing and accepting that you can't control all of your thoughts and feelings, and that's okay—what you can control is your behavior, and how you respond to your thoughts and feelings. This includes how you respond to cravings.

A mindfulness approach to cravings involves being aware of your craving to use, rather than trying to suppress it, but not allowing it to dominate you or your behavior. Instead, you remain in control of your behavior, and can continue to pursue your goals, despite experiencing cravings.

Some specific mindfulness strategies for responding to cravings include:

- "Just noticing" the craving thoughts, images, or feelings without giving them excess attention, and letting them pass on their own.
- Reminding yourself that cravings are just a part of your mind, and that you're in charge of your behavior.
- Taking the lighter side of things by "thanking your brain" for all the wonderful ideas it is giving you, while choosing to follow your own path (for example, "Thank you so much Mr. Brain for that wonderful thought, but I'm going stick with my goal of not drinking!").
- Accepting cravings as an inevitable part of recovery from addiction that you don't have to resist or give into.

Distraction

Shifting the focus of your attention away from the craving to something else can give you relief. This can be helpful even if you can only partially shift your attention, as it can reduce the intensity of the craving. Examples of distraction strategies include:

- Starting a conversation with someone
- Smelling something strong and pungent, such as garlic or cloves
- Listening to music or watching TV
- Focusing on a word puzzle

Imagery

Cravings often involve vivid imagery of how good someone will feel if they drink or use drugs. The positive imagery that accompanies many cravings can be combated by using negative imagery as a coping strategy. The most powerful negative imagery to use is that which is based on your own most negative experiences using substances. Some examples include:

- Getting into a fight

- Embarrassing yourself in front of other people
- Getting in trouble with the law
- Doing something impulsively that you later regret, such as having sex with someone you don't know well
- Disappointing someone you care about
- Having an increase in symptoms or relapse
- Being ill due to the after-effects (hangover) of the substance

Using imagery to cope with cravings requires some preparation. You first need to choose an upsetting negative consequence of your substance use, and then practice using imagery to remember the event in as much detail as possible. This practice should first take place when you feel calm and peaceful, and *not* in the midst of a craving. After you have some experience practicing the imagery, you will be better prepared to use it during a craving.

Relaxation exercises

Relaxation exercises can reduce the natural stress and tension that accompanies strong cravings to use alcohol or drugs. A variety of relaxation and stress-reduction exercises can be used to cope with cravings including the following:

- Relaxed breathing (sometimes called "breathing retraining")
- Pleasant imagery (such as laying in a field of grass under the sun)
- Muscle tension and relaxation
- A combination of the above techniques

You can find details about the steps of using these relaxation techniques in the third IRT module, "Education about Psychosis," under the topic "Coping with Stress."

Getting support

Contacting a friend, family member, or other person who supports your decision to not use substances can be helpful when experiencing a craving. Talking with someone can distract you from the intensity of the craving. A supportive person can also remind you that coping with cravings is part of recovery from addiction, and help you keep focused on your personal goals.

Prayer

Your personal beliefs in God or another higher power may be a way of gathering the extra strength you need to cope with cravings without giving into them. There are many special books with prayers that have been written to provide inspiration and hope for people who have had challenges with alcohol or drugs.

Medications

Some prescribed medications can reduce cravings for certain substances. For example, naltrexone can reduce cravings for alcohol and cocaine in people who want to quit.

Questions:

- Have you ever tried any of these strategies for dealing with cravings? What worked and what didn't work?

- Which strategies seem most appealing to you?

Coping with Cravings Checklist

Instructions: Use the checklist below to indicate which strategies you've tried to cope with cravings, and which ones you'd like to try.

Strategy:	I have used this	I have not used this	I would like to try this
Coping self-talk			
Mindfulness			
Distraction			
Imagery			
Relaxation exercises			
Getting support			
Prayer			
Medication			
Other solutions:			

Check it out

- ✓ Choose one of the coping strategies you would like to try and practice it in session. It may take several tries before it feels comfortable and natural.

Home Practice Options

1. Set a new goal for reducing/quitting your substance use over the next week. Share this handout with the person who supports your goals, and ask for his/her help in removing environmental cues that can trigger your substance use.

2. Make a plan to implement at home the coping strategy for cravings that you selected and practiced in the session.

Summary Points for Coping with Triggers to Use, Part II: Cravings:

- *Cravings are an intense desire to use alcohol or drugs, often accompanied by vivid imagery.*

- *If the person doesn't give into the craving, it often goes away in a few minutes.*

- *There are many coping strategies to resist giving into cravings including:*
  - *Coping self-talk*
  - *Mindfulness*
  - *Distraction*
  - *Imagery*
  - *Relaxation*
  - *Getting support*
  - *Prayer*
  - *Medications*

#9: Coping With Triggers to Use, Part III: Negative Feelings, Symptoms, and Sleep Problems

Sometimes people use substances as a way of reducing or escaping from bad feelings, hallucinations, or dealing with problems sleeping. Although alcohol or drug use in these situations can provide temporary relief, over the long run substance use tends to worsen things, leading to problems such as suicidal thinking, more distress related to increased hallucinations, and greater difficulty sleeping.

This handout focuses on identifying triggers for using substances that you experience, and finding alternative coping strategies for dealing with each type of trigger.

Depression and Anxiety

Recognizing your signs of depression and anxiety, and evaluating whether they are triggers to use alcohol or drugs, is the first step towards learning how to cope better with these symptoms.

Depression

Depression is a normal human emotion, typically related to a loss of some kind; everyone experiences some of feelings of depression during their lives, such as when a loved one dies. However, when depression is severe or persists for a long time, it can rob life of its joy, interfere with functioning, and possibly even make people think that life is not worth living. Common symptoms of depression include: sad mood, appetite problems, feeling hopeless, helpless, or worthless, trouble concentrating, thoughts about death, and/or thoughts about hurting or killing yourself.

Symptoms of Depression Checklist

Instructions: Indicate below which of these symptoms of depression you have experienced over the past month.

Symptom:	**I have Experienced this**	**I have not Experienced this**
Sad mood		
Low energy		
Appetite problems		
Feeling hopeless		
Feeling worthless		
Feeling helpless		
Trouble concentrating		
Thoughts about death		
Thoughts of killing myself		
Other symptom: _____________ ___________________________		

Questions:

- Have you tried using substances to cope with or escape from any of the symptoms of depression in the chart above. What happened in the short-run—did the symptom improve or not bother you as much? What happened in the long-run? Did it get worse?

Anxiety

Like depression, anxiety is a normal human emotion that is a sign to the person that they are being threatened or are in danger. Depression and anxiety often occur together. This is partly because when people feel anxious, they often avoid doing things that bring pleasure and happiness into their lives. Indicate on the chart below which anxiety symptoms you have experienced over the past month.

<u>Symptoms of Anxiety Checklist</u>

<u>Instructions</u>: Indicate below which symptoms of anxiety you have experienced.

Symptom:	**I have Experienced this**	**I have <u>not</u> Experienced this**
Fearful thoughts that something bad will happen		
Paranoid thoughts (like people looking at you, talking about you, giving you a hard time)		
Increased arousal (increased heart rate and breathing, perspiration)		
Avoidance of situations that make you anxious		
Constant worrying about minor things		
Trouble concentrating		
Feeling restless, shaky, or trembling		
Other situation: ______________ ____________________________		

Common situations in which some people feel very anxious include:

- *Social situations*, such as meeting new people, talking in public, eating with others.

- The fear of experiencing *panic attacks* when leaving home or somewhere else that is familiar and comfortable.

- *Obsessions* and *compulsions* about minor things, such as fear of contamination and excessive hand-washing, checking and rechecking your locks, or hoarding—not being able to throw things away and allowing them to clutter up your living space.

- *Memories and places related to past traumatic experiences* (such as being assaulted, sexually abused, the death of a loved one, threatening or terrifying hallucinations or delusions, negative treatment experiences such as involuntary hospitalization, seclusion, or restraint).

Questions:

- Have you experienced anxiety in any of these situations? Which ones? Which were worst?

- Have you ever used alcohol or drugs to try and cope with your anxiety in one of these situations? Did it work? Were there any long-term consequences?

People often use alcohol or drugs to dampen or escape feelings of depression and anxiety.

Substance use can provide temporary relief for these feelings, but in the long run it usually worsens depression and anxiety.

Coping with Depression and Anxiety

There are many different strategies for coping with and reducing depression and anxiety. The more strategies you use when you feel anxious or depressed, the more effective your coping will be, and the less tempted you will be to use substances when you are feeling bad. If you would like to learn more strategies for coping with depression and anxiety than are covered in this module, talk to your clinician about the Coping with Symptoms module and Dealing with Negative Feelings module.

Planning and doing fun activities

When people are depressed or anxious, they often stop doing things that are enjoyable. This may be because they lack the motivation or feel too anxious. Doing fun activities every week can may you feel good, and take your mind off your troubles for a period.

Consult the "Activities When You Feel Bored or Have Nothing to do" worksheet you completed in the previous topic to identify fun activities you could engage in to cope better with your anxiety and depression.

Exercise

Physical exercise is an effective strategy for reducing depression and anxiety, and increasing self-esteem. More vigorous exercise is more likely to release endorphins in the body, which are a natural chemical made by the body that creates positive feelings of pleasure and satisfaction. Common vigorous exercises that can reduce negative feelings and increase well-being include:

- Running
- Brisk walking
- Bicycling
- Swimming
- Skating
- Dancing
- Using machines at a health club, such as stairmaster, elipitical, etc.

The optimal exercise routine is at least 20 minutes per day, at least 3 or 4 days a week. However, unless you are already in good physical shape, you may need to work up to this level of exercise over several weeks, starting with exercising for shorter periods, at slower paces, and taking frequent breaks. In addition to the benefits of exercise in reducing negative feelings, there are health benefits in terms of improved cardiovascular fitness and maintaining your desired weight.

Coping self-talk

Just as coping self-talk can be helpful for dealing with cravings (as discussed in the previous topic), it can also be useful in combating feelings of depression or anxiety. Cheerleading yourself when you're feeling down or anxious can lift your spirits, and enable you to continue to pursue your goals despite these feelings. Effective self-talk includes reminding yourself of your personal strengths and resiliency. For example:

- "I'm strong and I have survived a lot. I'm not going to let these feelings get the best of me."
- "I can handle these feelings, and still keep working towards my personal goals."
- "I'm not alone, I can get support for dealing with these feelings."
- "Just because I feel anxious or depressed, I know it doesn't mean that I am actually being threatened or there is no hope."

Mindfulness

Just as mindfulness can be a strategy for resisting intense cravings (as discussed in the previous topic), it can also help in coping with depression or anxiety. Feelings of depression and anxiety may come and go in intensity. Although coping strategies may reduce or eliminate these feelings, you may still continue to have some of them. What is important is preventing those feelings from interfering with your pursuit of goals. Being aware, or mindful or those feelings, without paying too much attention to them or letting them rule your day, may enable you to tolerate them without resorting to alcohol or drugs. Examples:

- "Just noticing" feelings of anxiety or depression without giving them undue attention.
- Being aware of your thoughts while also recognizing that they are not necessarily accurate (not "buying" the thought).
- Instead of trying to escape or avoid unpleasant feelings, pay attention and tolerate them, while recognizing they will not last forever.

- Tune into what is happening in your head and in your environment when you feel anxious or down, and try to understand how it contributed to your feelings.

Cognitive restructuring

Cognitive restructuring is the ability to identify the thoughts or beliefs underlying negative feelings, to evaluate whether they are accurate or not, and to change the thoughts and beliefs to more accurate ones when they are not supported by evidence.

For example, after doing poorly on a test in school, someone might think "I'm a loser, I'm going to fail this class" and then feel depressed. However, after examining all the available evidence about this belief, including evidence against it (such as the fact that the person has done well on one previous test and has completed all homework assignments), the person might conclude the evidence does not support the thought, and change it accordingly (such as "Although I did poorly on this test, until now I've been performing well in this class").

More information on using cognitive restructuring to deal with depression and anxiety is provided in the module on Dealing with Negative Feelings.

Medications

Some prescription medications may be helpful in reducing anxiety or depression. Antidepressant medications in particular may be helpful in lowering these symptoms. If anxiety or depression are severe and trigger substance use, despite working on developing more effective coping strategies, you may want to talk with you doctor or other prescriber about medication for your depression or anxiety.

Questions:

- Have you tried any of these coping strategies for dealing with anxiety or depression? Which ones? Were they effective? Did they help you avoid using?

Coping with Anxiety or Depression Checklist

Instructions: Use the checklist below to indicate which coping strategies you've tried to cope with anxiety or depression, and which ones you'd like to try.

Strategy:	I have used this	I have not used this	I would like to try this
Coping self-talk			
Mindfulness			
Planning and doing fun activities			
Exercise			
Cognitive restructuring			
Medication			
Other solutions: ______________ ____________________________			

Hallucinations

Hallucinations, or the hearing, seeing, feeling, smelling, or tasting something that isn't there, are a common symptom of psychosis. The most common type of hallucination is hearing voices. Hallucinations can be upsetting, such as when voices tell you that you're no good or that you should hurt yourself. Hallucinations can also distract you from what you want to be doing, such as school or work, and they can interfere with getting to sleep.

Sometimes people use alcohol or drugs to cope with hallucinations. For example, the person may drink excessively and pass out, thereby temporarily escaping his voices. Unfortunately, as alcohol use can make antipsychotic medications less effective, this strategy usually backfires in the long run, when hallucinations get worse.

Questions:

- Do you experience hallucinations? How often? What are they like?
- Have you sometimes used alcohol or drugs as a way of coping with your hallucinations? What happened?

People sometimes use substances to reduce or escape their hallucinations.

Substance use can provide temporary relief for hallucinations, but they often get worse in the long-run.

Coping with Hallucinations

A variety of different strategies can help people cope with hallucinations, and reduce their desire to cope by using substances. Many of the same strategies that work with cravings are also effective for coping with hallucinations. The more coping strategies you are capable of using, the more effective your overall coping ability will be, and the more able you will be to pursue your goals without being distracted by hallucinations or temptations to use substances. If you want to learn more coping strategies for dealing with hallucinations after learning the ones covered in this module, talk to your clinician about the Coping with Symptoms module.

Distraction

Shifting the focus of your attention away from your hallucinations to something else can be helpful. Possible examples include:

- Listening to the radio
- Humming to oneself
- Playing a game
- Listening to headphones
- Watching TV
- Playing a game
- Taking a walk

- Increasing structure in your day (such as time spent at school, work, chores, housework, volunteering, involved in clubs or organizations)

Coping self-talk

Reminding yourself of your strengths and your resiliency can help you cope with hallucinations, and not give into the temptation to use. Examples of coping self-talk include:

- "I'm not going to let those voices get to me."
- "Don't believe those voices, I know I'm a good person."
- "Hang in there, these voices can't control or hurt me."

Mindfulness

A mindfulness-based approach to coping with hallucinations involves accepting the fact that hallucinations are not under your control, while also recognizing that they do not have to be the sole focus of your attention, or ruin your day. Thus, you can hear voices, make the choice to not use substances to cope with them, and continue your pursuit of goals.

Some specific mindfulness strategies for dealing with hallucinations include:

- "Just noticing" the hallucinations without giving them excess attention.
- Reminding yourself that hallucinations are a product of your brain, and don't really exist in the real world .
- Humorously "thanking your brain" for all the wonderful sensations it is creating for you, while choosing to follow your own path (for example, "Thank you Mr. Brain for those interesting voices. I think I'm going to go about my business now.").

Relaxation exercises

Hallucinations are sometimes made worse by stress. Some people find that relaxing can reduce the intensity of their hallucinations. Examples of relaxation exercises include:

- Relaxed breathing (sometimes call "breathing retraining").
- Pleasant imagery (such as laying in a field of grass under the sun).
- Muscular tension and relaxation.
- A combination of the above techniques.

Prayer

Prayer is powerful medicine for people who have strong religious convictions. As with cravings, praying during a hallucination may give you the strength you need to tolerate it without giving into using substances.

Medications

If you have been taking your antipsychotic medication regularly, but still have hallucinations, your doctor or other prescriber may be able to modify your prescription to make it more effective. One possibility is to increase the dosage of your medication. Another possibility is to prescribe another antipsychotic medication. If hallucinations are severe and trigger substance use, despite working on developing more effective coping strategies, you may want to talk with you doctor or other prescriber about a medication change for your hallucinations.

Questions:

- Have you tried any of these coping strategies for dealing with hallucinations? Which ones? Were they effective? Did they help you avoid using substances?

Coping with Hallucinations Checklist

Instructions: Use this checklist to indicate which strategies you've tried to cope with hallucinations, and which ones you'd like to try.

Strategy:	**I have used this**	**I have not used this**	**I would like to try this**
Coping self-talk			
Mindfulness			
Distraction			
Relaxation exercises			
Prayer			
Medication changes			
Other solutions: _______________ ____________________________			

Check it out

- ✓ Identify some of these coping that you would like to try. Practice one in session and then make a plan to practice it regularly next week on your own.

Sleep problems

Difficulty getting to sleep, staying asleep, getting enough sleep, and sleeping at the wrong times (such as sleeping all day) are all common problems that can interfere with enjoyment of life, social relationships, and the ability to pursue goals such as work and school. These sleep problems can serve as triggers to use substances in order to help them get to sleep. For example, many people drink alcohol before they go to bed at night, and find that its sedating effects make it easier for them to fall asleep. However, the downside of drinking to fall asleep is that alcohol disrupts the sleep cycle, and often leads to a less restful night of sleep, and waking up earlier than desired. Marijuana and prescription medications such as benzodiazepines (such as klonapin or ativan) are also frequently used by people to relax before they go to sleep, but can cause similar problems.

Questions:

- How is your sleep? Do you sleep during all or part of the day? About how many hours do you get each night? Do you get enough sleep to

feel rested? Do you have any of the sleep problems listed above, such as trouble falling asleep or staying asleep?

- Do you ever use alcohol or another substance to help you fall asleep? How often do you do that? Does it work? Have you noticed any disadvantages?

People sometimes use substances to get to sleep or stay asleep.

Substance use may hasten sleep, but often results in a worse night sleep overall.

Good Sleep Hygiene

Sleep hygiene refers to the habits people have around their sleeping, such as when they go to bed, what they do before they go to bed, and when they get up in the morning. Poor sleep hygiene can lead to difficulty getting enough sleep at the right time, and not feeling alert or energetic the next day. Poor sleep hygiene may also lead people to use substances to help them get the sleep they want. Good hygiene skills can enable people to get the sleep they need.

Complete the chart below to evaluate the quality of your sleep hygiene, and whether you might benefit from better sleep habits.

Good Sleep Hygiene Behaviors

Instructions: Indicate in the checklist below which good sleep hygiene behaviors you follow and which you do not.

Do you:	Yes	No
Go to bed at the same time every day, regardless of how much sleep you got the night before?		
Get up at the same time regardless of how much sleep you got?		
Do something relaxing for at least 30 minutes before bed (such as reading a book, taking a bath, or listening to music)?		
Avoid drinking anything with caffeine after 5 p.m.?		
Avoid smoking or other nicotine use for several hours before going to bed?		
Avoid watching anything on TV that might be exciting or upsetting before you go to bed?		
Avoid napping during the day, even if you didn't sleep well the previous night?		
Get up and go to another room to do something relaxing if you don't fall asleep within 30 minutes?		
Exercise during the day so that you will feel tired at night?		
Sleep Hygiene Score: Total number of "Yes" behaviors:	_____	

The higher your Sleep Hygiene Score, the better your sleep hygiene. A score of 9 means you have perfect sleep hygiene. The lower your score, the more you can improve your sleep hygiene by changing your habits.

Check it out

- ✓ Identify some of your sleep hygiene behaviors that you would like to change. Make a plan in session for how to change it, and follow it up next week.

There are many coping strategies you can use other than alcohol or drugs for dealing with anxiety, depression, hallucinations, and sleep

problems.

The more coping strategies you know and use, the more effective you will be at resisting these triggers to use substances.

Home Practice Options

1. Set a new goal for reducing/quitting your substance use over the next week. Share this handout with the person who supports your goals, and ask for his/her help in:

   - Practicing at least one strategy for coping with anxiety or depression as a trigger for substance use.
   - Practicing at least one strategy for coping with hallucinations as a trigger for substance use.
   - Implementing new sleep hygiene behaviors.

Summary Points for Coping with Triggers to Use, Part III: Negative Feelings, Symptoms, and Sleep Problems:

- *Anxiety and depression can sometimes trigger urges to use alcohol and drugs.*

- *Coping strategies for depression and anxiety include:*
  - *Planning and doing fun activities*
  - *Exercise*
  - *Coping self-talk*
  - *Mindfulness*
  - *Cognitive restructuring*
  - *Medications*

- *Hallucinations are sometimes a target for substance use.*

- *Coping strategies for hallucinations include:*
  - *Distraction*
  - *Coping self-talk*
  - *Mindfulness*
  - *Relaxation exercises*
  - *Prayer*
  - *Medication*

- *Problems related to sleep sometimes trigger substance use.*

- *Coping strategies for sleep problems include good sleep hygine.*

#10: Developing a Relapse Prevention Plan for Substance Abuse

In the fourth IRT module, "Relapse Prevention," you developed a plan for preventing a return of the symptoms of psychosis. In this handout, you will use similar methods to develop a plan for preventing yourself from returning to the use of alcohol or drugs.

Relapses back into substance abuse can be a setback for everyone, and feel discouraging and demoralizing to the individual himself or herself. Although relapses often occur in the process of overcoming drug and alcohol problems, they are not inevitable. There are steps you can take, with the help of your treatment team and other supportive persons, to prevent relapses from occurring.

This handout explains what a relapse is, and provides guidelines for developing your own personal relapse prevention plan.

Relapses of substance abuse can be prevented.

What is a Relapse?

A relapse of alcohol or drug use is when an abstinent individual starts using substances again. Sometimes the term *slip* is used to describe when an abstinent person has a small amount of alcohol or drugs on a single occasion, but then resumes being abstinent again. A relapse occurs if that person begins using alcohol or drugs on a regular basis or has a binge, and is therefore at high risk for experiencing negative consequences of substance abuse.

Relapse Prevention Plan

There is an old saying that goes "An ounce of prevention is worth a pound of medicine."

- What do you think that saying means?

- How is this saying relevant to the prevention of relapses of substance abuse?

The essence of all prevention, including the prevention of relapses, is that planning in advance can prevent negative things from happening, or minimize the severity of negative events that do occur. Thus, the best way to prevent substance abuse relapses is to make a plan, now, and to practice that plan so you'll be confident that it works.

Throughout the entire Substance Use module you have been preparing to create your own personalized relapse prevention plan. You already have most of the information, skills, and supports you need to prevent relapses. Now you just need to put it all together into a single consolidated plan.

A relapse prevention plan needs to be written in order to remember it, to follow it, and to share with others. The steps of developing a relapse prevention plan including the following:

1. Describe your most important reason for not using substances.
2. Name people who support your abstinence.
3. Identify your most important triggers of substance use.
4. Identify your most effective strategies for dealing with these triggers.
5. Establish a crisis action plan in case you are about to use or have just used.
6. Practice the plan.
7. Post a copy of your plan where you can see it every day.
8. Give a written copy of the plan to supportive other people.

A worksheet is provided for you to make a written record of your relapse prevention plan. The following section provides step-by-step guidelines for developing your plan.

Guidelines for Making Your Own Relapse Prevention Plan

As you go through these guidelines, you can complete the Relapse Prevention Plan worksheet.

1. **Describe the most important reasons for not using substances.**

As you know by now, there are many reasons not to use substances. Choose between one and three reasons why it is important for you to not use substances. Reviewing the worksheet you previously completed on the "Pros" and "Cons" of not using substances may help you identify your most important reasons. For example, not using substances may be critical to achieving personal goals such as:

- Completing a degree
- Working an interesting job
- Having a close and meaningful relationship with someone
- Being a good parent or sibling or family member
- Maintaining your independence
- Managing your psychosis and staying out of the hospital
- Staying out of trouble with the law

Write the most important reasons you want to continue not using substances on your Relapse Prevention Plan.

2. Name people who support your abstinence.

Having other people who support your decision not to use is critical to preventing relapses. Most people who stop using spend more time with other people who don't use, and less time with people who do. Identify the people who you can count on to support you in not using, including any people you may know from self-help groups such as Alcoholics Anonymous. Write their names on your Relapse Prevention Plan.

3. Identify your most important triggers of substance use.

Part of making a plan to prevent relapses is knowing when you are most vulnerable or tempted to use alcohol or drugs. In this module you have learned about your own personal triggers for using substances, including dealing with offers to use, environmental triggers (such as money in your pocket), boredom or having nothing to do, cravings, negative feelings, hallucinations, and sleep problems.

The worksheet on the following page includes the broad range of possible triggers for substance use. Indicate which triggers have led you to use substances in the

past. Then indicate which three of those triggers have been the strongest. Write these three triggers down in your Relapse Prevention Plan.

4. Identify your most effective strategies for dealing with these triggers.

The key to a good relapse prevention plan is having effective strategies for dealing with the most important past triggers of your substance use. Some triggers may be avoided (such as a local bar or place you bought drugs), but others may not, especially internal triggers (such as cravings, feeling down). Much of this module has been spent on helping you develop skills and alternative outlets for dealing with your own personal triggers, such as refusing offers to use, developing alternative ways of having fun, and coping with cravings, negative feelings, and symptoms.

For each of the three strongest triggers of substance use that you identified in Step 3, identify the most effective strategies you have developed for either successfully avoiding them or coping with them without giving in. There is no limit to the number of strategies you can list—however, focus on those strategies you have tried and know are effective. Refer back to your previous worksheets from this module if necessary. Then, write down the strategies for dealing with each trigger in your Relapse Prevention Plan.

5. Establish a crisis action plan in case you are about to use or you have just used.

Try as you might, it is still possible that despite your best intentions, and efforts to cope effectively with your triggers to use, that you could still come precariously close to using, or actually begin to use again. This is a crisis situation, but one in which disaster can be avoided if you respond quickly and get the help you need. In order to do so, you first must define what a crisis would be for you, and then determine a course of action.

Examples of crises include:

- Feeling an overwhelming urge to drink or use drugs
- Suddenly, “unexpectedly” finding yourself in a neighborhood where you used to drink or buy drugs
- Calling or trying to contact former friends whom you used substances with, or a dealer

- Having a drink
- Smoking some pot
- Doing a line of cocaine or some crack

After you have defined your personal signs of a crisis, note them on your Relapse Prevention Plan, and then make a plan for how to respond to it. During the moment of a crisis, when you are on the brink of a relapse, is when you most need the help of the people who support you.

Questions:

- Who can you call during a crisis? If they are not available, who could you call then? What would you ask them?

Write down who you can call during a crisis on your Relapse Prevention Plan, and how you might ask them to help you. When you've identified those important support people, it is also important for you to talk over with them the role you would like to play in the event of a crisis, and enlist their willingness to do so.

6. **Practice the Plan.**

Once you've written down your Plan, it can help to practice it in session. Pretending that you are confronting your triggers, practicing your coping strategies, and rehearsing how you would respond in a crisis situation can be helpful in finding potential problems in your Plan, and becoming more familiar with it. Make any modifications you need to in your Plan when you have practiced the different parts of it.

7. **Post a copy of your plan where you can see it every day.**

Part of having a successful Relapse Prevention Plan is keeping in the forefront of your mind. The easiest way of accomplishing this is to post your plan somewhere prominent where you will see it every day (such as your refrigerator, bureau, closet door). Your plan is important not only because it summarizes the most effective coping strategies you can use when you are confronted with triggers to use, or feel on the brink of a relapse, but because it reminds you of why remaining abstinent is so important to you.

8. **Give a written copy of the plan to supportive other people.**

The success of your Relapse Prevention Plan does not depend only on you, but also on the other people in your life whom you depend on to support your decision not to use. These are people to turn to for help and support during periods when your resolve may weaken. Some of these people you may also want to spend more time with because you enjoy their company and friendship.

In order for your support people to help you stay clean, and support you in achieving your personal goals, it is useful for you to give them a copy of your Relapse Prevention Plan, to explain their role (if any) in the plan, and to explain why it is so important for you to continue not to use. Other possible supportive people who may be given a copy of your Relapse Prevention Plan include:

- A friend who doesn't use
- Your boy/girlfriend who doesn't use
- Family members
- Your treatment team
- A sponsor or friend from a self-help group
- A member of the clergy whom you trust and feel close to

The Relapse Prevention Plan as a "Living" Document

You should not look at your Relapse Prevention Plan as a fixed, unchangeable document. There may be reasons why you want to change your Plan in the future, and you should feel free to do so, in order to keep it as current and relevant to your life as possible. For example, you may find a new person to add to your list of people who support your decision not to use, or someone who is a support may move or become unavailable. You might develop new and even more effective strategies for coping with triggers to use that you want to add to your Plan. Or, as you make progress towards your goals, and develop new and more important reasons for continuing not to use that you want to note on your Plan. Thus, think of your Relapse Prevention Plan as a "living" document—one that can change over time to suit your needs.

It is also possible that despite having a Relapse Prevention Plan you could have a relapse anyway. Having a relapse doesn't mean that you did all this work for nothing—for some people, having relapses is part of being on the road to recovery

from addiction, until they no longer have them. Having a relapse also doesn't mean that your Relapse Prevention Plan didn't work: some parts of the Plan may have worked, whereas other parts may need to be changed.

If you have a relapse, after you have stopped using again it is important for you to closely examine your Relapse Prevention Plan to determine what changes need to be made to prevent another relapse. Since "two heads are better than one," it may be useful to review and modify your Plan with the help of someone who knows you and supports you, such as a friend, family member, or clinician. When you modify your Relapse Prevention Plan, don't forget to make copies of the new Plan and give it to the people who support you.

Your Relapse Prevention Plan can be changed over time in order to to keep it as current and effective as possible

Home Practice Options

1. Give copies of your Relapse Prevention Plan to people who support you in not using substances. Explain their role (if any) in the event of a crisis in which you feel close to using again, or you have just used something. Get their feedback on the plan.

My Triggers for Using Substances

Instructions: Indicate which triggers for using substances you have experienced.

Trigger:	This is a trigger for me	This is one of my most important triggers
Offers to use from friends		
Offers to use at parties		
Pressure to use		
Holidays, celebrations		
Sexual situations		
Seeing alcohol containers		
Seeing drug paraphernalia		
Money in my pocket		
New paycheck		
Feeling bored		
Having nothing to do		
Cravings to use		
Feeling depressed		
Feeling anxious		
Thoughts about hurting or killing myself		
Hallucinations		
Sleep problems		
Other trigger(s): ________________ ________________________________		

<u>Relapse Prevention Plan</u>

CONGRATULATIONS! You've taken the first and most important step toward ridding your life of problems related to substances. Complete this plan by following the steps outlined below. You can 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 goals of living without alcohol or drugs.

Step 1. Why I don't want to use alcohol or drugs:

A.____

B.____

C.____

Step 2. People who support my decision not to use substances:

Person	Phone Number
____________________________________	_______________________
____________________________________	_______________________
____________________________________	_______________________
____________________________________	_______________________
____________________________________	_______________________

Step 3. My most important triggers for using substances:

A.____

B.____

C.____

Step 4. My strategies for avoiding or dealing with triggers to use substances:

Trigger A:

____

Strategy #1: ____

Strategy #2: ____

Strategy #3: ____

Strategy #4: ____

Trigger B:

____

Strategy #1: ____

Strategy #2: ____

Strategy #3: ____

Strategy #4: ____

Trigger C:

____

Strategy #1: ____

Strategy #2: ____

Strategy #3: ____

Strategy #4: ____

<u>Step 5. My crisis plan for dealing with overwhelming temptation to use or a slip</u>:

My signs of crisis:_________________________ _________________________

_________________________ _________________________

My crisis action plan (Who can I call? Where can I go for help?):

A.____

____

B.____

____

C.____

____

D.____

____

Give a copy of your Relapse Prevention Plan to people who support your decision not to use substances (such as friends, family members, treatment team, or self-help group members), and post a copy of the plan somewhere you will see it every day.

Summary Points for Developing a Relapse Prevention Plan for Substance Abuse:

- *A relapse prevention plan can prevent symptom relapses and hospitalizations.*

- *The steps for developing a relapse prevention plan include:*
  1. *Identify early warning signs.*
  2. *Identify triggers and stressors.*
  3. *Develop coping strategies you can use if you experience an early warning sign.*
  4. *Identify support people and what they can do to help you.*
  5. *Share your relapse prevention plan with your family and support people.*

#11: Wrapping Up and Looking to the Future

You have worked very hard over the past several weeks on understanding the nature of your substance use, how it interacts with psychosis, and making a decision about whether to cut down or stop using altogether. This handout is aimed at reviewing the progress you have made in changing your substance use habits, what you have found helpful in controlling your use of substances, identifying your current and future needs related to your substance use, and discussing how to get those needs met. Although this handout is the last one in the Substance Use module, you may find it helpful to return to some of the information and worksheets in the handouts at a later time, either on your own or with the help of someone else, such as your clinician or a supportive friend.

Reviewing Your Progress

Progress is a multidimensional concept. There are many different ways of measuring your progress in dealing with the effects of substance use in your life. What is most important is your own perspective on change.

Questions:

- In what ways have you found working on this module helpful?
- How have you and your life changed as a result of learning about alcohol, drugs, and psychosis?
- When you look back on the work you have invested in this module over the past several months, what are you most proud of?

It may be helpful to review the gains you have made in addressing substance use along different dimensions of progress. Four different dimensions of progress in addressing substance abuse are most important:

- *Understanding and insight*: how your knowledge and awareness of your own substance use has changed, including effects on you and advantages of not using.

- *Motivation*: how your desire to reduce or stop using substances has changed.

- *Behavior*: how your actual use of substances has changed.

- *Consequences of substance use*: how the negative effects of your substance use have changed.

Each dimension of progress is discussed in more detail below.

Understanding and Insight

Most of the work you have done in this module has been devoted to learning about substance use and psychosis, gaining insight into your own motives for using and the consequences of your use, and learning tools and skills for changing your substance use habits.

Questions:

- What have you learned about substance use and psychosis in this module?

- How has your participation in this module changed your understanding of your own use of substances?

- What information, tools, or skills have you learned in this module that you think are most helpful?

- Are there things you would like to know more about or learn related to this topic?

Motivation

The process of change begins with developing the motivation to change. Change can be frightening because it involves a journey into the unknown. Without sufficient motivation to change, people stick to they know and are familiar with-their old habits.

Consider your current motivation to not use alcohol or drugs, and your confidence in your ability to not use:

How important is it for you to cut down or not use substances?

Importance Ruler

1 2 3 4 5 6 7 8 9 10

How confident are you that you can cut down or not use substances?

Confidence Ruler

1 2 3 4 5 6 7 8 9 10

Questions:

- How has your motivation to reduce or not use substances changed since you experienced your psychotic episode?
- Has your motivation to reduce or not use changed since you began this module? If so, in what way?
- Has your confidence in your ability to reduce or stop using changed over the course of this module? If so, how? What increased your confidence?
- What have been the most important factors underlying changes in your motivation to reduce or not use substances?
- Has the importance of your recovery goals played a role in your motivation to change your substance use habits?

Behavior

Wanting to change sets the stage for actual behavioral change itself. However, motivation alone is often not enough to enable people to change their substance use habits. They may also need some or all of the following, as you have learned in this module:

- Other people who support their decision to cut down or not use substances
- Skills for dealing with social situations involving substances
- Fun things to do other than using substances

- Skills for coping with cravings and other triggers to use

Let's review together your substance use over the past several months. (Review chart of weekly totals over time of number of drinks and days using drugs.)

Questions:

- As you look back at your use of substances over the past several months, do you see any patterns or trends?

- (If no recent use of substances): You've been successful in not using alcohol or drugs in recent weeks. What do you think has helped you stop using? When you think of your personal strengths, which ones have been most important in helping you make these changes?

- (If some reduction in substance use, or no use of some substances but continued use of others): You've had some success in cutting down or not using, although you continue to use some substances. What has helped you make these changes? Are you happy with the changes you've made? Do you want to make further changes? If so, what?

- (If no change in substance use): Your use of substances hasn't changed much over the last few months. Are you satisfied with this or disappointed? If disappointed, how would you have liked your substance use to change? What seemed to get in the way of changing your behavior? Would you like to continue working together on changing your substance use? What would be the most important thing for us to focus on in order to help you reduce or stop using substances?

Consequences

People who have had a psychotic episode are more sensitive to experiencing negative consequences due to using substances. One way of seeing whether the consequences of substance use have changed for you is to compare your current situation with that of several months ago.

Negative Effects of Using Alcohol and Drugs

Instructions: Complete the following chart regarding your use of substances over the past month.

Negative effects:	**Substance #1:** ______________	**Substance #2:** ______________	**Substance #3:** ______________
Worse symptoms or relapses			
Hospitalization			
Family conflict			
Conflicts with others			
Problems at school			
Problems working			
People complain about my use			
Feeling more irritated at others			
People can't count on me			
Losing friends			
Hanging out with a bad crowd			
People take advantage of me			
Not taking care of myself			
Spending too much money			
Using in unsafe situations			
Legal problems			
Health problems			
Doing unsafe things			
Spending too much time using			
Problems achieving goals			
Other: ___________			

Questions:

- When you compare the recent consequences of using substances to consequences you experienced several months ago, what differences do you notice? What do you think accounts for any differences you see? (Keep in mind that changes that appear to be in a negative direction may actually reflect increased awareness on your part of the negative consequences of using.)

- Does reviewing the recent consequences of using substances lead you want to make any further changes? If so, which consequences would you most like to work on changing?

Current and Future Needs

In reviewing the progress you have made, you may be aware of current or future needs you have that may help you further reduce your substance use or maintain your abstinence. These needs may be addressed in additional work with your IRT clinician in more sessions focusing just on your substance use or in combination with work on other IRT modules.

Questions:

- Are there particular needs you have related to helping you reduce or not use substances? What would be most helpful to you in getting better control over your substance use, or maintaining your abstinence?

You can use the checklist on the following page to summarize your needs for reducing substance use or maintaining abstinence.

Checklist of Needs for Reducing Substance Use or Maintaining Abstinence

Instructions: Indicate in the checklist below which specific needs you may have to help you reduce your substance use or maintain your abstinence

Need:	I have this need
Better skills for refusing offers to use substances	
More social support for not using substances	
Friends who don't use substances	
More fun things to do other than using substances	
Better coping with cravings to use	
More help dealing with money	
Better coping skills for depression	
Better coping skills for anxiety	
Better coping skills for sleep problems	
Help dealing with upsetting memories of past events	
Other need (specify): ______________________________	
Other need (specify): ______________________________	
Other need (specify): ______________________________	

Plan for Addressing Needs Related to Reducing Use or Maintaining Abstinence

Instructions: Based on your responses to the **Checklist of Needs**, develop a plan for getting each of your needs addressed. Use the worksheet below to record your plan.

Need #1:

____

Plan:

____

____

Need #2:

____

Plan:

____

____

____

Need #3:

____

Plan:

____

____

____

Need #4:

____

Plan:

____

____

Home Practice Options

1. Share the worksheets from this topic with your support person. Ask for their feedback on what changes they have noticed in you since you began working on this module.

Summary Points for Wrapping Up and Looking to the Future:

- *In this topic area you reviewed your progress towards achieving your substance use reduction goal.*

- *Your progress was evaluated in terms of:*
    - *Understanding and insight into substance use*
    - *Motivation to reduce or stop using substances*
    - *Substance use behavior*
    - *Consequences of substance use*

- *Your current and future needs regarding substance use treatment were reviewed.*

Clinical Guidelines for the "Having Fun" *Sub-Module*

OVERVIEW:

This *sub-module* focuses on improving the fun and experience of pleasure clients have in their daily lives. There are several reasons why it is important to increase the involvement in fun activities of people with a first episode of psychosis. First, the disruptive effects of having a psychotic episode, combined with the depression that often precedes and accompanies it, may result in the loss of engagement in fun activities the person previously enjoyed. Helping the person revive old fun activities and develop new ones can reduce depression and increase well-being. Second, regular involvement in fun activities can provide opportunities for meeting new people with similar interests, which often forms the basis of friendships and intimate relationships, and are common goals for clients. Third, many clients who use and abuse alcohol or drugs, do so in part because it is one of the only pleasures in their lives. Facilitating the involvement of these individuals in new activities that are alternatives to using substances is critical to helping them develop a rewarding lifestyle that is free from dependence on substances. Fourth, anhedonia (lack of pleasure) is a common symptom for people who have experienced a psychosis. Helping them increase their participation in fun activities, and teaching them skills for getting the most pleasure of these activities, can increase their enjoyment of life and improve the symptomatic and functional course of their disorder.

This *sub-module* is divided into four topic areas with corresponding handouts for each one, including "An Introduction to Having Fun" (an overview of the sub-module and importance of fun), "Getting More Fun in Your Life: Reviving Previously Enjoyed Activities," "Developing New Fun Activities," and "Getting the Most Out of Your Fun."

An important theme that is emphasized throughout this topic area is that the enjoyment of fun activities increases over time, as people become more familiar with the activity. Thus, a person may not know very well how fun an activity may become after they have tried it only one time. The clinical implications for teaching this topic area are that helping a client develop new fun things to do involves encouraging him or her to try new activities several times in order to build up familiarity with each activity to know just how fun it might be. Teaching skills designed to enhance the 3 Stages of Fun may accentuate the enjoyment clients experience as they develop familiarity with new activities.

Goals

1. Renew the individual's involvement in activities he or she used to enjoy but no longer participates in.
2. Facilitate identifying and engaging in new fun activities.
3. Enhance the pleasure the person experiences from enjoyable activities through learning the 3 Stages of Fun: anticipation, savoring the moment, and reminiscing.

Materials Needed

An Introduction to Having Fun
Topic Handouts:
1. Getting More Fun in Your Life: Reviving Previously Enjoyed Activities
2. Developing New Fun Activities
3. Getting the Most Out of Your Fun

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Having Fun	Session 1- Having Fun; Getting More Fun in Your Life: Reviving Previously Enjoyed Activities
Session 2- Getting More Fun in Your Life: Reviving Previously Enjoyed Activities	Session 2- Developing New Fun Activities
Session 3- Developing New Fun Activities	Session 3- Getting the Most Out of Your Fun
Session 4- Getting the Most Out of Your Fun (beginning of handout through Tips on Building Your Anticipation Skills)	
Session 5- Getting the Most Out of Your Fun (Tips on Building Your Savoring Skills)	
Session 6- Getting the Most Out of Your Fun (Tips on Building Your Reminiscing Skills)	

TEACHING STRATEGIES:

- Ask probe questions and facilitate a discussion about past fun activities that the client used to engage in but no longer does. Explore with the client why he or she stopped engaging in activities, and whether there are obstacles that would prevent him or her from engaging in them again. Note that it is natural for people to stop engaging in some fun activities as they mature and grow older; the purpose of this discussion is to explore possible fun things the client stopped doing that might be enjoyable to start doing again.

- Clients may need instruction on how to complete the Predicting Pleasure Worksheet. The purpose of this worksheet is to help clients become aware that they do not always know how much they will enjoy an activity, and that they often underestimate how fun an activity will actually be. In order to make sure the client understands how to complete the worksheet, choose one activity to rate as an example with the client, and use the worksheet to help him or her make a prediction about how enjoyable it

will be. Note that the Pleasure Predicting Worksheet can also be found in the "Coping with Symptoms" module. If the client has already completed that module, they can be reminded of this exercise and can retrieve it if possible for discussion in session.

- Engage client in a discussion of how people's interests naturally change as they grow older by asking probe questions related to his or her own experiences. The purpose of this discussion is to make the case for the client developing new interests and fun activities as a part of their own personal growth, even if he or she has been successful in reviving some old pastimes.

- Convey the notion that discovering new fun things to do takes time and willingness to experiment. Ask the probe questions in the handout to elicit the client's own experiences with fun in order to demonstrate the general principle that fun activities become more enjoyable over time as one becomes more familiar with them. This establishes the expectation that the client will try a new activity at least a few times before deciding whether to continue doing it or now. It also establishes the groundwork necessary to enhance the client's experience of pleasure through practicing skills based on the 3 Stages of Fun.

- When teaching the 3 Stages of Fun, provide a brief explanation of it, followed by asking the probe questions designed to elicit the client's own experiences with that stage. The client's appreciation and experience with each stage may be limited. For example, the client may engage in limited anticipation of enjoyable activities, may be easily distracted when in the middle of doing something fun, and may rarely pause to reflect back on fun experiences. Normalize these experiences, and emphasize that you will be working with him or her to learn skills for getting the most enjoyment out of fun activities in his or her life.

- When teaching the tips on building anticipation skills, first briefly explain and talk about each strategy with the client. Then, guide the client through practicing some of the anticipation skills in session by choosing a fun activity that he or she has recently engaged in and is planning on doing again in the next few days. This could be an old activity that has recently been revived, or a new one that he or she has just started trying. Spend enough time talking about the activity so you have a good idea of what it was like for the client. Then, have the client get into a relaxed position, close his or her eyes, and describe in detail aloud what he or she expects will happen the next time, starting at the beginning. Ask questions to prompt the client to attend to different sensory experiences as necessary, and to consider different ways the experience may turn out.

- If the client has difficulty creating a fluid narrative of what the experience may be like, normalize it, and step in and assist him or her by providing detailed guided imagery of the activity for him or her to follow. The client should be relaxed and able to follow the imagery you provide. Get feedback from the client to verify that your description is accurate and plausible, and make changes as needed. When you finish, get the client to describe how vivid the imagery was, and how it felt to imagine it. Then, encourage the client to relax (as above), and describe aloud what the activity may be like in his or her words while imagining it.

- When teaching savoring skills, as with anticipation skills, begin with a brief explanation and discussion of each strategy. Explore what difficulties the client experiences in savoring the moment (e.g., distracting or worrisome thoughts), as well as the strengths in savoring that he or she reports. Note that there are more extensive Savoring Exercises within the “Developing Resiliency – Individualized Sessions” Module for the client to try or review. If the client has already done that module, remind him or her of the skills he or she has previously practiced and explain how the savoring exercises done in that module are related to enhancing one’s experience of fun.

- The best way to practice savoring skills in session is to plan with the client in advance by identifying something brief and enjoyable that he or she can do in the session. The activity could be anything portable, such as a word game, a video game, a video/movie/TV show, music, or reading a book or comic. After discussing the different savoring skills, select one or two skills with the client to focus on practicing.

    - If the skill involves self-talk (such as steering one’s thoughts back to the activity or setting worrying aside), plan out the specific wording with the client in advance and have him or her briefly practice it. It may help for you to first say it aloud to the client, and them have him or her say it aloud, and then to him/herself. When the wording feels comfortable, have the client try it when engaging in the fun activity in the session. Have the client indicate how good it felt, and practice again as needed.

    - If the skill involves focusing on one sensory experience at a time, choose the sensation to focus on first, briefly practice focusing on that during the activity. Talk over how it went, how it felt, and either try more practice or move onto another sensory experience.

- The same basic strategies used to teach anticipation skills can be used to teach reminiscing skills: identifying a recent fun experience, helping the client use imagery to recall what it was like, asking questions to focus attention on specific aspects of the experience, providing guided imagery as needed, etc.

TIPS FOR COMMON PROBLEMS:

- Some clients may have difficulty identifying recent age-appropriate activities they used to engage in but no longer do. The better you know the client and his or her personal history, the more able you may be to identify some appropriate past fun activities that would be worth engaging in again. Getting input from family members may also help in identifying such activities. If all else fails, move onto developing new fun activities.

- The client may want to focus on relatively sedentary and socially isolated fun activities, such as watching TV or playing videogames. For some clients, engaging in such activities may be better than engaging in no fun activities, and can be a stepping stone to more active and socially engaging pursuits. Rather than discouraging involvement in such activities, whenever possible help the client to

identify another activity to pursue in addition, based on the rationale that everybody needs a variety of fun things to do in one's spare time. It can also help to explore how to build in a social component into such activities, such as watching a show with a relative or friend, playing games with a friend, etc.

- The client may feel uncomfortable trying to practice the anticipation and reminiscing skills with imagery in the session. Helping the client use stress management and relaxation skills previously taught in the program may be helpful.

- The client's ability to conjure up vivid imagery when either anticipating an activity or reminiscing about one may be limited, even with your assistance and guided imagery. Normalize the fact that it takes time to develop these skills. Several strategies may help address this problem:

  - Focus initially on events that have very recently happened, such as yesterday or even the same day (or even right before the session), rather than events that occurred several days ago.

  - Practice reminiscing and anticipation strategies immediately following doing something fun in the session, when the experience is still fresh and easy to remember. When the skill has been practiced following something fun in the session, the client should then practice the skill using the same activity at home. This can be practiced repeatedly in sessions to gradually help the client hone his or her skills. Office sessions or ones held in the community may be useful for engaging in fun activities and then facilitating the practice of anticipation and reminiscing skills.

  - Involve a relative or other supportive person in helping the client practice reminiscing skills right after a fun event, and then a day or two later, at home.

EVALUATING GAINS:

- An important measure of gains over the course of this sub-module is increased participation in fun activities, including both resumption of old fun things and new fun activities, as reported by the client during regular sessions. This can include both number of activities and time spent engaging in fun activities.

- Increases in the amount of pleasure reported by the client from participating in fun activities, as indicated on home assignment records, provides useful information about gains, as a goal of this topic is to increase the enjoyment clients get from such activities during their lives.

- Since one of the benefits of improving involvement in fun activities is increased social opportunities, increased contacts with others, as well as friends and satisfaction with social relationships, may be another indicator of gain in treatment.

- For clients who have had substance abuse problems, decreases in substance use may indicate that clients are less reliant on using substances as their only way of having fun.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "HAVING FUN" SUB-MODULE:

Therapeutic Goals	*Techniques & Probes*
Renew the individual's involvement in activities he or she used to enjoy but no longer participates in.	• Encourage the client to identify past fun activities. - *"In the past what were some activities or hobbies you enjoyed doing?"* • Prompt the client to identify why they no longer enjoy the same activities. - *"You told me you used to enjoy hiking. What do you think has gotten in the way of you still enjoying this?"* • Use the Predicting fun worksheet to help the client identify how much fun they actually experience. • Give positive feedback when the client recognizes enjoyment of an activity.
Facilitate identifying and engaging in new fun activities.	• Prompt the client to identify possible new fun activities. - *"Are there hobbies or activities you have always wanted to try, but have not?"* • Encourage the client to select a new activity and to try it several times. • Help the client complete the Pleasure Predicting Worksheet for this new activity.
Enhance the pleasure the person experiences from enjoyable activities through learning the 3 Stages of Fun: anticipation, savoring the moment, and reminiscing.	• Help the client to identify the 3 stages of fun in an activity they currently enjoy. • Normalize the obstacles they encounter when engaging in each of the three stages. • Encourage the client to develop the skills needed to practice all 3 stages of having fun. - *"With practice it becomes easier to enjoy the activity and worry less."*

An Introduction to the Having Fun Sub-Module

Having fun things to do with your life is part of what makes life rewarding. Enjoyable activities such as sports, hobbies, games, and creative arts gives you a chance to unwind, and can provide you with opportunities to meet other people with similar interests. Sometimes it can be difficult to find ways to enjoy the things you used to enjoy or feel motivated to try new things that may be fun. This can be particularly true following an episode of psychosis. This sub-module focuses on helping you renew your involvement in some of the fun activities you used to do, developing new fun activities, and getting the most enjoyment out of these activities.

In this sub-module, we will:

- Review the importance of fun
- Help you identify struggles you may have with enjoying activities
- Help you revive interest in previously-enjoyed activities
- Develop some new fun activities to try out
- Learn strategies to enhance your experience of fun

What I expect from you:

- Willingness to try out activities you used to do for fun
- Willingness to try out some new activities for fun

What you can expect from me:

- Help exploring a range of activities until you find one or more that you enjoy doing now

- Suggestions and support as you try out activities
- Going at a pace that's comfortable to you

The Importance of Fun

There are many reasons why it's important to build fun activities into your daily life. Consider the following questions.

Questions:

- Why do you think it's important to have fun things to do in your life?
- What types of things do you currently do for fun?

The following list contains some of the common reasons people say that they want to have fun in their life.

Feeling Good

Doing fun things feels good. Everyone needs a break in his or her life. Fun activities give people the chance to focus on something that is enjoyable and feels good, without having to worry about their other problems, challenges, or obligations.

Connecting With Other People

Engaging in fun activities can give you a chance to meet other people with similar interests. For example, if you like playing the guitar, bowling, nature walks, or, skateboarding, you could find places where you could pursue these activities and meet people with similar interests.

Providing Structure

Doing fun activities on a regular basis can help you structure your time in an enjoyable way. This can reduce boredom and empty time when you have nothing to do. Having regular activities can also reduce your symptoms because it gives you something different to focus on.

Having Something to Look Forward to

Engaging in fun activities gives you something to look forward to as you go about your daily life. Work, school, or family obligations can all be important and meaningful parts of your life, but they can also be demanding. Having fun things to do on a regular basis can give you something to look forward to when you are meeting your responsibilities.

Questions:

- What are the most important things to you about having fun things to do in your life?
- What fun things do you currently do that meet these important needs?

> Having fun is an important part of life.

Home Practice Options

1. In the coming week, make a list of the fun activities you currently do.
2. Talk to a friend or family member and ask them to help you make a list of fun things you currently do.

#1: Getting More Fun in Your Life: Reviving Previously Enjoyed Activities

Sometimes when people have had a disruption in their lives, such as developing an illness, moving, or another stressful event, they stop engaging in fun activities they used to enjoy. Reviewing activities you used to engage in but no longer do can help you select some activities that you would like to start doing again.

Here is a list of some common examples of fun activities. Check off the activities that you enjoy or have enjoyed in the past (even if you aren't currently doing these activities).

- ☐ Playing a sport.
- ☐ Watching a sports team.
- ☐ Playing video games or board games.
- ☐ Knitting, needlepoint, or crocheting.
- ☐ Crafts, such as making pottery, photography, making jewelry.
- ☐ Artwork, such as drawing, painting, sculpting.
- ☐ Writing poetry or fiction.
- ☐ Exercise, such as jogging, swimming, bicycling, or weightlifting.
- ☐ Exercise classes.
- ☐ Dancing.
- ☐ Hobbies, such as collecting stamps, scrapbook making, or woodworking.
- ☐ Participating in theater /drama.
- ☐ Hiking or nature walks.
- ☐ Bird watching.
- ☐ Rock climbing.
- ☐ Yoga/meditation.
- ☐ Reading literature/book club.
- ☐ Gardening/horticulture.
- ☐ Playing a musical instrument.
- ☐ Listening/downloading music or podcasts.
- ☐ Going to concerts.

☐ Being involved in a civic organization.
☐ Being involved in local government.
☐ Volunteering.
☐ Using Twitter, Facebook, MySpace or YouTube.

Questions:

- What kinds of things did you most enjoy doing in the past but no longer do?
- Which activities did you do most frequently?
- Why did you stop doing these activities?
- Are there obstacles that would prevent you from enjoying these same activities again?

> Reviving fun activities you used to do is one way of having more fun in your life.

Check it out

✓ Choose an activity you used to enjoy and no longer do, and make a plan to participate in it again next week.

✓ Are there obstacles to engaging in the activity or resources you need in order to do it?

  - If so, how can you address those obstacles or obtain those resources?

✓ How enjoyable do you think this activity will be?

Home Practice Options

1. In the coming week, try out the activity you planned above. If possible, try it out several times to see how your enjoyment of it changes over time.

2. When you try out an activity, complete the Pleasure Predicting Worksheet Below.

Pleasure Predicting Worksheet

Directions: Select one or more activities that you would like to try. Before doing an activity, predict how much you will enjoy it. After doing the activity, record how much you enjoyed it. Then compare your predictions with your actual experience. (Note that you may have already tried this exercise if you have previously completed the "Coping with Symptoms" Module. If so, you can retrieve your completed worksheet and review it again with your clinician here).

Activity	How much will you enjoy this activity? (0% to 100%)	How much did you enjoy it? (0% to 100%)	Comments What is the relationship between the kinds of thoughts you had and the enjoyment you experienced? (Hint: Positive thoughts increase enjoyment)
1.			
2.			
3.			
4.			
5.			

Summary Points for Getting More Fun in Your Life by Reviving Previously Enjoyed Activities

- *Everyone deserves to have fun in life.*
- *Returning to some of the activities you used to enjoy is a good way to get back into having fun.*
- *It helps to try out activities more than once before you decide if they are still fun.*

#2: Developing New Fun Activities

As people grow older, their interests and circumstances naturally change. For example, consider the following questions:

Questions:

- What are some of the things you enjoyed doing as a child (such as between the ages of 8 and 12)?
- What things did you enjoy doing as a teenager (such as between the ages of 13 and 18)?
- How about as a young adult (such as over the age of 18)?
- What changes do you see in how you enjoy spending your free time across these age groups?

Sometimes people keep doing some fun activities throughout their lives, such as playing a musical instrument, and develop it more fully as they go along. However, for most people, developing new interests and fun things to do is a natural part of growing older.

> Finding new fun things to do over the course of one's life is a natural part of the human growth experience.

Finding Fun Things to Do

Finding new fun things to do is a process that takes some time and willingness to experiment. Before you try something, you don't know if it will be fun. In addition, sometimes you have to try something a few times before it truly becomes enjoyable. For these reasons, it helps to be patient and to understand that it may take some time and practice to find those activities which are most rewarding to you.

Questions:

- Can you think of a fun activity you got involved in over the past year or two?
- What got you interested in this activity?
- Did you enjoy it the first time you tried it?
- Did you find that you enjoyed the activity more and more over time, as you became more familiar with it?
- Did you look forward to the activity?
  - If yes, what was that like?
- Did you sometimes look back on the activity and remember enjoying it?
  - If yes, what was that like?

Enjoyment Grows with Familiarity

Why does the enjoyment of an activity often increase as you develop more experience with that activity? Here are several reasons:

- The more familiar you are with an activity, the easier it is to enjoy the nuances and finer points of it.
- It's easier to look forward to an activity you know well than one you've just started trying.
- It's easier to look back on an activity you've done many times before and have fond memories of than something you've done just once or twice.

The more you do a fun activity, the more enjoyable it becomes.

Consider the following list of activities, and focus on those that are new to you.

Past, Present, and Potentially New Fun Activities Checklist

	I have tried this in the past	I currently engage in this activity	I would like to try this activity
Knitting, quilting, crocheting, or other hand work			
Running, walking, swimming, bicycling			
Exercise classes (such as aerobics)			
Checking out Twitter, Facebook or YouTube			
Drawing, sketching, or painting			
Taking yoga/meditation classes			
Cooking			
Playing a musical instrument			
Making crafts (such as pottery or jewelry making)			
Getting involved in theater/drama			
Working out in the gym			
Hiking/nature walks			
Bird watching			
Martial arts class			
Writing/taking a class in fiction, poetry or journaling			
Hobbies like stamp or coin collecting			
Video games			
Chess, checkers,			

backgammon, or card games			
Dancing/taking dance lessons			
Crossword puzzles, word games, number games			
Playing sports such as baseball, volleyball, basketball, soccer			
Volunteering			
Skating/rollerblading			
Going to movies			
Going to concerts plays are other shows			
Reading/joining a book group			
Photography			
Fishing			
Camping			
Studying history, going to historical sites			
Other: ___________			
Other: ___________			
Other: ___________			

Check it out:

Planning Your New Activity

It can help to make a plan for engaging in a new activity in order to increase the chances that it will be fun and rewarding. There are a few questions to consider when making your plan:

✓ Will you need any resources to engage in the activity, such as money, equipment, information, instruction, or transportation?

- If yes, what do you need and how can you get it?

____

____

____

____

____

✓ Do you want to invite someone to do this activity with you?

- If yes, who would you like to invite and when should you contact them?

____

____

____

____

✓ Where and when do you want to do the activity?

- Plan on what day(s) and time of day you would like to try the activity.

____

____

____

____

Home Practice Options

1. In the coming week, try out the activity you planned above. If possible, try it out several times to see how your enjoyment of it changes over time.

2. When you try an activity, complete the Pleasure Predicting Worksheet below.

Pleasure Predicting Worksheet

Directions: Select one or more activities that you would like to try. Before doing an activity, predict how much you will enjoy it. After doing the activity, record how much you enjoyed it. Then compare your predictions with your actual experience. (Note that you may have already tried this exercise if you have previously completed the "Coping with Symptoms" Module. If so, you can retrieve your completed worksheet and review it again with your clinician here).

Activity	How much will you enjoy this activity? (0% to 100%)	How much did you enjoy it? (0% to 100%)	Comments What is the relationship between the kinds of thoughts you had and the enjoyment you experienced? (Hint: Positive thoughts increase enjoyment)
1.			
2.			
3.			
4.			
5.			

Summary Points for Developing New Fun Activities

- *Finding new fun things to do is natural as one goes through different stages of life.*
- *Inviting someone to join in a new activity can make it more fun.*
- *The more you try an activity, the more enjoyable it usually becomes.*

#3: Getting the Most Out of Your Fun

Having fun is one of the pleasures of life. As you develop new interests and ways of having fun, and as you become more familiar with these activities, you may find that your enjoyment of them naturally grows on its own. You can further increase your pleasure by understanding the nature of fun, and learning how to get the most out of the activities you enjoy.

The 3 Stages of Fun

The pleasure you get from fun, enjoyable activities need not be limited to the moments you are engaged in the activity, but can extend to other parts of your daily life. You may even be able to increase the pleasure you experience while engaged in the activity. Understanding the 3 Stages of Fun is a key to getting the most enjoyment out of your life. Here they are:

1. **Anticipation**. Looking forward to and planning a fun activity can be enjoyable all on its own. The more familiar you are with the activity, the easier it is to imagine what it will be like, and to enjoy what is in your "mind's eye" (that is, your mental picture of what will happen).

Questions:

- Can you think of an activity that you currently do on a regular basis that you look forward to doing?
- What is it like for you when you anticipate doing that activity?

2. **Savoring the Moment**. When you are in the middle of a fun activity you can increase your enjoyment of it by focusing your attention fully on it. This means freeing your mind from other thoughts and distractions, so that you can more completely be absorbed in, and enjoy, the experience. Note that you may have talked about Savoring with your clinician in the "Developing Resiliency Module – Individualized Sessions."

You may also have done some Savoring exercises in that module that can be repeated or reviewed here.

Questions:

- When you are engaged in a fun activity are you able to focus all your attention on it, and get the most out of it?
- Do you sometimes find you get distracted by your thoughts or worries?

3. Reminiscing. Just because a fun activity is over, it doesn't mean you can't enjoy it anymore. Reminiscing involves drawing on your memory of the past activity with sufficient clarity and vividness so that you can enjoy it again, this time in reflection.

Questions:

- Can you think of an activity that you like to do on a regular basis that you also like to look back on doing?
- What's that like?

> The enjoyment of a fun activity involves the pleasure of anticipation, savoring the moment, and reminiscing about the experience.

Enhancing Your Positive Feelings through the 3 Stages of Fun

The 3 Stages of Fun provide you with a roadmap for getting the most enjoyment out of your life. By focusing specifically on each stage, and strengthening your ability to anticipate, savor, and reminisce enjoyable activities, with practice you can increase the positive feelings you experience every day, and your appreciation of life overall.

Check it out:

✓ **Tips on Building Your Anticipation Skills**

- Set aside some time each week to imagine what it is going to be like to participate in a fun activity you are planning to do.

- Relax, close your eyes, conjure up a mental image of beginning the activity, and go through in your mind what it might be like.

- Imagine any sights, sounds, smells, colors, or other details of the activity that may highlight its vividness.

- Feel free to imagine several different ways the activity might unfold.

- Pay attention to your positive feelings as you imagine the activity.

- Talk with someone about the activity and what you think it will be like.

✓ **Tips on Building Your Savoring Skills**

- Open up all your senses to the full experience of the activity by paying attention to what you see, smell, hear, and feel.

- Experiment with focusing on one sensory experience at a time, such as what you see, the sounds you hear, etc.

- If your mind wanders, gently steer it back to what you are doing.

- If you start to worry, remind yourself that this is the time for fun, and set aside your worrying for now.

✓ **Tips on Building Your Reminiscing Skills**

- Set aside some time each week to remember in detail what the fun activity was like to engage in.

- Relax, close your eyes, conjure up a mental image of beginning the activity, and go through in your mind what it was like.

- Recall of any sounds, smells, colors, or other details of the activity that were especially memorable.

- Pay attention to your positive feelings as you remember what the activity was like.
- Talk with someone about what the activity was like.
- Get some things to help remind you of what the activity was like, such as pictures, receipts, pamphlets, notes, programs or any other kind of memento that will refresh your memory.

Home Practice Options

1. In the coming week, choose an activity you have begun doing, and practice your anticipation skills before the next time you do it (see Anticipation Skills Worksheet below). If possible, try your skills out several times to see if the pleasure you experience from anticipation increases over time.
2. In the coming week, choose an activity you like doing, and practice your savoring skills the next time you do it (see Savoring Skills Worksheet below). If possible, try your skills out several times to see if the pleasure you experience from savoring increases over time.
3. In the coming week, choose an activity you like doing, and practice your reminiscing skills after the next time you do it (see Reminiscing Skills Worksheet). If possible, try your skills out several times to see if the pleasure you experience from reminiscing increases over time.

Anticipation Skills Worksheet

Directions: Select a fun activity that you plan to do in the next few days. Before you do it, practice your anticipation skills. Then, complete the checklist and record how much you enjoyed anticipating the activity.

Activity: ____

Anticipation Skill	I Used This Skill
Relax, close eyes, conjure up a mental image of what the activity will be like	____________
Imagine sights, sounds, smells, colors, or other details that may highlight vividness of activity	____________
Imagine several different ways the activity might unfold	____________
Pay attention to positive feelings as you imagine the activity	____________
Talk with someone about what you think the activity will be like	____________

Pleasure rating:
How much did you enjoy anticipating the activity? (1% to 100%): ____________

Comments/observations: ____

____

____

Savoring Skills Worksheet

Directions: Select a fun activity that you will to do in the next few days. When you do it, practice your savoring skills. Then, complete the checklist and record how much you enjoyed savoring the activity.

Activity: ____

Savoring Skill	I Used This Skill
Open up all senses to full experience by paying attention to what you see, smell, hear, and feel	____________
Try focusing on one sensory experience at a time, such as what you see, hear, smell, etc.	____________
If your mind wanders, gently steer it back to what you are doing	____________
If you start to worry, tell yourself this is the time for fun, and set aside your worrying for now	____________

Pleasure rating:

How much did you enjoy savoring the activity? (1% to 100%): __________

Comments/observations: ____________________________________

____

____

Reminiscing Skills Worksheet

Directions: Select a fun activity that you did over the last few days. Set aside some time to practice your reminiscing skills. Then, complete the checklist and record how much you enjoyed reminiscing about the activity.

Activity: ____

Reminiscing Skill	I Used This Skill
Relax, close eyes, conjure up an image of what engaging in the activity was like	_______________
Recall of any sounds, smells, colors, or other details that were especially memorable	_______________
Pay attention to positive feelings as you remember what the activity was like	_______________
Talk with someone about what the activity was like	_______________
Get things that remind you of the activity, such as pictures, receipts, pamphlets, or notes	_______________

Pleasure rating:
How much did you enjoy reminiscing about the activity? (1% to 100%): _______

Comments/observations: ____

____

____

Summary of the Main Points in Getting the Most out of Your Fun

- *The enjoyment of a fun activity usually involves three stages: the pleasure of anticipation, savoring the moment, and reminiscing about the experience.*

- *It's important to keep doing fun activities on a regular basis, and including others as much as possible.*

Clinical Guidelines for "Connecting with People" *Sub-Module*

OVERVIEW:

This *sub-module* focuses on strengthening clients' relationships with others. There are several reasons why people with a first episode of psychosis often benefit from assistance in this area. First, the disruptive effects of having a psychotic episode, combined with the depression that tends to precede and accompany it, often disrupts friendships. Helping the person revive old friendships and develop new ones can help reduce depression and increase well-being. Second, spending time and having fun with people are common goals for clients. Third, many clients who use and abuse alcohol or drugs do so in part because it is one of the only ways they know to socialize with people. Facilitating the involvement of these individuals in more positive relationships and encouraging participating in activities other than substance use is critical to helping them develop a rewarding lifestyle that is free from dependence on substances. Fourth, social skills impairment is a common problem for people who experience psychosis. They often feel awkward in social situations, unsure of what to say or do, and have difficulty reading social cues. Teaching clients skills for starting and maintaining conversations and asking people to join them in an activity can increase their enjoyment of life and help them develop a stronger social network, which is often a critical ingredient in mitigating stress and reducing the risk of relapse.

This sub-module is divided into three topic areas with corresponding handouts for each one, including "Connecting with People," "Re-Connecting with Old Friends," and "Making New Friends." In each topic area, clients are encouraged to practice conversation skills with you during the session and with family members or other supporters in their home environment. Home practice options center on taking active steps towards building enjoyable relationships with others.

An important theme that is emphasized throughout this topic area is that it takes time and practice to build satisfying relationships. Friendships develop over time as people get to know each other and do things together.

Goals

1. Help the person get practice in connecting with people in general.
2. Help the person re-connect with old friends.
3. Help the person make new friends.

Materials Needed

An Introduction to the Connecting with People Sub-Module

Topic handouts:

Handout #1: Getting Some Practice Talking with People
Handout #2 Re-Connecting with Old Friends
Handout #3: Making New Friends

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Connecting with People, Getting Practice in Talking with People in General	Session 1-Connecting with People, Getting Practice in Talking with People in General
Session 2- Following up on talking with people in general; Re-connecting with old friends	Session 2- Following up on talking with people in general; Re-connecting with old friends
Session 3-Re-connecting with old friends	Session 3-Following up on efforts to re-connect with old friends
Session 4-Following up on efforts to re-connect with old friends	Session 4- Making new friends
Session 5-Following up on efforts to re-connect with old friends	Session 5-Following up on efforts to make new friends
Session 6- Making new friends	
Session 7-Making new friends	
Session 8-Following up on efforts to make new friends	
Session 9-Following up on efforts to make new friends	

TEACHING STRATEGIES:

- Use the handouts as a guide for discussion, referring to it occasionally and engaging in a dialogue with the client about the topic. Or use the handout by taking turns reading sections aloud, pausing for discussion.

- In role plays, some clients may just want to show you how they would talk to the person and get a little feedback, whereas others may appreciate it if you do a quick demonstration. For example, you could say something like, *"I don't mind showing you how I might call your best*

friend from high school when he comes home from college for spring break" or *"I don't mind giving it a try to compose an e-mail to follow up your first e-mail with an old friend from chorus and suggesting going to a free concert together. Then you can tell me what you think and show me how you would do it."*

- Some clients have significant difficulties with social skills and benefit from learning the steps using a more structured approach, as follows:
  1. Establish a rationale for the skill.
  2. Briefly discuss the steps of the skill.
  3. Model (demonstrate) the skill using a role play and vignette elicited from the client.
  4. Get feedback from the client.
  5. Engage the client in a role play, using a vignette elicited from the client.
  6. Provide positive feedback.
  7. Provide suggestions for improvement as needed.
  8. Engage the client in another role play if warranted.
  9. Provide additional feedback.
  10. Develop a home assignment with the client to practice the skill in the "real world".

- Look for opportunities to practice while reviewing the handouts. For example, pause at the end of each strategy for a short discussion to elicit the client's point of view and then take the opportunity to help the client take a step towards implementing a strategy or practicing a strategy. For example, in discussing the strategy, "Identify places where there are activities with other people who have interests similar to you", you can help the client think about his or her interests and brainstorm some locations where he or she might find activities related to these interests. In discussing the skill of "starting a conversation" you could help the client role play how he or she would have a short conversation with one person at a party, and if that person had to leave, how to start up a conversation with someone else.

- When helping the client to practice certain social interactions, for example, how he or she would have a short pleasant interaction with one or more of the people he or she has identified, be creative and flexible in your approach. Ask the client to describe a little about the people, and when and where the client is most likely to encounter them. Then set up a role play to reflect this information.

- Ask probe questions in order to facilitate a discussion about friends clients used to spend time with. Explore with the client why he or she stopped getting together with these friends, and whether there are obstacles that would prevent him or her from being friendly with them again.

- In facilitating Home Practice, help the client develop a specific assignment, such as contacting an old friend and review how to use the Home Practice Evaluation Sheet. Offer to role play any part of a home assignment that a client wants to practice in advance.

TIPS FOR COMMON PROBLEMS:

- Clients will vary in the amount of difficulty they experience in connecting with people. Some may be good at talking with people they interact with on a casual basis, but may find it difficult to re-connect with old friends. Some may be able to re-connect with old friends, but lack confidence in making new friends.

- Open communication and shared decision-making between you and the client is important in deciding which areas to focus on.

- When it comes to basic social skills, some clients may be quite skilled in some areas, such as starting conversations, but may struggle with other skills, such as following up a conversation by suggesting doing something together. You should be attuned to your client's skill strengths and areas that need attention, and should be flexible in terms of which skills to emphasize working on.

- Many of the materials in this topic area are skills-based, meaning that in-session skills practice and role play should occur frequently, and additional skills practice should be used for home practice assignments. You should be flexible in your approach to role playing, depending on the style of your client.

- Some clients may be initially reluctant to participate in role plays. You should present role plays in a positive, practical way and be clear about the benefits of role plays, especially the benefit of increasing one's confidence to use a strategy or skill when the situation actually comes up. Here are some other tips:

  - Work to understand the client's concerns, such as self-consciousness, anxiety, believing they can do the skill without practice, thinking role plays are artificial or "stupid".

  - Increase motivation by letting clients know how practice increases confidence and ability to use the skill in the "real world" or "when it counts in the moment".

  - Tie role plays to the client's personal goals; e.g., *"re-connecting with your old friends will help you in your goal of working; they might be able to help you network and find out about possible jobs"*.

  - Break down role plays into smaller chunks to make them more manageable.

  - You should offer to be the client in the role play first. This takes the pressure off of the client and also provides modeling of the skill. This will further reduce client anxiety and increase his or her confidence to try the role play.

EVALUATING GAINS:

- In completing this topic area, it may be helpful to assess how much knowledge the client has retained about connecting with people and strategies for doing so. You can assess a client's knowledge by using the following questions:

  1. What are some reasons why re-connecting with old friends could be rewarding?
  2. What are some reasons people often want to make new friends?
  3. What are the steps that you think are important in starting a conversation?
  4. What kinds of places can you meet new people?
  5. What are a few good topics to start a conversation with a new person?

- In the first handout of the module, “Having Fun and Developing Good Relationships: An Introduction to the Module,” clients were asked some basic questions. Some of these questions were especially related to the topic of connecting with people and can be reviewed at the end of this topic:

  - Who do you currently spend time with?
  - How often do you see your family in a typical week?
  - How often do you see your friends in a typical week?
  - What kinds of relationships would like to have? With whom?

How satisfied are you with the relationships in your life? (Please circle your answer)

1	2	3	4	5
not satisfied	a little satisfied	moderately satisfied	quite satisfied	very satisfied

- An important measure of gains in this topic is the amount and quality of the client’s social contacts. The following discussion questions can be used:

  - How many times in the past week did you get together with friends?
  - What did you do when you got together with friends?
  - How much did you enjoy the time you spent time with friends?
  - What kind of benefits do you see from having conversations with people and doing things together with them?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR CONNECTING WITH PEOPLE SUB-MODULE:

Therapeutic Goal	*Techniques & Probes*
Help clients get practice in connecting with people in general.	• Encourage clients to identify people they currently have contact with and others would like to connect with in their daily lives. • Offer to role play conversations to help clients practice and gain confidence starting conversations. • Help clients develop home practice assignments to have short interactions several times during the week.

Help clients re-connect with old friends.	• Ask clients to identify old friends and discuss why they stopped spending time together.
	  - *"Who are some people you were friends with in school/at work/in your neighborhood?"*
	  - *"Have you stayed in touch?"*
	  - *"If you stopped being in touch, what do you think are the reasons for that?"*
	• Encourage clients to work through obstacles that prevent them from reconnecting with old friends.
	• Help clients role play relevant strategies for reconnecting with old friends from the handout.
	• Use the "Re-connecting with Old Friends" worksheet to develop a plan and practice the plan with clients before they try to reconnect with an old friend.

Help clients make new friends.	• Ask clients about their experiences with making new friends and any obstacles they encountered. • Review and practice the relevant strategies for making new friends to encourage clients to take steps towards practicing them in their daily lives. You can also relate these steps to goals that the client has. For example, being able to make new friends may relate to the goal of reducing drug or alcohol use. • Help clients to complete the "Worksheet for Making New Friends". • Encourage clients to practice steps of their plan for making new friends with you in role plays and as a home assignment on their own.

An Introduction to the Connecting with People Sub-Module

Having people to talk to and do things with is vital to everyone. Social support helps people enjoy their lives more and cope more effectively with life challenges. For example, many activities are more fun when you do them with others. Also, just being able to hang out with someone who understands you helps you feel supported and can relieve some of the pressure you are under.

Sometimes when people have had a disruption in their lives such as an illness, moving, or another stressful event, they feel uncomfortable interacting with other people or spend less time with others. This sub-module will give you some strategies for connecting with people, including getting some practice with talking with people, re-contacting old friends, and making new friends.

In this Sub-Module, we will:

- Help you get some extra practice in talking with people in general
- Discuss and practice strategies for re-connecting with some old friends who you might like to have back in your life
- Discuss and practice strategies for finding new places to meet people
- Practice ways to make some new friends

What I expect from you:

- Willingness to contact old friends of your choice
- Willingness to try meeting some new people

- Feedback about how it goes when you socialize with people

What you can expect from me:

- Help identifying people you would like to connect with
- Suggestions and support as you try contacting old friends and meeting new people
- Going at a pace that's comfortable to you

#1: Getting Some Practice with Talking with People

When people experience a stressful event, they may lose touch with their old friends. They may even get out of practice with talking with people other than their family members, and may go for long periods without speaking to friends. If this has happened to you, you are not the only one. You may find the following suggestions helpful for starting to get back in touch with people:

Start small

- Practice saying "Hello" on a daily basis to people in your home environment (and remember to smile, as smiles are infectious). Depending on where you live, this might mean saying "Hi" to family members or roommates.
- Try following up with a simple question about how they are, how their day is going, or what they have planned for the day.

Gradually build up the number of people with whom you talk

- Practice saying "Hello" to people you encounter as you go about your daily life. For example, you could practice saying "Hello" to a classmate or a co-worker.
- Try asking a simple follow-up question (like "How's it going?") or making a comment about school or work.

Look for small opportunities to practice pleasant interactions

- Practice saying "Hello" to people when you are buying something in a store, or placing an order at a restaurant, or doing business at a bank or post office.
- Try asking a follow-up question or making a comment related to what you are doing. For example, you could ask the person at the grocery store whether they are having more customers because of an upcoming holiday, or you could comment to the postal worker that you like the design on the stamps you are

buying, or you could tell the librarian that you appreciate the library's new longer hours.

- Remember to practice smiling more when doing these things and using a pleasant tone to your voice. Notice how this might impact others' reactions to you.

- Note that you may have already tried some of these exercises in the "Developing Resiliency – Individualized Sessions" Module of this program, when you learned about and tried out the "Practicing Acts of Kindness" exercise. In addition to making people feel good and developing your own personal resiliency, these types of exercises can also help you feel more comfortable around people and help you connect more easily with others.

Give yourself credit for the progress you are making

- Keep track of how your confidence is building.

- Notice that the more you talk to people, the smoother it goes.

Questions:

- Who do you live with? With whom would you like to practice saying "Hello" on a daily basis? If you are already saying "Hello," what kind of follow-up questions or comments would you like to make?

- What kinds of activities put you in regular contact with people? School? Work? Is there anyone in particular to whom you would like to practice saying "Hello"?

- What are your opportunities for short pleasant interactions with people you see occasionally? Shopping? Taking public transportation? Exercising at a gym? Coffee shop? Seeing people in the neighborhood? Going to religious services?

Check it out

- ✓ Identify someone you would like to practice short pleasant interactions with. If it is someone you know, write his or her first name here: ___________________. If you don't know the person's name, write his or her role (e.g., cashier in local grocery store, church member, classmate) here:________________________________.
- ✓ Consider trying out with your clinician how you would have a short pleasant interaction with the person you identified above. Use your own style. You may find it helpful to practice having the conversation in advance. Then, when the real situation arises, you'll feel more prepared and confident.

Home Practice Options

1. Several times in the coming week, practice short pleasant interactions with people you encounter in your everyday life.
2. You can use the following worksheet to record your experience.

Short Interaction Worksheet

Day	Who did you talk to?	What did you say?	How did it go?
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

Summary of the Main Points in Getting Some Practice with Talking with People

- *When people experience a stressful event or an illness they sometimes lose touch with other people and start spending time alone.*

- *Tips for increasing your confidence in talking with people include:*
  - *Start by greeting and making small talk with a few people.*
  - *Gradually build up the number of people you talk to.*
  - *Look for daily opportunities to have short pleasant conversations, such as when you are buying something in a store or taking a walk in the neighborhood or attending a religious service.*

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2: Re-Connecting with Old Friends

For many people, getting back on track with their relationships involves connecting again with old friends. Here are some reasons why re-connecting with old friends may be rewarding:

- You already know each other, which decreases the effort of getting to know someone from scratch.
- If you were friends in the past, you probably did things together and know people in common. This gives you some things that the two of you can talk about.
- You usually know something about the interests you and your old friend have in common, which can make it easier to find things to do together.
- Old friends are often very understanding of each other. They are willing to cut you some slack if you have been going through a hard time.

Questions:

- Who did you used to spend time with? What did you used to do together?
- Have you kept up with some of your old friends? Which ones? What do you do with them now?
- When you think about your old friends, who would you most like to re-connect with? Why?

Strategies for re-connecting with old friends

1. Decide which old friend you would like to contact and how you could do so:

- Make a list of old friends.

- Identify two or three old friends with whom you would like to re-connect.

- Select the first friend you would like to try contacting.

- Find out the best way to get in touch with the friend, such as cell phone, text message, house phone, e-mail, FACEBOOK, MYSPACE, instant messaging, or letter.

- Be aware that your friend's phone number, address, or e-mail may have changed. Some strategies for finding out updated contact information include contacting the friend's parents, looking up their name in the phone book or on-line, using alumni directories, asking mutual acquaintances.

- Choose a good time and place to contact the friend. For example, avoid calling too early in the morning or too late at night.

2. **Plan a few things you can talk about, such as the following:**

- Briefly remember things you did together as friends, such as playing sports, taking a class, playing or listening to music, playing video games, watching DVDs or television shows, taking trips, doing artwork, participating in a volunteer program, spending time with each other's families, or spending time with mutual friends.

- Express an interest in what your friend is currently doing, including whether or not he or she still enjoys the kinds of things you used to do together.

- Tell your friend what you are currently doing. Decide how much information you are comfortable talking about concerning any current difficulties you may be having.

- Depending on how the conversation goes, suggest getting together.

3. **Contact the friend:**

- Identify yourself clearly to the friend and let him or her briefly know why you are calling (or emailing). For example, this is how Christy called up an old

friend: *"Hi, Lauren, this is Christy. We haven't talked in a long time, and I just wanted to catch up a little."*

- Use the topics you identified in step #2.
- Depending on how the conversation or e-mail/FACEBOOK exchange goes, suggest talking again or getting together to do something, like watching a movie, playing a sport, taking a walk, playing a video game, or going out for coffee or a soda.

4. **Be prepared that the friend may not be available to answer the phone or respond to the e-mail/FACEBOOK communication immediately:**

- If you call, leave a brief message asking the friend to call back and provide your phone number or e-mail address.
- Allow at least a few days for the friend to reply to your message.
- If you don't hear back in a week or two, try contacting the person again.
- Keep first conversations brief and light.

5. **Follow up the re-connection with your old friend:**

- Follow up on phone calls or e-mails or activities that you agree on in the first call.
- Respond promptly if the old friend contacts you, but avoid sending a flurry of calls or e-mails.
- Sometimes people do not return calls or e-mails because they get very busy or take trips or get sick. Initiate contact if you don't hear from your old friend in a while.
- Suggest doing activities that you both will enjoy. Be ready with suggestions, but also be receptive to their ideas. Be willing to compromise.

6. **Consider your options about how much personal information to disclose about yourself:**

- A low level of disclosure involves telling things about yourself that are not highly personal, such as what classes you are taking, what your job responsibilities are, where you are living, what you like to do in your spare time.

- In a low level of disclosure, you can respond to questions about your experience with psychosis in an honest way, but without giving too many details. For example, Christy told her old friend Lauren, "*I went through kind of a rough period, but things are going much better now. My classes are going really well.*" When Lauren asked further questions, Christy replied, "*I appreciate your interest, but it's a long story, and I don't feel like going into the details right now. The most important thing to me is what I'm doing these days.*" She then changed the subject to discussing what movie they wanted to see together.

- A moderate or high level of disclosure involves telling more personal things about yourself, as Christy did after she re-connected with Lauren and spent some more time with her. She told Lauren, "*When I was going through that rough time, I was very confused about things and felt like I wasn't safe. I even did some things that don't make sense now, like staying in my room all the time to feel safer.*"

- Keep in mind that most people gradually increase their level of disclosure as they spend more time with each other and are more confident that they understand and accept each other.

Check it out

✓ Make a plan for how you can use the strategies listed above. You can use the following worksheet to record your thoughts.

Worksheet for Re-Connecting with Old Friends

1. List of my old friends:
2. Two or three friends I would most like to re-connect with:
3. Person I would like to contact first:
4. How I will contact the person (e.g., cell phone, e-mail, FACEBOOK):
5. When I will contact the person:
6. Topics we can talk about: a. Things we used to do together: b. People we used to spend time with: c. What we are each doing now: d. Possible things we could do together:
7. How much about myself I want to disclose, and how I plan to respond to questions about my recent difficult experiences:

- ✓ You may find it helpful to practice having conversations in advance. Then when the real situation arises, you'll feel more prepared and confident. Consider trying out with your clinician how you would contact the old friend you identified in the worksheet. What would you say in a phone call? What would you write in an e-mail or on FACEBOOK? How would you keep the conversation or e-mail exchange going?

- ✓ Try practicing with a family member or other supportive person how you would contact the old friend you identified in the worksheet.

Home practice options

1. In the coming week, follow through on your plan to re-connect with an old friend.

2. You can use the following evaluation sheet to record how it goes:

Home Practice Evaluation Sheet

1. Which old friend did I contact?
2. What did we talk about?
3. How did it go?
4. What is my next step in re-connecting with this friend?

Summary of the Main Points in Reconnecting with Old Friends

- *It's common to lose touch with people when you have experienced a disruption or illness in your life.*
- *Re-connecting with old friends is a good way to start getting your social life back on track.*
- *It is helpful to plan a few things you can talk about when you contact old friends.*
- *It's your decision how much personal information you want to disclose.*

#3: Making New Friends

For most people, getting back on track with their relationships involves making some new friends. Here are some reasons that making new friends may be rewarding:

- When making a new friend, you can have a fresh start on a relationship. There are no memories, either good or bad.
- With new friends, you can continue to do things you used to enjoy or you can expand your interests and try new activities.
- Expanding your social network gives you more people to do things with.
- If one friend is busy, another friend might be available.
- One friend might enjoy doing one kind of activity with you (like playing Frisbee) and another might enjoy something else (like playing video games together).
- If you used to drink or do drugs with old friends, you can seek out new friends who don't use substances.

Questions:

- What do you think is an advantage of making new friends?
- What would you like to do with a new friend? An activity you already enjoy or a new activity?

Strategies for making new friends:

1. **Identify places where there are activities with other people who have interests similar to yours.** You will probably meet people there with whom you will have something in common. Doing activities together also gives you lots of things to talk about. Most towns have a local "arts and entertainment" newspaper or a "weekend guide" in the regular newspaper which provides a lot

of information on activities that are going on around town. This can be a nice, relatively simple way to find activities to do where there is a high likelihood of meeting some new people.

Here are a few ideas about places to meet people:

- School or classes.
- Work place.
- Churches, synagogues, mosques, or other place where religious services take place.
- Special interest groups related to something important to you, such as the environment, politics, hobbies, sports, travel, community development, or nature.
- Volunteer programs related to causes you believe in, such as:
  - Providing meals for homeless people.
  - Doing activities with nursing home residents.
  - Preparing packages to send to soldiers.
  - Working in a food pantry.
  - Helping at an animal shelter or zoo.
  - Planting flowers in a community park.
  - Repairing homes after a natural disaster.
- Hobby or games clubs.
- Local gym or YMCA.
- Groups where people sing or play instruments together.
- Peer support programs or drop-in centers.
- www.meetup.com is an excellent website for finding people who have similar interests/hobbies in your area.

2. **Plan a few topics you can talk about to new people.**

- Talk about something related to what you are doing together. For example, if you are attending a painting class, you could talk about the subject someone is painting. If you are volunteering together at an animal shelter, you could talk about the animals you are helping or pets you have now or had in the past. If you are attending a meeting of an environmental club, you could talk to someone about how he or she got involved in the club or about past projects of the club.

- Make small talk. Here is a list of common topics:

  - Weather.
  - Sports.
  - Current events.
  - Television shows.
  - Movies.
  - Food.
  - Music.
  - Video games.
  - Restaurants.
  - Hobbies.
  - Nature.
  - Websites.
  - Upcoming holidays.
  - Vacation plans.
  - Favorite places you have visited.
  - Fun things to do in the city in which you live.
  - Pets.

- Give a compliment that's not too personal. For example, you could say something like *"You seem to know the routine here",* or *"I like the color of your shirt"* or *"I liked your comment in the class",* or *"You are really good at basketball".*

- Offer assistance when someone needs it. For example, you could say something like *"Would you like some help setting up the chairs?"* or *"Your*

hands are full, I'd be happy to hold the door for you" or *"Would you like some help setting out the refreshments?".*

- Ask questions that aren't too personal. For example, *"Have you ever taken a class in this subject before? Which teachers did you like?", "Have you been following the Phillies this season?", "What's the routine for serving lunch here?",* or *"Can you show me where they post the schedule for volunteering?".*

3. **Go to the places or attend the activities you identified.**

- Plan to go several times, because it can take a while to get comfortable.
- The more often you go, the more likely you will see people you recognize, which will make you feel more confident in starting conversations.
- Some activities may require preparation, such as signing up for classes or volunteer activities.

4. **Start a conversation with at least one or two people.**

- Keep in mind the general steps for starting a conversation:
  - Look at the person and smile.
  - Greet the person or introduce yourself.
  - Bring up a topic or ask a question.
  - Keep the conversation going if the other person seems interested (Is he or she looking at you? Saying more about the topic? Nodding? Smiling?).
- Try the topics you identified in #2.
- Get as much practice as you can in starting conversations.
- Be prepared that some people may not respond to your starting a conversation. That's okay. Some people are shy or may be having a bad day or don't know what to say.

5. **When the other person is interested and wants to talk, keep the conversation going**.

- Keep in mind the general steps for keeping a conversation going by listening and asking questions.

  - Look at the person.
  - Show you are listening by nodding your head, smiling or saying something like "uh-huh" or "OK."
  - Ask questions to find out more information or to make sure you understand.
  - Repeat back the person's main points or make a comment about what he or she said.

6. **If the conversation goes well and you seem to have a lot in common, consider suggesting doing something together**.

- If you haven't had much time to talk or it's hard to tell how much you have in common, you can end the conversation by saying something such as *"Nice talking to you. Hearing about your experience with the teacher was very helpful. I hope to see you at the next class."*

- If you decide to suggest doing something together, keep in mind the following general steps:

  - Look at the person.
  - Suggest an activity to do together.
  - Listen to the person's response and do one of the following:

    - If the person responds positively, choose a day, time and location to get together. Exchange contact information.

    - If the person seems unsure or says he or she is not interested, you can end the conversation by saying something like, *"No problem. Maybe another time."* *Or "It was nice talking to you. I'll see you later."*

7. **Start off with a low level of disclosure about yourself**.

- A low level of disclosure involves telling things about yourself that are not highly personal, such as what classes you are taking, what your job responsibilities are, where you are living, what you like to do in your spare time. This is usually the way people start a new friendship.

- In a low level of disclosure, you can respond to questions about your experience with psychosis in an honest way, but without giving too many details. For example, Justin told his new friend Isaac, "*I missed some school because I was going through kind of a rough period, but things are going much better now. Classes are going well now.*" When Isaac asked further questions, Justin replied, "*I appreciate your interest, but it's a long story, and I don't feel like going into the details right now.*" He then changed the subject to discussing a new video game that was coming out.

- Keep in mind that most people gradually increase their level of disclosure as they spend more time with each other and are more confident that they understand and accept each other.

- A moderate or high level of disclosure involves telling more personal things about yourself, as Justin did after spending more time with Isaac and getting to know him better. He told Isaac, "*There was a time I was concerned about a lot of things and couldn't concentrate or figure out what to do. I even did some things that don't make sense now, like staying home from school because I was worried I wouldn't understand the teacher. I'm not worried about that any more.*"

8. <u>Follow up your connection with the new person.</u>

- Follow up on phone calls or e-mails or activities that you arrange to do.

- Respond promptly if the new friend contacts you, but avoid sending a flurry of calls or e-mails.

- Sometimes people do not return calls or e-mails because they get very busy or take trips or get sick. Initiate contact if you don't hear from the new person in a while.

- Suggest doing activities that you both will enjoy. Be ready with suggestions, but also receptive to the other person's ideas. Be willing to compromise.

Check it out

✓ Make a plan for how you can use the strategies listed above. You can use the following worksheet to record your thoughts.

Worksheet for Making New Friends

1. List of places/activities where I can go to meet people with similar interests:
2. First place I would like to go to meet people:
3.When I will go there:
4. Topics I would like to use to start a conversation:
5. If the conversation goes well, possible things I can suggest to do together:
6.How much about myself I want to tell, and how I plan to respond to questions about my recent difficult experiences:

- ✓ You may find it helpful to practice having conversations in advance. Then when the real situation arises, you'll feel more prepared and confident. Consider trying out with your clinician how you would start a conversation with a new person. What would you say to start the conversation? How would you keep the conversation going?

- ✓ Try practicing with a family member or other supportive person how you would start a conversation with a new person.

Home practice options

1. In the coming week, follow through on your plan to meet some new people.

2. You can use the following evaluation sheet to record how it goes:

Home Practice Evaluation Sheet

1. Where did I go to meet new people?
2. Who did I start a conversation with?
3. What did we talk about?
3. How did it go?
4. What is my next step?

Summary of the Main Points in Making New Friends

- *Making new friends can expand your social network.*
- *New friends can help you find new interests and activities.*
- *It usually helps to plan to attend activities or events where you will come into contact with people who share your interests.*
- *Planning ahead and practicing starting conversations with new people can increase your confidence.*

Clinical Guidelines for “Improving Relationships” Sub-Module

OVERVIEW:

This is the third sub-module in the Having Fun and Building Relationships Module and provides tips and guidelines to help clients build skills to better show interest in others and interact more effectively, the goal of which is to develop closer, more satisfying relationships. This sub-module teaches specific “social skills” that the client can practice in-session and then on his/her own to improve communication with others. Issues around dealing with disclosure to others of mental illness are addressed, with some additional role-play and skill building opportunities. Finally, as it is common for individuals who have experienced a first episode of psychosis to have increased interpersonal sensitivity, topic areas regarding misinterpretation of social cues from others are addressed. In this “Improving Relationships” sub-module, you initiate discussion around these common issues, then you and the client together decide which skills to learn and work on. Role-plays and outside practice serve to help the client move toward building closer, more comfortable relationships with others. The overall goal of this sub-module is to help clients feel more confident and socially effective in their interactions with others, thereby improving the quality of their interpersonal connections. To cover the four main topic areas (Showing Interest in Others; Improving Communication with Others; Managing Disclosure; and Interpreting Social Cues), allow 5-9 sessions, depending of course on client preference, and client’s specific needs.

Goals

1. Elicit information about the client’s experiences with building closer relationships with others and perceived obstacles.
2. Provide psychoeducation, rationale, and skills practice around components of demonstrating interest in others and building closer relationships.
3. Provide psychoeducation, rationale, and role-play practice around relevant communication skills, including conversational topics, starting and maintaining conversations, inviting others to do activities, expressing positive feelings, etc.
4. Elicit client’s concerns and initiate discussion about disclosure of mental illness and role-play potential scenarios to practice disclosure skills.
5. Elicit client’s concerns and initiate discussion and psychoeducation about potential misinterpretation of social cues and word/actions from others.
6. Teach and practice via role-play “Checking it out” strategies to reduce interpersonal sensitivity and misinterpretation of social cues.
7. Encourage and plan behavioral social goals of improving relationships and social skills practice via home practice assignments and review.

Materials Needed

An Introduction to Improving Relationships
Topic handouts:
 # 1. Showing Interest in Others
 # 2. Improving Communication with Others – Skills to Use
 # 3. Managing Disclosure
 # 4. Interpreting Social Cues

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Overview; Showing Interest in Others	Session 1-Overview; Showing Interest in Others; Improving Communication with Others – Skills to Use
Session 2- Showing Interest in Others; Improving Communication with Others – Skills to Use	Session 2-Improving Communication with Others – Skills to Use
Sessions 3-5-Improving Communication with Others – Skills to Use (Continue reviewing and practicing as many communication skills as needed)	Session 3-Improving Communication with Others – Skills to Use; Managing Disclosure
Session 6-Managing Disclosure	Session 4-Managing Disclosure
Session 7-Managing Disclosure; Understanding and Improving Social Cues	Session 5-Understanding and Improving Social Cues
Session 8-Understanding and Improving Social Cues	
Session 9-Understanding and Improving Social Cues	

TEACHING STRATEGIES:

- Because first-episode clients often struggle with feeling disconnected from others and report great difficulty in getting closer to other people and connecting on a deeper level, it is important to be aware of and sensitive to the level of impairment that particular clients may have in this area.

- Discuss the importance of working on these issues and building these skills as providing the following potential benefits: increased social support, decreased stress, protection against relapse, improved quality of life.

- Be prepared to help motivate clients to improve their connections and instill hope that this can be accomplished through knowledge, skill building, and skill practice.

- Recognize the client's knowledge about and experience with their own personal relationships. Praise the client for sharing this information with you and work together to figure out where additional skills and practice are needed.

- Not every client will have difficulty with expressing interest in others or in basic social skills (i.e., finding common interests, giving compliments), and in some cases, clients may not need specific communication skills practice, but may need more attention in other areas (i.e., misinterpreting social cues), or vice versa. Open communication and shared decision-making between you and the client is important in deciding which areas to focus on.

- Within the basic social skills section, some clients will be quite proficient in some areas (e.g., starting conversations) but may struggle with other skills (e.g., expressing positive feelings; inviting someone to do an activity, etc.). You should be attuned to clients' skill strengths and areas that need attention, and should be flexible in which skills they emphasize and work on.

- In role plays, some clients may just want to show you how they would talk to the person and get a little feedback, whereas others may appreciate it if you do a quick demonstration. For example, you could say something like, *"I don't mind showing you how I might call your best friend from high school when he comes home from college for spring break"* or *"I don't mind giving it a try to compose an e-mail to follow up your first e-mail with an old friend from chorus and suggesting going to a free concert together. Then you can tell me what you think and show me how you would do it."*

- Some clients have significant difficulties with social skills and benefit from learning the steps using a more structured approach, as follows:
    1. Establish a rationale for the skill.
    2. Briefly discuss the steps of the skill.
    3. Model (demonstrate) the skill using a role play and vignette elicited from the client.
    4. Get feedback from the client.
    5. Engage the client in a role play, using a vignette elicited from the client.
    6. Provide positive feedback.
    7. Provide suggestions for improvement as needed.
    8. Engage the client in another role play if warranted.
    9. Provide additional feedback.
    10. Develop a home assignment with the client to practice the skill in the "real world".

- Much of the material in this topic area is skills-based, meaning that in-session skills practice and role-play (i.e., practice of conversation skills, disclosure skills, checking out misinterpretations with others, etc) should occur frequently, and additional skills practice should be used for home practice assignments.

- Because much of the material is skills-based, you should use shaping and reinforcement strategies to increase clients' motivation to practice the skills, reduce clients' anxiety, and increase skill mastery and confidence. This will also increase the likelihood that clients will be willing to try out these skills on their own for home practice.

TIPS FOR COMMON PROBLEMS:

- Be prepared for clients to initially be reluctant (or even refuse) to participate in in-session skills practice via role-play. Clients are often reluctant to role-play for the following reasons: self-consciousness or anxiety; believing they can do the skill without practice; thinking role-plays are artificial or "stupid". You should handle this situation by trying the following strategies.

  - Work to understand client's specific concerns about skills practice/role-play and normalize/empathize with concerns.

  - Increase motivation to practice by providing additional psychoeducation about the importance of practice to increase skill generalization and increase client's confidence to do the skill "when it counts - in the moment" (i.e., practicing in a safe environment with the therapist will help clients feel less anxious when they are actually on the phone trying to start a conversation about their hospitalization with a friend).

  - Tie in-session role-play practice to client's personal goals (i.e., "getting smoother with talking to friends about your concerns regarding their intentions toward you will likely help you down the line with your goal of having a solid relationship with a girlfriend").

  - Break the role-play down into smaller chunks to make it more manageable for the client to initiate.

  - You should offer to be the client in the role play first. This takes the pressure off of the client and also provides modeling of the skill which further should reduce client anxiety and increase confidence to practice.

EVALUATING GAINS:

- While completing this topic area, it may be helpful to periodically assess how much knowledge the client has retained about the importance of improving social relationships and strategies to do so. You can assess a client's knowledge using the following questions:

  1. What are some reasons why connecting with others and building closer relationships are important?
  2. What are some ways that you can show interest in other people in order to deepen relationships?
  3. What are the steps to the ______ skill? (Have clients review steps to skills that were addressed and practiced in session)
  4. What are some strategies to handle situations where you feel like you may have been I slighted?

- It will be important for you and the client to assess together how the client has progressed in the area of improving relationships. The following discussion questions can be initiated at the end of this module to evaluate gains:

  - How many times in the past few weeks have you practiced the _____skill(s)? How did it go?

- How anxious have you felt when you have tried these skills out in the past few weeks? Has anything changed in terms of how you have felt interacting with others? (Note changes in anxiety, self-confidence, interpersonal sensitivity, etc).

- Have you had the opportunity to disclose information about your mental health issues to anyone in the past few weeks? If so, how did it go?

- What kinds of benefits (if any) have you noticed in your day to day life as a result of working on your relationships?

- *Note:* If continued distress around potentially inaccurate interpretation of social cues from others and/or high levels of interpersonal sensitivity persist despite use of the "Checking it out" skill, you should encourage clients to participate in the "Dealing with Negative Feelings" Module to learn and practice the 5 Steps of CR in order to develop additional strategies to reduce this distress. If clients have already completed this module, then you should initiate an extra session reviewing the 5 Steps skill with clients and helping clients apply it to their social concerns.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR IMPROVING RELATIONSHIPS SUB-MODULE:

Therapeutic Goal	*Techniques & Probes*
Elicit clients' experiences and target difficulties with close interpersonal relationships.	• Provide psychoeducation around benefits of close relationships. • Motivate client to work on improving relationships; instill hope that meaningful improvements are possible through skill building and practice.
Discuss and provide psychoeducation around demonstrating interest in others as a way to build closer relationships.	• Discuss rationale for expressing interest in others as strategy for deepening relationships. • Review specific strategies to increase demonstrated interest in others such as voice tone, asking questions, compromising, taking others' point of view, etc.
Teach and help client practice specific social skills related to improving relationships.	• Collaborate with client to identify which specific skills are most relevant to him/her. • Encourage role-play practice of chosen skills and troubleshoot obstacles. • Praise all efforts and use shaping to increase competence and confidence. • Model specific skills as needed for the client. • Create plan for home practice of social skills.
Discuss the issue of disclosure of mental illness and help client make decisions about disclosure to particular people in his/her life and practice skills for effective and comfortable disclosure.	• Review clients' experiences with disclosure, praise their willingness to approach this topic and normalize any uneasiness. • Provide rationale for and potential benefits of appropriate disclosure. • Discuss important components of appropriate disclosure – cost-benefit analysis (to whom, when, where, how, pros and cons, etc). • Encourage role-play practice of disclosure in personalized situations. • Model skills as needed for the client via role play.
Discuss misinterpretation of social cues and others' words/actions.	• Review client's experiences with misinterpretation of social cues and consequences. • Normalize clients' experiences and provide rationale for work on this. • Teach "Checking it Out" strategies and role-play skills for personalized situations. • Refer client to "Dealing with Negative Feelings" module as needed for practice to cope with attenuated interpersonal sensitivity.

An Introduction to the Improving Relationships Sub-Module

You may have improved upon some skills for increasing enjoyment in activities, re-connecting with old friends or making new friends, either on your own or by doing the sub-modules "Having Fun" and "Connecting with People." At this point it can be helpful to spend some time working on improving the relationships that you have been building. Some people describe working on relationships with others like gardening--you have to attend to your garden a lot (even daily sometimes), by pulling weeds, adding water, etc, in order for it to grow well. Improving relationships is a *process*, such that it takes time and attention, like a garden. But the benefits of improving communications with others and bettering relationships are vast. Feeling close to others and having satisfying relationships can make life feel a lot more fun and manageable, and it even can reduce the impact of stress.

Sometimes, however, people experience challenges in keeping up with relationships and feeling close to others. These challenges can come as a result of a disruption in their lives like an episode of psychosis or other stressful event. Anxiety or feeling worried or paranoid about others' intentions can also make feeling close to others difficult. This sub-module will help you with some strategies to improve your relationships and communication skills, and to feel better about the time you spend with others.

In this Sub-Module, we will:

- Help you with strategies to increase your ability to show interest in others.
- Discuss and practice specific communication skills to make you more comfortable and effective in social interactions.
- Discuss situations where disclosure of mental health issues may come up, and help you make decisions about how to best handle those situations.
- Practice specific communication skills around disclosing aspects of your mental health history (if you would like).
- Evaluate and practice how to deal with situations where you feel "slighted" by others, in order to reduce your distress.

- Increase skills related to correctly interpreting social cues from others.

What I expect from you:

- Willingness to try out strategies for improving your relationships.
- Willingness to practice communication skills in sessions and at home.

What you can expect from me:

- Non-judgmental and understanding exploration of your relationships.
- Suggestions and support as you try out strategies and communication skills.
- Going at a pace that's comfortable to you.

#1: Showing Interest in Others

You and your clinician may have likely already discussed why it's important to have people in your life and to have social support. And if you are using this handout, that means that you agree and are interested in working on having closer relationships with others--old friends, new friends, family members, or potential romantic partners. While many people have the goal of improving their relationships, it can be difficult to know where to start. A good jumping off point is to consider some ways to increase the likelihood that you understand the people in your life and that you are expressing an interest in their lives. Both of these factors can make a big difference in terms of building better relationships.

> Understanding other people & expressing an interest in their lives are two important factors in your relationships.

Understanding Others

Here are some ways to increase understanding about others:

Questions:

- Have you found yourself struggling to understand others and their point-of-view? What's been challenging about that?
- Which strategies have you tried to increase your understanding of others? Discuss with your clinician and list them here:

1. ____
2. ____
3. ____
4. ____
5. ____

- Which of these above strategies were helpful? Not helpful?

Tips for Improving your Understanding of Others:

- Note other people's voice tone and facial expressions.
  - Are they talking quickly or slowly? What might that mean?
  - Are they frowning, smiling, and wrinkling their brow? What might that tell you about how they are feeling?
  - Try to "mirror" their facial expression or posture. How do you feel when you hold those expressions? Imitating others' facial expressions will help you feel what they are feeling.
- Note the kinds of daily activities they engage in and the things they spend time on, such as work, school, leisure, and relationships with others.
- Try to understand the person's point-of-view or feelings about something.
  - Ask yourself, "If I were in this person's shoes, what would I be thinking or feeling?"
  - Remember to check in with the other person (e.g., *"it sounds as though you're worried about this"* or *"you seem really upset about that, am I right?"*)

Questions

- Have you noticed other people using the strategies above to try to understand you better? If so, which ones?
- If so, how did you feel as a result of other people saying or doing these kinds of things to try to understand you better?

Showing Interest in Others

Questions:

- Have you found yourself struggling to show interest in others? What's been challenging about that?
- In which ways have you noticed other people showing an interest in your life?

- Which strategies have you tried to show interest in others? Discuss with your clinician and list them here:

  1. ____
  2. ____
  3. ____
  4. ____
  5. ____

- Which of these above strategies were helpful? Not helpful?

Tips for Showing Interest in Others:

- Find out what kinds of things they are interested in.

- Show others that you care about them:
  - Express positive feelings and give compliments.
  - Ask the person questions about himself or herself.
  - Find out what makes the person happy.

- Do things with other people.

- Be willing to compromise.

- "Be there" for others and help them out when needed.

- *Gradually* disclose personal information about yourself.

> ***Note:*** You may have already practiced this strategy in the "Developing Resiliency – Individualized Sessions" Module when you tried the "Practicing Acts of Kindness" exercise. If so, you can review that exercise with your clinician here and recall what your experience was like and how it may be tied to showing interest in others and improving your relationships.

Questions

- Have you noticed other people using the strategies above to try to show interest in your life? If so, which ones?
- If so, how did you feel as a result of other people doing these kinds of things to express interest in your life?

Home Practice Options

1. Notice and jot down each time that you find yourself naturally already using a strategy to understand someone better. Note how you felt afterwards and what the person's reaction was. The outcome of this exercise can be discussed with your clinician in your next appointment. You can use the grid below to track your observations:

Worksheet for Practicing Understanding Others

Strategy Used and with whom? (Briefly describe)	How did it go? Rate: 0-10 (0= not well to 10=great!)	How did you feel afterward? Note a specific feeling if possible	How did the person react afterwards?	Other notes

2. Choose two NEW strategies from today's discussion to understand someone better. These should be strategies that you don't currently use, but would like to try out. Try these out during the week and jot down how it went. Note how you felt afterwards and what the person's reaction was. The outcome of this exercise can be discussed with your clinician in your next appointment. You can use the grid below to track your observations:

Worksheet for Practicing Understanding Others

Strategy Used and with whom? (Briefly describe)	How did it go? Rate: 0-10 (0= not well to 10=great!)	How did you feel afterward? Note a specific feeling if possible	How did the person react afterwards?	Other notes

3. Notice and jot down each time that you find yourself naturally already using a strategy to show interest in someone. Note how you felt afterwards and what the person's reaction was. The outcome of this exercise can be discussed with your clinician in your next appointment. You can use the grid below to track your observations:

Worksheet for Practicing Showing an Interest in Someone:

Strategy Used and with whom? (Briefly describe)	How did it go? Rate: 0-10 (0= not well to 10=great!)	How did you feel afterward? Note a specific feeling if possible	How did the person react afterwards?	Other notes

4. Choose two NEW strategies from today's discussion to show interest in others. These should be strategies that you don't currently use, but would like to try out. Try these out during the week and jot down how it went. Note how you felt afterwards and what the person's reaction was. The outcome of this exercise can be discussed with your clinician in your next appointment. You can use the grid below to track your observations:

Worksheet for Practicing Showing Interest in Someone

Strategy Used and with whom? (Briefly describe)	How did it go? Rate: 0-10 (0= not well to 10=great!)	How did you feel afterward? Note a specific feeling if possible	How did the person react afterwards?	Other notes

Summary Points for Showing Interest in Others

- *One of the best ways to improve your relationships with others is to show an interest in them.*
- *Some tips for showing an interest include:*
  - *Finding out what kinds of things people are interested in.*
  - *Asking questions and starting conversations about topics they care about.*
  - *Trying to understand their point of view.*
  - *Helping out when they need assistance.*
  - *Being willing to compromise when deciding on activities to do together.*

#2: Improving Communication with Others: Skills to Use

Although we may really want to build relationships or get closer to others, sometimes it is challenging to figure out exactly what to say when we're with other people. There are many different situations that involve interacting with others, and it is often helpful to look at some tips to make the best out of a social experience.

First, it's helpful to consider different topics of conversation to bring up with people in your life. Of course your topics of choice will differ with specific situations and be different for different people. For example, you may not choose to talk to your grandmother about the same things as you would a friend your age. But, here are some ideas for a variety of good conversation topics. Remember, it's best not to start out with something overly personal or emotionally-charged, as this can feel confusing or off-putting to the other person and to you. Take a look at these ideas and identify which ones you already use as conversation topics and which ones you would like to try out in the future:

Topic	I have used this topic before	I would like to try this out in the future
The weather		
Professional sports teams		
Recreational sports		
Music and concerts		
Movies		
Television shows		
Computer or video games		
Websites		
Things happening in the community		
Travel		
Current events		
Art		
Hobbies		
Books, magazines or comic books		

Other? ___________________		
Other? ___________________		
Other? ___________________		

Second, it's helpful to think about *how* to say things to people in your life. It can be useful to break down different types of conversations into smaller steps to make it feel easier to do, and also to increase the likelihood that you include all the important elements that you want to convey to the person.

Take a look at the following categories of communication skills. Discuss with your clinician which of these you may have struggled with recently, or simply would like to practice more extensively. Then together choose a few, review the steps of the particular skills and their accompanying examples, and try them out in session with your clinician. It's best to use a "real-life" example--a situation where you would actually want to use the specific skill. That way when you are in the actual moment, you will feel more comfortable and confident because you will have already practiced it.

Basic Conversation Skills

Although we all have experience talking to people, sometimes it can feel difficult or awkward to know what to say, or especially how to say it. Here are two basic skills to remind you how to go about having smoother conversations. Discuss these skills with your clinician then try them out in your session. It usually works well to first use one of the topics listed below the steps of the skill, then to try practicing with a topic that might come up in a real-life situation that you might find yourself in.

Starting a Conversation:

There may be situations when you want to start a conversation with someone (either someone you don't know well or someone you have never met but would like to get to know). Sometimes people feel shy about starting a conversation. Things can go more smoothly when you keep specific steps in mind.

Steps of the Skill:

1. Choose the right time and place.

2. If you do not know the person, introduce yourself. If you know the person, say "Hi".
3. Choose a topic that you would like to talk about (see topics above) OR ask a question.
4. Judge if the other person is listening and wants to talk.

Keeping a Conversation Going by Asking Questions or Giving Information:

Sometimes you may want to go further than a brief conversation; you may want to talk longer with someone because you like the person or are interested in what is being said. Often, people don't know how to keep a conversation going, or they feel uncomfortable. One way to keep a conversation going is by asking questions or offering information or sharing some information about a particular topic. This allows people to learn more about each other and the kinds of things they may have in common.

Steps of the Skill:

1. Use the skill above to start a conversation with someone.
2. Ask a question about something you would like to know about, or share some information about a topic you would like to discuss.
3. Judge if the person is listening and is interested in pursuing the conversation.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. You can choose one of these or come up with a scenario of your own to practice:

- You are at a family gathering.
- You are at a party with people you don't know very well.
- You are at your favorite coffee shop and want to strike up a conversation with one of the other "regulars".
- You are watching a TV program with someone who also seems to enjoy the program.
- You run into your neighbor on the street or in your apartment building.
- Situation identified by you or your clinician that is not on this list.

Questions

- What are some situations in your day to day life where these basic conversation skills might be helpful?

Skills for Making Requests of Others

Building closer relationships not only involves basic conversations but also the logical next step, which is inviting people to share in an activity with you. Sometimes people feel nervous about asking someone to do something, whether it's an already-existing friend with whom they want to spend more time, a new acquaintance or a possible romantic interest. In addition, improving relationships sometimes involves making compromises--whether it's related to doing an activity or working out a problem, this can be stressful for people. It's helpful to plan ahead a bit about what to say and how to say it in these situations to reduce anxiety and increase the likelihood that the conversation will go more smoothly. Here are two skills (1) Asking Someone To Do Something or Go Out on a Date and (2) Compromise and Negotiation - to remind you how to go about having an easier time of making requests of others. Discuss these skills with your clinician, then try them out in your session, first using the practice topics below the steps of the skill, then with a real-life situation that you might find yourself in.

1. Asking Someone to Do Something or Asking Someone Out on a Date:

Once you have decided that you would like to become closer to someone (someone you have just met or perhaps someone you already know), the next step is usually inviting them to do an activity with you. This may be for friendship, or there may be times when you find yourself attracted to another person and you may want to pursue dating that person. It can be a little easier to ask someone to do an activity or go out on a date if you follow the steps listed below.

Steps of the Skill:

1. Choose an appropriate person to ask.
2. Suggest an activity to do together.
3. Listen to the person's response and do one of the following:
    a. If the person responds positively to your suggestion choose a day and time to get together. Be willing to compromise.
    b. If the person indicates that he or she is not interested in going out, thank the person for being honest with you.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. Choose one of these, or you come up with a scenario of your own to practice:

- You discover that you have a lot in common with a person at work and decide to ask him or her to do an activity on the weekend.
- You are at a party at a friend's house, and you meet someone whom you would like to ask out.
- You decide to ask your new neighbor if he/she would like to go to a local event.
- You see someone in your class who you would like to get to know better.
- There is a new person at the mental health clinic that you would like to get to know.

Questions

- What are some situations in your day to day life where asking someone to do an activity/out on a date might be helpful?

2. Compromise and Negotiation:

Sometimes people find that they disagree with each other, even when they want to do something together. At these times, it is helpful to work out a compromise. In a compromise, each person usually gets some of what he or she wants, but usually has to give up something. The goal is to reach a solution that is acceptable to all involved.

Steps of the Skill:

1. Explain your viewpoint briefly.
2. Listen to the other person's viewpoint.
3. Repeat the other person's viewpoint.
4. Suggest a compromise.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. Choose one of these or come up with a scenario of your own to practice:

- You want to go to lunch with your friend at the pizza place. The person you have just asked out does not want to go there.
- You and your friend want to go see a movie. You want to see an action movie, and your friend wants to see a comedy.
- Your sibling enjoys going to a particular coffee shop. You have plans to spend time together but you don't want to go to that coffee shop.
- The volunteer coordinator at the place you volunteer is asking for everyone to put in a few extra hours on Thursday afternoon, but you have a doctor's appointment on Thursday afternoon.

Questions

- What are some situations in your day to day life where this compromise and negotiation skill might be helpful?

Skills for Getting Closer to Others

As you and your clinician have likely discussed earlier, there are certain effective ways to get closer to other people, including working on increasing your understanding about the other person, expressing interest in the lives of others, and showing you care. Sometimes even though we feel warmly toward another person and feel interested in them, it can be hard to know exactly *how* to show it. The skills outlined below are helpful to use when you would like to deepen your relationship by expressing interest in others and positive feelings toward them.

1. Finding Common Interests:

One of the best ways to develop friendships is to learn something about others. At the same time, sharing something about yourself also encourages the development of new relationships. Talking to another person about common interests that you may have is an easy and enjoyable way to learn more about each other.

Steps of the Skill:

1. Greet the person you want to talk with.
2. Ask the person about what activities or hobbies he or she enjoys doing.
3. Tell the person about what activities or hobbies you enjoy doing.
4. Try to find a common interest.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. Choose one of these or come up with a scenario of your own to practice:

- You want to get to know the new person in your support group.
- You and your neighbor want to do some activity together, but you are not sure what he or she would be interested in doing.
- You are interested in getting reacquainted with a family member who has just moved back into the area.
- You are having lunch with a person you just met on your new job or your volunteer position.

- You are at a party and meet someone you would like to get to know better.
- Other recent situations that involve finding a common interest.

Questions

- What are some situations in your day to day life where this finding common interests skill might be helpful?

2. Expressing Positive Feelings:

When people have encountered a series of difficulties, they tend to focus on the problems around them and forget to notice the positive things that other people do. Noticing positive things helps to increase a person's sense of belonging and help them feel closer to you. Also, a person who knows he or she is doing something well is more likely to repeat what he or she has done to please others.

> *Note:* You may have already practiced this skill in the "Developing Resiliency-Individualized Sessions" Module when you tried the "Practicing Acts of Kindness" exercise, the "Gratitude Visit" or the "Active/Constructive Communication" exercise. If so, you can review those exercises with your clinician here and recall what your experience was like and how those types of strategies may be tied to the expressing positive feelings skill and to improving your relationships.

Steps of the Skill:

1. Look at the person.
2. Tell the person exactly what it was that pleased you.
3. Tell them how it made you feel.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. Choose one of these, or you can come up with a scenario of your own to practice:

- A family member gave you a ride to an appointment.
- A friend helped you out with a problem.
- Your neighbor took in your mail while you were out of town.
- An old friend or family friend expressed concern about your recent struggles.

3. Giving Compliments:

Giving specific compliments is a good way to express positive feelings. Compliments are usually given about something that can be seen, such as an article of clothing, a haircut, or a pair of shoes. Giving and receiving compliments make people feel good about each other and make people feel like an interest is being taken in them.

Steps of the Skill:

1. Look at the person.
2. Use a positive, sincere tone.
3. Be specific about what it is that you like.

4. Accepting Compliments:

In addition to being able to give compliments, it is also important to be able to receive or accept compliments from others. If you accept a compliment well, people are more likely to compliment you again in the future. Plus it makes people feel appreciated. It is important not to minimize or undo a compliment.

Steps of the Skill:

1. Look at the person.
2. Thank the person.
3. Acknowledge the compliment by:
    a. Saying how it made you feel *or*
    b. Stating your feeling about the item that was complimented.

You and your clinician should practice these skills (Giving Compliments and Accepting Compliments). Here are a couple of ideas of possible scenes to use as topics in your role-play practice. You can choose one of these or come up with a scenario of your own to practice. You can use these ideas to practice both skills (giving and accepting compliments.

- Liking someone's shoes, shirt, or haircut.
- Noticing someone's iPod or cell phone.
- Liking someone's car or bike.
- Noticing someone's skill in playing a computer game or sport.

Questions

- What are some situations in your day to day life where this finding these expressing positive feelings and giving (and accepting) compliments skills might be helpful?

Home Practice Options:

The best home practice assignment that you can do is to actually practice the skills above on your own in your day to day life. Decide with your clinician which specific skills you would like to practice this week and try them out. You can record your experience in the table below:

Possible Skills To Try	**I Will Try This Skill This Week (check the box)**	**I Tried This Skill (check the box)**	**With Whom and When?**	**How did it go? Rate: 0-10 (0= not well to 10=great!)**
Starting a Conversation				
Keeping a Conversation Going				
Asking Someone to Do an Activity or Go on a Date				
Compromise and Negotiation				
Finding Common Interests				
Expressing Positive Feelings				
Giving a Compliment				
Accepting a Compliment				

Summary Points for Improving Communication with Others

- *Knowing what to say and how to say it can improve your relationship with others.*

- *Some helpful communication skills include:*
  - *Finding out what kinds of things people are interested in*
  - *Starting and maintaining conversations*
  - *Making positive requests of others*
  - *Compromising*
  - *Finding common interests*
  - *Expressing positive feelings*
  - *Giving and accepting compliments*

- *The more you practice communication skills, the more relaxed and confident you will be in conversations with people you care about.*

#3: Managing Disclosure

After experiencing an episode of psychosis, people naturally often feel confused about what happened and how to "explain" to others what they have gone through and what they continue to struggle with. This is a normal reaction and can create stress. There are likely situations in which you might want to explain a bit about your experience with psychosis, or "disclose" this information to others. In deciding whether or not to do this, and to whom, and how much to say, it can be helpful to think through all the different components of "disclosure". This handout will help you feel more confident about making these sorts of decisions. Review the handout with your clinician and you can decide together which ideas to practice and use in your daily life.

Note that you may have already reviewed some information and skills related to disclosure about your experience with psychosis in the previous sub-module, "Connecting with Others." In Handout #5 ("Reconnecting with Old Friends") and Handout #6 ("Making New Friends"), helpful strategies are discussed for how to talk about your experience with psychosis if old friends or new friends ask. You may want to review these handouts with your clinician as well.

Your Experience with Disclosure

Questions

- Have you discussed your experience with psychosis with anyone in your life? Why or why not?

- If yes, who did you discuss this with? How did it go?

- If no, are there specific people you would like to discuss this with? What might be holding you back?

- Can you anticipate any situations in the future where you might want to disclose aspects of your experience? Which ones?

- What are some of your concerns about disclosing your experience to others?

Possible Benefits of Disclosing Your Experience

Here are some possible benefits of disclosing some details of your experience with psychosis. Review and discuss these with your clinician.

- Having a friend, family member or neighbor understand you better.
- Being able to receive extra help at school or work as needed.
- Reducing the possible stigma by not "keeping it a secret".
- Increasing the amount of support you can get from family and friends.

What are some other possible benefits that come to mind?

1. ____

2. ____

3. ____

Weighing the Pros and Cons of Talking about Your Experience Checklist:

Sometimes, even if there may be benefits to disclosing their experience with psychosis, people often have concerns about doing so. It can be helpful to write out the potential advantages and disadvantages to disclosing, so that you can make an educated decision that will help you feel more confident and less stressed. Work with your clinician to generate a list of "pros and cons" to disclosure, and then discuss the different pros and cons together.

Pros of Disclosing	**Cons of Disclosing**

The "Who, What, When, and Where" of Talking about Your Experience:

If you are considering talking about your experience with someone, the next step is forming a plan around how to do this in a way that makes you feel the most comfortable, and maximizes the likelihood that it will go well and you will have a positive experience. In doing so, it's important and helpful to figure out the following pieces of the plan:

- *Who* will I discuss this with?
- *When* would be a good time? When would *not* be a good time?
- *Where* would be a good place? Where would *not* be a good place?
- *What* would I specifically like to disclose? What would I like to leave out?

In thinking about *what* you would like to disclose, it can be helpful to consider two levels of disclosure: *Low Level* versus *Moderate/High Level*. These are described below (and are also detailed within the "Connecting with Others" Sub-Module:

Low Level:

You can discuss your experience with psychosis in an honest way, but without giving away too many details. For instance, Maria told her old friend from junior high, Claudia, "*I had to return home from college last year because I was having a hard time with some things, but now I am less stressed and things are better. I'm starting to take some classes again as a result.*" When Claudia asked further questions, Maria replied, "*I really appreciate your concern, but it's kind of complicated, and I don't really want to go into the details right now if that's ok with you.*" Marie then changed the subject to figuring out when they could go out again for coffee.

Moderate/High Level:

This involves telling more personal details about your experience. For example, after spending more time with Claudia and getting more comfortable, Maria told Claudia, "*When I was away at school, I actually became incredibly stressed out and I thought a lot of strange things were happening to me, which made me really upset and made it hard to keep up in school or with friends there. I'm not having those kinds of experiences as much any more. I was diagnosed with having had psychosis.*"

Keep in mind that often people gradually increase their level of disclosure (to specific people) as they spend more time with each other and are more confident that they understand and accept each other, as was the case with Maria and Claudia.

Now that you and your clinician have discussed some of these important points, use the following grid to create a plan about disclosure. You and your clinician can together work out these details:

WHO?

Who would I like to disclose to?	Who would I NOT like to disclose to?

WHEN?

When would be a good time?	Who would NOT be a good time?

WHERE?

Where would be a good place?	Where would NOT be a good place?

WHAT?

What would I like to disclose?	What would I like to NOT disclose?

The "How" of Talking about Your Experience

Once you have developed a plan of who you might want to discuss your experience with, what you might want to disclose, and when and where would be a good time and place, the next step is figuring out *how* to talk about it. Deciding exactly how to convey what you want to say in this situation can feel challenging. The best way to feel comfortable and reduce your anxiety is to practice beforehand. These meetings with your clinician are excellent opportunities to practice how you might talk about this topic with specific people in your life to whom you have decided to disclose aspects of your experience.

Skills for Disclosing Information about Your Experience with Psychosis:

Just like in the previous section (Improving Communications with Others), it can be helpful to look at disclosure as a "skill" and to consider following a set of "steps" to guide you through this conversation. Note that the skill below is best for when you want to initiate a conversation about your experience with someone. See below for the steps of this skill, and then practice this skill with your clinician:

Steps of the Skill:

1. Determine the Who, What, When, and Where before starting the conversation.
2. Look at the person, have good eye contact.
3. Tell the person you would like to share something personal with him or her.
4. Tell the person specifically *why* you would like to share this with him or her.
5. Briefly state the information you would like to convey. Keep it short at first.
6. Ask the person if he or she has any questions.
7. Answer the questions you feel comfortable answering.
8. *Optional:* tell the person specific ways he or she can support you.
9. Thank the person for listening and for his or her support.

Examples of How to Start the Conversation:

- *"There is something I would like to share with you about what I've experienced this past year….."*
- *"I want to tell you something personal about me if that's okay with you….."*

- *"I've been through some difficult times lately and would like to talk to you about this…."*

- *"Can I share something with you about my health?"*

- *"I know you may have wondered about some parts of my life, and I would like to talk to you about this…."*

What are some other ways you can think of to start the conversation? Discuss with your clinician and write them down here:

- ____
  ____

- ____
  ____

- ____
  ____

Note that it is often the case that you won't be the one initiating the conversation about your experience. Sometimes someone else might be the one to bring it up. Then you have a choice to make about how to address their comments or questions. See the descriptions above regarding Low versus Moderate/High Levels of Disclosure to help guide you through these types of situations. Also see the "Connecting with Others" sub-module for more details on this topic. You and your clinician can practice how to navigate these kinds of questions in session together.

Home Practice Options:

The best home practice assignment that you can do is to actually work on these exercises and practice the skills above on your own in your day to day life. Decide with your clinician which of the exercises you are willing to practice this week and try them out. Here are some suggestions for home practice:

1. Make a list of additional possible benefits of talking about your experience with others.

2. Talk to a supportive person to whom you have already disclosed this information and listen to any suggestions he or she may have for you about talking to others about this in the future.

3. Complete the "Who, What, Where, and When" Exercise during the week and then discuss with your clinician in your next session.

4. Practice the skill of disclosing about your experience with a supportive family member or friend (with whom you have previously talked about your experience).

5. If you and your clinician have made a plan for you to start to discuss your experience with one or more specific people, try it out this week. You can use this grid to help you chart how it goes:

People I want to talk to about my experience (List Below):	**When, Where and What did I disclose?**	**How did I feel beforehand?**	**How did it go? Rate: 0-10 (0 = not well to 10 = great!)**	**How did I feel afterwards?**

Summary Points for Managing Disclosure

- *After experiencing an episode of psychosis, people naturally often feel confused about what happened and how to explain it to others.*
- *There are pro's and con's to disclosing information about your experience.*
- *It is up to you to decide the "who, what, when and where" of talking about your experience.*
- *Avoid responding to pressure to disclose more than you feel comfortable with.*

#4: Interpreting Social Cues

We all have had times where we might feel "slighted" by what another person says or does. That is, we may feel angry, sad, anxious or suspicious following a situation where we perceive that someone intentionally hurt our feelings or wronged us in some way. And we all have times where we may *misinterpret* what another person says or does (aka: "misinterpreting social cues")--this is very common. However, sometimes it can get in the way of feeling comfortable around others and having solid relationships. Therefore, it is really important to think through and check out these kinds of situations when they happen. This worksheet will help you figure out how to handle situations where you feel slighted by others, and guide you step by step through how to best cope with these types of situations. Review these questions and exercises with your clinician and practice the skills below, in order to help you feel more comfortable around others.

Questions

- Have you had situations where you felt "slighted" by someone? What happened? How did you feel and how did you handle it?

- Have you been in situations where you misinterpreted what another person said or did to upset you? What happened? How did you feel and how did you handle it?

- Have you had situations where someone said that you misunderstood them or misinterpreted what they said or did? What happened? How did you feel and how did you handle it?

- In your life, are there particular situations where you find this happens most frequently? Why do you think that might be?

- What might be some consequences in your life of misinterpreting social cues?

Common Situations Where We May Misinterpret Social Cues:

Common Situation:	**Yes, I Have Had This Experience** **(Check Box Below)**
At work: something a boss or coworker says or does	
At school: something a classmate or teacher says or does	
With family: something a relative says or does	
With friends: something an acquaintance or friend says or does	
At a party: something someone says or does	
At church or temple: something the clergy or other member says or does	
On public transportation: something that the driver or other passenger says or does	
When you are out in public: something that a stranger says or does	
Other situations?? List here:	

Common Things We May Worry About In Situations Involving Interpreting Social Cues:

Common Worries:	**Yes, I Have Had This Worry (check box below)**
They don't like me.	
They think I am doing a bad job.	
They think I am stupid or incompetent.	
They don't want me around.	
They are rejecting me.	
They disapprove of me.	
They know I have had problems with mental illness or psychosis.	
They mean me harm.	
Other worries?? List here:	

How to Improve Interpreting Social Cues

When you find yourself feeling upset by what you perceive another person did or said, there are a few good strategies you can use to "check it out". These will help you handle the situation in a way that will increase the likelihood that you will feel better. You can try one of these, or better yet, it can be most useful to try all of them for a given situation:

1. **Think it Through**: Ask yourself the following questions about the situation:

- *"Is it possible I am misinterpreting this person's behavior?"*

- *"What might be other ways of interpreting the situation?"*

- *"What real evidence do I have that this was the person's intention?"*

- *"Do I know anything about this person that goes against my negative perception of this situation?"*

- *"Am I making sure that I focus on actual 'facts' about the situation, and not trying to 'read between the lines' too much?"*

**Note: if you have completed the Dealing with Negative Feelings Module, you can "think it through" even more by using the 5 Steps of Cognitive Restructuring. If you haven't done the Dealing with Negative Feelings module and are interested in learning more, talk to your clinician about the possible benefits of doing this module in the future.

2. **Get a "Second Opinion":** Talk to someone who wasn't involved in the situation and doesn't know the person, but whose opinion you value:

- It can be helpful to get an "objective" opinion of someone not involved.

- Explain the situation, answer the person's questions about it, and listen to his or her opinion.

- The person may be able to help you see things differently, or come up with another plan to deal effectively with the situation.

3. **Get a Closer Second Opinion:** Talk to someone who *does* know the person involved, and whose opinion you value:

- It can also be helpful to get an opinion from someone who might be familiar with the person involved or the situation; he or she may have an informed perspective.

- Explain the situation, answer the person's questions about it, and listen to his or her opinion.

- The person may be able to help you see things differently, or come up with another plan to deal effectively with the situation.

4. **Check it Out Directly:** Go back and talk to the person involved (if you know that person), checking out your interpretation of the situation, and asking for feedback from him or her:

- This can be an effective way to get good, accurate information about the situation.

- Hearing the person's point of view can be helpful.

- Make sure that you pick an appropriate time and place to discuss this with the person.

- Practice this skill with your clinician during your session.

- Follow the steps of this skill below.

Checking Out Your Beliefs Directly:

As described above, this can be a very useful strategy in working on more accurately interpreting social cues from others (especially with people that you know). In order to do this well, it is helpful to practice this skill beforehand, so that when the time comes, it feels comfortable to try it out. Below are the steps of this skill. Review them with your clinician, and then practice in a role-play how you might use this strategy with someone who you may perceive has slighted you in some way. Start by reviewing the Steps of the skill below. Then, you can use the suggested statements listed below the Steps of the Skill for practice in session, or come up with your own scenario and conversation-starter for role-play practice.

Steps of the Skill:

1. Ask the person if you can check something out with them about a recent situation.
2. If the person says yes, briefly tell the person what your belief/feeling is about the situation that took place.
3. Ask the person to comment on his or her perception of the situation.
4. Repeat back what the person has said.
5. Ask any follow-up questions that you have to clarify what the person has said.
6. Thank the person for discussing this with you.

Ideas for How to Use the Skill, What to Say:

- *"I was concerned yesterday when you said _____ and ______. Can you tell me what you meant by that?"*
- *"Last week when we talked, you said ______. I thought you meant _____. I just wanted to check that out with you."*
- *"I was thinking more about what we talked about on the phone about ________. Can you explain a little more about what you meant by ______________."*

What are some other ideas of what to say in these situations? Write down your ideas below. Then practice how you would check out your belief directly with someone by doing a role play with your clinician:

- ____
  ____
- ____
  ____
- ____
  ____

Home Practice Options:

The best home practice assignment that you can do is to actually work on these exercises and practice the skills above on your own in your day to day life. Decide with your clinician which of the exercises you are willing to practice this week and try them out. Here are some suggestions for home practice:

1. During the week, note the different situations where you feel slighted by someone and how you felt, and how you coped with it. Discuss these with your clinician.

2. Try out one of the first 3 "Checking it out" strategies: Think it Through, Get a Second Opinion, Get a Closer Second Opinion. How did it go?

3. Practice the skill of checking out your beliefs directly with a supportive family member or friend.

4. If you and your clinician have practiced in session, "Checking Out Your Beliefs Directly," then try it out for practice on your own.

5. You can use this grid to help you chart your progress on your use of the strategies for "Checking it out" when a situation or someone's behavior upset you:

The situation or person's behavior that upset me (describe briefly):	**Which Checking it Out Strategies did I use (write all used):**	**How did I feel beforehand?**	**How did it go? Rate: 0-10 (0 = not well to 10 = great)**	**How did I feel afterwards?**

Summary Points for Interpreting Social Cues

- *Everyone has times when he or she may feel slighted by what another person says or does.*
- *Everyone has times when they may misinterpret the social cues in the situation.*
- *When situations happen where you feel slighted, it can be helpful to check out your thoughts and perceptions.*
- *Some possible strategies for checking out your perceptions include:*
    - *Think it through by asking yourself questions such as "what evidence do I have of the other person's intentions?"*
    - *Get a second opinion from someone who wasn't involved in the situation.*
    - *Get a closer second opinion from someone who knows the person involved and whose opinion you value.*
    - *Check it out directly by talking to the person involved, checking out your interpretation, and asking for feedback from him or her.*

Clinical Guidelines for "Having Fun and Developing Good Relationships" Module

MODULE OVERVIEW:

This module is designed to address problems that clients commonly experience with having fun and developing good relationships. The structure of this module is slightly different from the other modules in IRT in that this module is divided into three main *sub-modules*: 1) Having Fun 2) Connecting with People, and 3) Improving Relationships -- you and the clients can decide together which *sub-modules* to complete. Thus, this module is a bit larger than the others. It is not expected that all clients will complete all three *sub-modules*; however, it is possible that many clients will opt to do so, given the importance of social functioning in the lives of young adults, and the deficits and challenges that occur in this domain following an episode of psychosis. Many young adults find themselves with anhedonia (inability or reduction in ability to experience enjoyment or pleasure) which is often a symptom of psychosis and they therefore need some coaching in how to again find or enhance enjoyment in activities and people. In addition, due to the interruption in the normal developmental trajectory of a young adult that may be caused by psychosis (e.g., having to leave school, quit a job, move back home) many clients find themselves socially isolated and unsure about how to re-connect with old friends or establish new relationships. Finally, because of anxiety or other social interaction problems, individuals who have had a psychotic episode often have difficulties communicating effectively with others and may also misinterpret social cues. They also can experience stress about who they can disclose information about their psychotic experience to and how to do it effectively and comfortably.

This module addresses all of these important areas. At the beginning of the module, clients are given an overview ("Introduction to Having Fun and Developing Good Relationships") and encouraged to select which *sub-module(s)* they would most like to address. Each *sub-module* is divided into topic areas, with corresponding handouts for each one (see handouts listed below). The emphasis in all the *sub-modules* is to review strategies and skills in sessions, and to set up role plays and practice opportunities to improve clients' confidence and performance. Clients are encouraged to "get out there and give it a try," and then come back to sessions and talk about what went well, and what did not go so well. This helps you and your client to collaboratively determine areas of strengths and areas that could be improved by working on various *sub-modules* and the specific topics within the sub-modules.

Clients will vary in the amount of difficulty they experience in these different social functioning areas. For example, in regards to Having Fun, Connecting with People and Improving Relationships, some clients may have fun things to do, but no one with whom they can do them. In this case, you can encourage the client to choose the "Connecting with People" *sub-module.* Some may be good at talking with people they interact with on a casual basis, but may find it difficult to re-connect with old friends. In this instance, both the "Connecting with People" and "Improving Relationships" *sub-modules* might be helpful. Some may be able to re-connect with old friends, but lack confidence in making new friends and find themselves struggling to find leisure activities post-hospitalization. Still others may know plenty of people, but don't feel close

to anyone. Thus, the choosing of the *sub-modules* will vary and should be personalized to the clients' particular struggles and goals.

The amount of time required to complete the module varies, depending on how many sub-modules that the client chooses, and the pace at which the client learns and practices the various skills within each sub-module. For instance, within the Improving Relationships sub-module, some clients may require instruction and practice in many of the social skills included in this section, while other clients may need to just troubleshoot one or two skills with which they are currently struggling. While it will vary across clients, these guidelines suggest the following session ranges for each of the three *sub-modules:* Having Fun – 3 to 6 sessions; Connecting with People – 5 to 9 sessions; and Improving Relationships – 5 to 9 sessions.

Goals

Having Fun

1. Renew the client's involvement in activities he or she used to enjoy but no longer participates in.
2. Facilitate identifying and engaging in new fun activities.
3. Enhance the pleasure the person experiences from enjoyable activities through learning the Three Stages of Fun: anticipation, savoring the moment, and reminiscing.

Connecting with People

1. Help the client get practice in connecting with people in general.
2. Help the client re-connect with old friends.
3. Help the client make new friends.

Improving Relationships

1. Assist client in understanding other people better.
2. Improve client's use of communication skills.
3. Help the client manage disclosure.
4. Assist the client in interpreting social cues.

Handouts

An Introduction to Having Fun and Developing Good Relationships:

Having Fun Sub-Module:
An Introduction to Having Fun
Topic Handouts**:**
1. Getting More Fun in Your Life: Reviving Previously Enjoyed Activities
2. Developing New Fun Activities
3. Getting the Most out of your Fun

Handouts - Continued

<u>Connecting with People Sub-Module</u>:
An Introduction to Connecting with People
<u>Topic Handouts</u>**:**
1. Getting some practice talking with people
2. Re-Connecting with Old Friends
3. Making New Friends

<u>Improving Relationships Sub-Module</u>:
An Introduction to Improving Relationships
<u>Topic Handouts</u>**:**
1. Showing an Interest in Others
2. Improving Communication with Others
3. Managing Disclosure
4. Interpreting Social Cues

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.
- Follow-up on goals.
- Set the agenda.
- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help the person remember).

SUGGESTED AGENDA FOR MODULE:

The agenda for this module varies depending on which *sub-modules* are chosen (see above for description of *sub-modules* and approximate timelines). The first session of this module should be dedicated to reviewing the components of the module using the handout: “An Introduction to the Having Fun and Developing Good Relationships Module.” Once you and the client decide which *sub-modules* to utilize, you should follow the suggested agendas in the clinical guidelines for those *sub-modules.*

GENERAL TEACHING STRATEGIES FOR THIS MODULE:

- The educational process should be collaborative. Do not treat the client as a student, but as someone with whom you are trying to share information and come to a common understanding.
- Remember that clients will vary in the amount of difficulty they experience in these different social functioning areas. This will mean that a detailed discussion of all of these areas will be crucial in determining which sub-modules to focus on.
- Open communication and shared decision-making between you and your clients is important in deciding which areas to focus on. The first handout, "Having Fun and Developing Good Relationships: An Introduction to the Module," helps the client decide which topic areas he or she wants to concentrate on. For clients who are choosing more than one *sub-module,* it can be helpful to start with "Having Fun," because it gets people out and doing something.
- Many of the materials in this module are skills-based, meaning that in-session skills practice and role play should occur frequently, and additional skills practice should be used for home practice assignments. You should be flexible in your approach to role playing, depending on the style of your client. Avoid coming across "heavy-handed" in setting up role plays. Employ a light touch and use a sense of humor when possible.
- Use social skills training techniques to teach skills, modifying them as needed to suit the client. For example, some clients may appreciate you modeling a skill first, whereas others may prefer to practice the skill right away, using their own style.
- Some clients may be initially reluctant to participate in role plays. You should present role plays in a positive, practical way and be clear about the benefits of role playing, especially in terms of increasing one's confidence to use a strategy or skill when the situation actually comes up.
- Go at the client's pace. Because of social skill problems and possible cognitive difficulties, it may be especially helpful to present the information in small chunks.
- The Clinician's Guide for each of the sub-modules provides a table of suggestions to break up the handouts into sessions based on a person who is working at either a slow or moderate pace.

AN INTRODUCTION TO HAVING FUN AND DEVELOPING GOOD RELATIONSHIPS

Everyone likes to have fun things to do with people. This is an important part of what makes life rewarding and meaningful. It also helps people unwind and refresh themselves when they are coping with challenging situations.

Sometimes when people have experienced psychosis they may have some difficulties with getting back on track with their relationships and with having fun. For example, they may have strained relationships with family members or may have lost touch with their friends. They may have stopped doing things they used to do for fun, or can't find things that seem fun in the present, or can't find people to do activities with. If you are experiencing challenges in any of these areas, you are definitely not alone.

In this module you will find some helpful strategies for dealing with three major areas:

- Having Fun.
- Connecting with People.
- Improving relationships.

The first step in this module is to review this worksheet with your clinician. It describes the three sub-modules that are part of this module. Each of the three sub-modules contains topics that are important and you and your IRT clinician will decide which one(s) would be best to work on, given your current challenges and interests. Some people choose only one of the sub-modules to work on, while others find that there might be two sub-modules that they could use some help with. And often, people will opt to work with all three sub-modules. Each description below contains some questions to consider in order to help you figure out which sub-modules to focus on.

As you read through the following descriptions of the topics within the sub-modules, consider which ones might apply to you.

Having Fun

Doing fun things, like sports, hobbies, games, playing music, doing artwork, writing, watching movies or enjoying nature, feels good and gives you a break. Fun activities give you a chance to focus on something that is enjoyable without having to worry about your problems for a while. Doing fun activities also gives you a way to connect with other people, something to talk about and something to look forward to. The "Having Fun" sub-module will help you get re-involved in activities you used to enjoy, identify new fun activities and help you increase the pleasure you get from both old and new activities.

Questions:

- What types of things do you currently do for fun?
- What did you used to enjoy doing?
- What kinds of things would you like to be doing in your spare time?

How satisfied are you with the fun you have in your life currently? (Please circle your answer.)

1	2	3	4	5
not satisfied	a little satisfied	moderately satisfied	quite satisfied	very satisfied

Connecting with People

Having people to talk to and do things with is vital to everyone. Social support helps people enjoy their lives more and cope more effectively with life challenges. Being able to talk to someone who understands them helps most people feel supported and relieves some of the pressure they are under. Getting suggestions from others also helps people come up with possible solutions to problems they are experiencing.

When people are trying to develop good relationships, they usually think of two major ways: re-connecting with old friends and making new friends. The "Connecting with People" sub-module will help you decide with whom you would like to re-connect and provides some strategies for how to do so, including how to start a conversation with someone you haven't seen for a while and how to deal with questions that involve disclosing personal information, such as your recent experience with psychosis. This sub-module will also give you strategies for meeting new people who share a common interest, topics for conversations and how to deal with disclosing personal information to people you are just getting to know.

Questions:

- Who do you currently spend time with?
- How often do you see your family in a typical week?
- How often do you see your friends in a typical week?
- What kinds of relationships would like to have? With whom?

How satisfied are you with the relationships in your life? (Please circle your answer)

1	2	3	4	5
not satisfied	a little satisfied	moderately satisfied	quite satisfied	very satisfied

Improving Your Relationships

When people have made connections with other people, they may become interested in improving their relationships and possibly growing closer. The "Improving Your Relationships" sub-module will provide some strategies for how to improve your relationships and grow closer, including expressing an interest in others, starting a meaningful conversation and keeping it going, finding common interests, asking people to do things together, and expressing feelings. This topic will also give strategies for how and when to

share personal information; including disclosing about your experience with psychosis, and some tips on how to interpret some commonly misunderstood social cues.

Questions:

- Who do you currently feel close to?
- How often do you see them?
- What kinds of things do you do together and what subjects do you talk about?
- What kind of close relationships would you like to have?

How satisfied are you with the closeness of your relationships with other people? (Please circle your answer.)

1	2	3	4	5
not satisfied	a little satisfied	moderately satisfied	quite satisfied	very satisfied

Getting Started: How to Decide Which Areas to Focus On

- Many people like to start with the sub-module of "Having Fun" so they can start to get some enjoyment as soon as possible. Also, when they go out and do some things for fun, they discover both strengths and problem areas. This often leads people to discover skills they would like to develop in the topic areas of "Connecting with People" and "Improving Relationships."
- Some people may already have plenty of fun things to do, but don't have anyone to do them with. They might like to start with the sub-module "Connecting with People."
- Other people may know a lot of people, but they want to be closer to them, in which case they might like to briefly review "Connecting with People" and then work more on "Improving Relationships." As they

take steps to get closer to people they may want to spend time on the sub-module "Having Fun" to figure out more activities they can do with them.

Check it out

- ✓ Where would you like to start? Take a look at the sub-modules listed below and discuss with your clinician which one you would like to work on first, second and third, and then mark your preferences. Remember, you don't have to choose all three areas, but you certainly can.
  - ___Having fun
  - ___Connecting with people
  - ___Improving relationships

Home Practice Options:

1. In the coming week, keep track of the fun activities you do each day. You can use the following worksheet:

Day of the week	Fun Activities	Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2. In the coming week, keep track of the people you spend time with each day. You can use the following worksheet:

Day of the week	People I spent Time With	Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

3. Talk to a friend or family member and ask them what they like to do for fun. What common interests do you find?

Clinical Guidelines for Making Choices about Smoking Module

OVERVIEW:

This module walks clients through the steps of identifying their personal benefits and concerns about smoking and quitting. Concerns about quitting are normalized and some suggestions are provided for coping with these concerns throughout the handouts. Clients are presented with information about available treatment options. You then help the client take stock of his willingness to make changes to his smoking behavior. Clients who are willing work with you collaboratively develop a plan for tobacco reduction or abstinence.

Goals

1. Establish a comfortable atmosphere to facilitate discussion of the client's perceived benefits and concerns related to smoking and quitting.
2. Normalize common benefits and concerns of smoking and quitting through psychoeducation.
3. Provide psychoeducation about available methods of quitting and coping strategies for concerns related to quitting.
4. Develop an individualized plan for next steps.

Handouts

Introduction and Module Overview
1. Weighing the Pros and Cons of Smoking and Quitting
2. Strategies for Quitting Smoking

SESSION STRUCTURE:

- Set agenda.
- Review previous session.
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.
- Follow-up on goals.

- Teach new material (or review materials from a previous session). Take advantage of opportunities to role play and practice skills.

- Summarize progress made in the current session.

- Agree on home practice to be completed before the next session. (Consider writing it down to help person remember it).

GENERAL TEACHING STRATEGIES:

- Provide rationale behind exercises of wanting to understand the client's smoking behavior. Information about benefits of smoking and barriers to quitting is framed as making sense.
- It is very important to draw the person out to make the exercises and psychoeducation tailored and relevant to his or her own experiences.
- Avoid a parental, condescending or directive tone.
- Be prepared for ambivalence or defensiveness on the part of the client to discuss or address smoking.
- Reinforce the client's openness to proceeding with the exercises while noting that it may very well be the case that he or she does not want to do anything about his or her smoking behavior at the current time; state possible value in exercises nonetheless.

Examples:

- *"I know you told me that you are pretty sure you do not want to do anything about smoking in the next six months. How would you feel about reviewing some information with me about what is out there to help you if you do start to think about it?"*

- *"I hear you loud and clear that you are not ready to quit smoking now, but would it be okay with you if we spend some time talking about what is new to help people stop smoking? One of the reasons we do this is that going 'cold turkey', which is what a lot of people do, is a lot less effective and usually means suffering through a lot more withdrawal symptoms than using other methods."*

- Convey to reluctant clients that he or she is in control of making decisions about how to proceed with regard to addressing smoking.
- The degree to which each the client understands what is being discussed is assessed multiple times throughout each session and you should provide frequent interim summaries.
- Exercises are practiced in-session before being assigned for home practice.
- You should be familiar with the interactions between smoking and mental illness, for example:

  - Nicotine stimulates parts of the brain (nicotine receptors) that seem to be underactive in the brains of people with schizophrenia.

- Smoking can act as a stimulant or energy booster that lessens the sedating effect of some psychiatric medications.

- Nicotine might also improve negative symptoms, such as anhedonia, by operating on reward circuitry (the experience of pleasure) in the brain.

- One of the benefits of nicotine is improved concentration--this benefit may be even more pronounced among individuals with schizophrenia.

- Smoking may increase the metabolism of psychiatric medication, meaning that smokers who have schizophrenia may require higher dosages of some medications for them to be effective. As a result, individuals with schizophrenia may show increased side effects from their medication when withdrawing from nicotine. Encourage clients to communicate changes in smoking behavior to their prescribing physicians to monitor psychiatric symptoms, side effects, and drug dosages.

- Studies have consistently found that quitting smoking in a program that combines medication and behavioral treatment does NOT increase symptoms in individuals with schizophrenia.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice should be reviewed before starting a new handout. By reviewing home practice at the beginning of each session, the client understands the importance of practicing the skills learned in treatment in his or her own environment.

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.

- You can either take turns reading the text out loud or summarize the text for the client. The highlighted boxes are useful talking points and take home message for the client. It may be used to help the client to connect facts with his or her own life situation and goals.

- You should ask the client questions that are listed to facilitate discussion, assess the client's knowledge, and understand his or her perspective.

- The tables can be filled out together or used as a discussion tool to individualize the topic to the client's situation.

- You can use one of the home practice suggestions or individualize the home practice for the client to practice the skills in a situation connected to his or her goal.

NB: These materials can be modified for use with other modes of tobacco intake (e.g., e-cigarettes, snus, or chewing tobacco).

#1 - Clinical Guidelines for Identifying the Pros and Cons of Smoking and Quitting

OVERVIEW:

These handouts begin with a brief introduction to the overall Making Choices about Smoking module. Although the goal of this module is to increase the client's readiness to take steps to address his or her smoking, the handouts begin with a discussion of the areas that the client is likely to show the least resistance to--that is what the client likes about smoking and what the client anticipates would be difficult about trying to quit or cut down. The discussion then turns to the client's perspective on the negative aspects of his or her smoking and the perceived benefits of quitting. After this exercise, clients are asked to rate their readiness to change their smoking behavior and their perceived confidence and importance of doing so.

Goals

1. Ask clients to keep an open mind as they learn information about options available to help them quit or cut down.
2. Provide a message of hope and optimism for quitting smoking.
3. Provide information about different common reasons for smoking and concerns about quitting and understand the client's own reasons for smoking and concerns about quitting.

Materials Needed

Introduction and Module Overview
Topic Handout #1- Identifying the Pros and Cons of Smoking and Quitting

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1 - Introduction, Part 1 of Identifying the Pros and Cons of Smoking (Benefits of Smoking and Concerns about Quitting sections)	Session 1 - Introduction, Identifying the Pros and Cons of Smoking and Quitting (entire handout)
Session 2 - Part 2 of Identifying the Pros and Cons of Smoking (Weighing Pros and Cons of Smoking and Quitting)	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.

- The provision of basic information about cigarettes, and discussion of the reasons for using, is intended to *normalize* cigarette smoking as a common human behavior in the general population. Such normalization can reduce the sense of shame and stigma many clients feel when talking about their smoking. In addition, discussing reasons for using cigarettes validates clients' perceptions that they are using for specific reasons that are important to understand. Thus, you need to be sensitive to client perceptions that he or she is being judged, and allay those concerns.

- If the client spontaneously talks about negative consequences of smoking cigarettes, listen and reinforce the observations. However, do not attempt to elicit negative consequences of cigarette smoking from the outset, it is equally important to understand and validate the client's perceived benefits of smoking and concerns about quitting.

TIPS FOR COMMON PROBLEMS:

- Low self-efficacy to quit, tried everything, previous failures:

  - Normalize multiple quit attempts before quitting (on average, smokers make at least 4 serious quit attempts before succeeding).

  - Use availability of multiple treatment options to provide hope (they can try something different from before).

- Low social support for quitting, high percentage of support system smokes or even encourages client to smoke:

  - Smoking cessation groups as one way to get social support for non-smoking.

- Myths about smoking or treatment (for example, afraid to use patch due to fear of a heart attack):

  - One purpose of module is to provide information to make informed decisions about treatment and to dispute myths.

  - Studies have shown that quitting does not lead to an exacerbation of psychiatric symptoms quitting (note: however, there is some evidence to suggest that severe depression may be exacerbated by quitting).

EVALUATING GAINS:

- After completing a topic area, it may be helpful to ask review questions to assess how much information the client has learned about different substances and reasons for using substances.

Examples of review questions for Identifying the Pros and Cons of Smoking and Quitting

1. What are some of the common reasons that people smoke and common concerns about quitting?
2. What are your main concerns about quitting and what do you think is the thing you would miss the most if you stopped smoking?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR IDENTIFYING THE PROS AND CONS OF SMOKING AND QUITTING:

Therapeutic Goal	*Techniques & Probes*
Ask clients to keep an open mind as they learn information about options available to help them quit or cut down.	• Review the introduction to the module with the client. • Elicit and respond to any concerns the client has about discussing his or her cigarette smoking.
Provide a message of hope and optimism for taking next steps towards quitting or cutting down.	• Let the client know that other people in similar circumstances have succeeded in changing their smoking behavior. • Suggest that the client is likely to learn new information about the availability of smoking cessation aides by reviewing the content in this module.
Inform client about commonly identified benefits and concerns associated with smoking and quitting.	• When probing the client for benefits of smoking/concerns about quitting, note information already known from previous meetings. – *"You've mentioned that you really enjoy smoking when you are socializing with your friends--that sounds like an important benefit."* • Demonstrate interest and curiosity when the client talks about his or her motivations for smoking or quitting. • Try to understand from the client's perspective why he or she smokes. • Paraphrase what you have heard to demonstrate understanding. • Avoid advice, evaluation, or any attempts to persuade or convince the client of anything.

#2 - Guidelines for Strategies for Quitting

OVERVIEW:

The "Strategies for Quitting" topic area provides information about the pharmacologic treatments available to assist individuals to quit smoking, basic instructions about how to use these treatments and information about contraindications to these medications as well as whether or not the medications are covered by insurance. The purpose of this handout is to provide basic education about the options available to help clients quit smoking and to correct any misperceptions they may have about these treatments. A sample version of a Smoking Cessation or Reduction Plan is included to assist clients to envision how they would complete the plan as a way of concretizing any increased readiness to make a change in their smoking behavior.

Goals

1. Provide information about pharmacologic treatment available to assist individuals to quit smoking and correct any misperceptions.
2. Create a smoking cessation/reduction plan to identify next steps.

Materials Needed

Topic Handout #2. Strategies for Quitting

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 3 - Strategies for quitting	Session 2 - Strategies for quitting; Smoking Cessation or Reduction Plan
Session 4 - Smoking Cessation or Reduction Plan	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area.
- Before reviewing quitting smoking aides, ask the client what he or she already knows about each method and correct any misperceptions.

- For clients who are ready to take steps to address their smoking behavior, facilitate discussion of the aspects of each method that is most attractive.

TIPS FOR COMMON PROBLEMS:

- Clients may be unwilling to consider using a pharmacologic aide to quit smoking at the current time, but are willing to think about quitting on their own. For these clients, reinforce their thoughts of addressing their smoking behavior and leave it open for them to consider using one of these methods at a later date in the event that they have difficulty continuing not to smoke or coping with withdrawal symptoms.

- Clients who are unwilling to change their smoking behavior at all may be unwilling to create a Smoking Cessation or Reduction Plan. For these clients it may helpful to have a discussion about what they might like or dislike about the various treatment options in place of completing the Smoking Cessation or Reduction Plan.

EVALUATING GAINS:

1. After completing the "Strategies for Quitting" handout, it may be helpful to ask clients to report on whether they learned anything about ways of quitting/reducing smoking by reading the handout. It might also be helpful to ask whether they were aware that smoking as few as 5 cigarettes/day has been shown to be harmful to one's health.

Note: Clients may ask about e-cigarettes as a replacement for smoking. Little is currently known about the health risks of e-cigarettes.

2. An additional purpose of this module is to try to move clients from an earlier state of change to a later stage of change with regard to addressing their smoking behavior. You may choose to use a decisional ruler at points during the module (for example, before and after each session).

1) On a scale of 0 to 10, how much do you want to quit smoking?

Not at all — Very Much
0 1 2 3 4 5 6 7 8 9 10

2) On a scale of 0 to 10, how confident are you that you can quit smoking?

Not Confident — Very Confident
0 1 2 3 4 5 6 7 8 9 1

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR STRATEGIES FOR QUITTING:

Therapeutic Goal	*Techniques & Probes*
Provide information about pharmacologic treatment available to assist individuals to quit smoking and correct any misperceptions.	• Ask clients what they know about different smoking cessation approaches and provide psychoeducation. • Correct any misperceptions clients have about using pharmacologic smoking cessation aides.
Create a smoking cessation/reduction plan to identify next steps.	• Review the sample plan to provide a model of how the client might complete an individualized plan. • Use goal-setting skills to break the larger goal into sub-goals that are stated as measurable steps.

Making Choices about Smoking: Introduction and Module Overview

Approximately 20% of people living in the United States smoke cigarettes. Rates are closer to 30% for those under 30 years of age. Individuals with a history of psychosis are at increased risk of smoking. This module focuses on talking about your cigarette use, and helping you make a decision about whether you would like to continue to use, cut down, or quit.

In this module we will:

- Review information about the benefits and costs of smoking and quitting.
- Explore whether smoking cigarettes interferes with personal goals around health.
- Help you weigh the pros and cons about smoking cigarettes or cutting down or quitting.
- Provide an orientation to the methods available to assist people to quit or cut down.
- Work together to develop a personalized plan to assist you to take the next steps towards quitting or cutting down.

What I expect from you:

- Willingness to learn up-to-date information about smoking cessation treatments.
- An open mind about whether or not you may be willing to quit or cut down.

What you can expect from me:

- Factual information about available smoking cessation treatments.
- Non-judgmental exploration with you about the reasons for smoking and the benefits of not smoking.
- Confidentiality about your smoking except with the treatment team (unless you are willing to discuss with your family).
- No pressure to change.
- Help taking steps to change your smoking behavior, if you choose to do so.

This module focuses on cigarette smoking.

If you decide you want to cut down or quit smoking cigarettes,
we will work together on making a plan to help you accomplish your goal.

#1: Identifying the Pros and Cons of Smoking and Quitting

Benefits of Smoking

When you are evaluating your own smoking habits, it can be helpful to review some of the reasons that people smoke and identify which reasons are important to you. It can also be helpful to evaluate the benefits of quitting or cutting down smoking from your own point of view.

Most people say there are a number of reasons why they choose to smoke cigarettes in addition to satisfying a craving. For example, most smokers enjoy the process of smoking. Understanding why you smoke and what benefit you get from it is helpful when you think about stopping smoking or cutting down. The following list contains some common reasons that people enjoy smoking.

Enjoyment

People may smoke to enhance enjoyment. Not only do smokers report direct effects of cigarettes that are enjoyable, but they also often find certain activities are made more enjoyable by smoking while doing these things. For example, relaxing on a park bench, drinking a cup of hot coffee or socializing with friends might seem more fun if you are smoking at the same time.

Socialization

Smokers may smoke because having a cigarette is a low pressure and enjoyable way to be around other people. Smokers tend to hang around with other people who smoke, so it may also be more comfortable to smoke than not to smoke.

Reward

Many smokers use cigarettes as a reward that motivates them to accomplish the next task. For example, a cigarette might be used as a reward after finishing a task, like paying bills or getting the laundry or dishes done. If we assume that smoking each cigarette takes 3 minutes, a pack a day smoker may spend an hour a day engaged in enjoyable or rewarding activity.

Relaxation

Smokers tend to find cigarettes relaxing. They can become a way of coping with stressful situations or negative emotions like anxiety or depression.

Clearer thinking

Nicotine can improve attention and concentration and many smokers use cigarettes to sharpen their mind. Individuals who have experienced certain psychiatric symptoms may have unusually low numbers of nicotine receptors in their brains and smoking increases the number of these receptors.

Energy

Smoking may give people a boost of energy.

Habit

Smoking easily becomes part of a person's daily routine, so people may smoke in part to fulfill the habit of having something to occupy their hands or just because they have gotten used to smoking.

Question: What do you like about smoking? You can use the following checklist to record your answers. Sometimes people have gotten to the point where they no longer enjoy anything about smoking and continue to smoke because of a strong addiction--in this case, it may be helpful to think about benefits that might have applied to you in the past.

Benefits of smoking	Check here if this applies to you now	Check here if this has applied to you in the past
Enjoyment		
Socialization		
Reward		
Relaxation		
Clearer thinking		
Energy		
Habit		
Other:		
Other:		
Other:		

Concerns about Quitting

In addition to it being normal to experience benefits of smoking, it is also very reasonable to have concerns about quitting. Read through the descriptions of common concerns about quitting below and think about whether or not you share these concerns about quitting or cutting down on cigarettes.

Previous failed quit attempts

On average, a smoker makes approximately 6-7 quit attempts before they are successful at quitting smoking. This means that most smokers will have tried to quit a number of times before they are able to quit permanently. Quitting smoking is difficult, but it is understandable how people's inability to quit in the past can lower their confidence about their ability to quit. It is also common for people to be concerned that their friends or relatives might tell them that they do not think they will be able to quit.

Withdrawal symptoms

Many smokers believe that withdrawal symptoms, such as craving, would be intolerable if they were to quit smoking. Many of the newer treatments for smoking cessation provide tremendous relief from withdrawal symptoms, so it is important to keep an open mind about the possibility that there is a treatment that you can use that will not result in your experiencing a lot of craving or physical withdrawal symptoms.

Pressure from others to smoke

Sometimes smokers have difficulty envisioning how they would deal with being around others who smoke or being pressured to smoke by other smokers if they were to quit. One possible way to deal with this is to develop skills to communicate assertively that you are a non-smoker and do not want to smoke.

Fear of increased symptoms

Smokers who have had psychiatric symptoms may be especially sensitive to the concern that smoking cessation would lead to an increase in symptoms such as anxiety, depression, irritability, voices or paranoia. Smokers may be concerned about how they would manage negative emotions if they did not smoke. This is a realistic concern, particularly if people have used smoking as the primary way of dealing with negative emotions in the past. Strengthening coping skills for negative emotions as well as certain smoking cessation medication treatments can really help.

Weight gain

Many smokers fear that they will gain a lot of weight if they stop smoking and that this weight gain will be bad for their health and self-image. It has been calculated that a normal weight smoker would need to gain a lot of weight (approximately 100 pounds!) to approximate the health risk of being a cigarette smoker. On average, people gain only 10 pounds when then quit smoking.

Question:

What are your concerns about quitting or cutting down? You can use the following checklist to record your answers. If you are not interested in quitting or cutting down at the current time, it may be helpful to try to recall concerns you may have had on a previous occasion when you tried to cut down and quit.

Barriers to quitting/cutting down	Check here if this is something you are worried about	Check here if this is something you worried about in the past
Previous failures		
Low self-confidence		
Physical withdrawal		
Pressure from others		
Fear of increased symptoms		
Other:		
Other:		
Other:		

Benefits of Quitting

Although smokers tend to be already aware of some of the health benefits of quitting smoking, smokers are often surprised to learn about all of the health risks that are reduced by quitting smoking. In addition to health benefits, there are other lifestyle benefits.

Check off the important benefits to you of not smoking:

Benefits of quitting related to lowering my risk of:

- ☐ Heart disease and heart attack (*fact: risk of having a heart attack decreases within 24 hours of stopping smoking)
- ☐ Lung cancer
- ☐ Throat and mouth cancer
- ☐ Emphysema
- ☐ Chronic bronchitis
- ☐ Peptic ulcer disease
- ☐ Other types of cancer (for example, bladder cancer)
- ☐ Worsening a health problem that I already have (e.g., diabetes, asthma)

Benefits of quitting related to improving my lifestyle:

- ☐ I'll breathe more easily
- ☐ More public places are becoming smoke-free, so smoking is becoming inconvenient
- ☐ I won't feel like people look down on me because I smoke
- ☐ Less risk of starting a fire
- ☐ Walking and exercising will be easier
- ☐ Other people will get off my back about quitting
- ☐ Healthier skin, fewer wrinkles
- ☐ No more coughing
- ☐ Feeling a sense of control over addiction
- ☐ Getting rid of stained fingers
- ☐ More money in my pocket (*fact: If you smoke 1 pack per day at $7/pack, you will save over $2500/year by not smoking)
- ☐ My sense of taste and smell will improve
- ☐ No more feeling guilty
- ☐ Fresher breath, cleaner teeth
- ☐ I'll be a good example to others
- ☐ Better smelling hair, clothes, and home
- ☐ Other:_____________________________
- ☐ Other:_____________________________
- ☐ Other:_____________________________

Summary of the Benefits and Risks of Smoking and Quitting

Now that you have given some thought to the good and bad aspects of smoking and quitting, it may be helpful to summarize this in the chart below. Doing this will help clarify the factors motivating you to continue to smoke, cut down or quit. Each individual smokes for different reasons and has different concerns about quitting--providing a snapshot of how you think about smoking and quitting will assist you and your clinician to think about next steps. Think about your answers to previous questions in the handout and/or refer to previous checklists completed to complete the items below.

My top 5 reasons for smoking are:
1
2
3
4
5

My top 5 concerns about quitting/cutting down are:
1
2
3
4
5

My top 5 concerns about smoking are:
1
2
3
4
5

My top 5 benefits of quitting/cutting down are:
1
2
3
4
5

Taking Stock of Your Readiness to Cut Down or Quit Smoking

After you have had a chance to complete the exercise of thinking through the benefits of smoking, concerns about quitting, and benefits of quitting it may be helpful to think about what best describes how ready you feel at the moment to cut down or quit smoking. Sharing this information with your therapist will help determine the methods that will be most useful in terms of helping you achieve your smoking cessation or reduction goals.

Choose the statement that best fits how you are thinking at the present time:

- ☐ I do not want to think about quitting or cutting down ever.

- ☐ I'm thinking about cutting down.

When?____

- ☐ I'm thinking about quitting.

When?____

> **Note**: Although smoking as few as 5 cigarettes/day has been shown to be harmful, cutting down may be a good intermediate goal towards the ultimate goal of quitting smoking completely.

On a scale of 0 to 10, how much do you want to quit smoking?

Not at all — Very Much

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0 to 10, how confident are you that you can quit smoking?

Not Confident — Very Confident

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0 to 10, how much do you want to cut down your smoking?

Not at all Very Much
0 1 2 3 4 5 6 7 8 9 10

On a scale of 0 to 10, how confident are you that you can cut down your smoking?

Not Confident Very Confident
0 1 2 3 4 5 6 7 8 9 10

Home Practice Options

1. Observe your smoking behavior for a whole day or for several hours of a day. Pay attention to the benefits that you get from smoking and the costs associated with smoking.

2. Review these handouts or discuss the topic of benefits and costs of smoking with a friend or family member (choose someone who you smoke with or who is not critical of your smoking). See if this discussion leads you to generate more of the benefits and costs of smoking and quitting.

3. Take a few minutes to picture yourself as a non-smoker. Notice what would be different about your environment (e.g., home, car, work space), how you feel physically, how you look in the mirror and how others might interact with you. Use this exercise to come up with additional benefits of quitting for you.

4. Summarize your top 5 reasons for quitting/cutting down on an index card and put it somewhere visible (e.g., tape it to your pack of cigarettes, tape to your bathroom mirror, or put on your computer screen). Make a plan to look at the index card daily and evaluate the effect of doing this on your motivation to quit or cut down.

Summary of Identifying the Pros and Cons of Smoking and Quitting

- *People often smoke because they derive benefits from it, because it is an addictive habit, or because they have concerns about quitting (e.g. weight gain; withdrawal symptoms).*

- *There are many benefits to quitting smoking, including those related to health and lifestyle.*

- *Weighting the benefits and risks of smoking and quitting is an excellent way to determine the next steps in ultimately quitting smoking.*

2: Strategies for Quitting Smoking

Below is a brief summary of the medication treatments currently available to assist individuals to quit smoking. Many of these treatments can be used together, so if you have already tried one treatment, a next step might be to talk to you doctor or nurse about combining two treatments together. Not covered on this handout are treatments that have been found to have very low rates of success, such as "cold turkey," hypnosis, or acupuncture.

Treatment	How to use it	Who should not use	Covered by insurance?	Can you smoke while using it?
Nicotine patch--long acting nicotine replacement therapy (NRT)	Stick on skin; change patch daily for 8 weeks. Recommended dosing is 21 mg for 4 wks, 14 mg for 2 weeks and 7 mg for 2 weeks.	Individuals with unstable cardiac disease Individuals with skin disorders (eczema, psoriasis) Individuals with peptic ulcer disease	Yes Also available over the counter; generic patch is cheaper	No
Nicotine gum--short acting NRT	Chew and park in between gum and cheek; 1 pieces per hour for weeks 1-6; 1 piece every 2-4 hrs for weeks 7-9; 1 piece every 4-8 hrs during wks 10-12 Recommended dosing is 2 mg (< 25 cigs/day) and 4 mg (> 25 cigs/day). Up to 24 pieces daily.	Individuals with unstable cardiac disease Individuals with peptic ulcer disease People with dentures Should refrain from eating or drinking for 15 minutes before using gum Difficult to use correctly	No Also available over the counter; generic gum is cheaper	No

Nasal spray--short acting NRT	Spray in nose 1-2 sprays/hour every 1-2 hours to start then taper for 3-6 months	Individuals with unstable cardiac disease Those with Sicca syndrome	No	No
Nicotine lozenge--short acting NRT	1 lozenge every 1-2 hrs for weeks 1-6; every 2-4 hrs for weeks 7-9; 4-8 hrs for weeks 10-12.	Individuals with unstable cardiac disease Individuals with peptic ulcer disease Should refrain from eating or drinking for 15 minutes before using lozenge	No Generic is cheaper	No
Zyban (bupropion)	150 mg twice a day (start at lower dose)	Seizure or eating disorder Insomnia Negative interactions with several medications	Yes	Yes
Chantix (varenicline)	1.0 mg twice a day (start at lower dose)	May increase risk for suicide, violence, irritability No known medication interactions	Yes	Yes
Group or individual programs (including online options)	Education--typically 8 to 12 weeks	Identify smoking triggers Learn skills Get support	Yes	Yes

To increase your chance of successfully quitting smoking, use a medication combined with individual or group behavioral treatment to quit.

If using a medication together with a group or individual treatment does not work, it is also possible to combine medication treatments (for example, Chantix + Zyban or Patch + Lozenge + Zyban) together with a group or individual treatment for greater efficacy.

Smoking Cessation or Reduction Plan (Sample)

My plan is to (circle one): Stop Smoking Completely Reduce my smoking

I would like to accomplish this by ***6/15/2010***.

Steps of my plan:

STEP	**DATE**
1) Buy some lozenges at CVS	March 2010
2) Stop smoking in my apartment and car	April 2010
3) Save $10/week that I am not spending on cigarettes	May 2010
4) Take a walk at lunch instead of smoking cigarettes	June 2010

If this doesn't work, my back up plan will be to: Join a quit smoking program

Steps of my plan:

STEP	**DATE**
1) Find out if there are smoking groups at the hospital	July 2010
2) Join the next smoking group	Sept 2010
3) Talk to my doctor about a smoking medication that would be safe	October 2010
4) Start taking the medication	November 2010
5) Quit for good	January 2011

Some problems I might run into:

1) Gaining weight when I cut down or stop smoking
2) Getting irritable

Ways to cope with these problems:

1) Join the YMCA
2) Stop drinking soda and juice
3) Get back into yoga

If I need help, I can call the following people for advice:

My primary care doctor: (617-555-9000)
My therapist or Psychiatrist: (617-555-2000)

Smoking Cessation or Reduction Plan

My plan is to (circle one): Stop Smoking Completely Reduce my smoking

I would like to accomplish this by_____________________________(Date).

Steps of my plan:

STEP	DATE
1)_____________________________	___________________
2)_____________________________	___________________
3)_____________________________	___________________
4)_____________________________	___________________
5)_____________________________	___________________

If this doesn't work, my back up plan will be to:
Steps of my plan:

STEP	DATE
1)_____________________________	___________________
2)_____________________________	___________________
3)_____________________________	___________________
4)_____________________________	___________________
5)_____________________________	___________________

Some problems I might run into:

1)____

2)____

3)____

Ways to cope with these problems:

1)____

2)____

3)____

If I need help, I can call the following people for advice:

____

____

On a scale of 0 to 10, how much do you want to quit smoking?

Not at all									Very Much	
0	1	2	3	4	5	6	7	8	9	10

On a scale of 0 to 10, how confident are you that you can quit smoking?

Not Confident									Very Confident	
0	1	2	3	4	5	6	7	8	9	10

On a scale of 0 to 10, how much do you want to cut down your smoking?

Not at all									Very Much	
0	1	2	3	4	5	6	7	8	9	10

On a scale of 0 to 10, how confident are you that you can cut down your smoking?

Not Confident									Very Confident	
0	1	2	3	4	5	6	7	8	9	10

Summary Points for Making Choices about Smoking

- *Approximately 30% of young adults in the US smoke cigarettes.*
- *Rates of smoking tend to be higher among individuals with a history of psychiatric issues.*
- *Individuals who smoke commonly identify a number of things they like about smoking. Knowing what you like about smoking can help you develop a plan for alternative ways of achieving these benefits.*
- *It is normal to feel nervous about quitting, but some worries, such as the thought that psychiatric symptoms will get worse, are not founded.*
- *Smokers typically make 4-7 attempts to quit before succeeding.*
- *People tend to gain approximately 10 pounds when they quit smoking (and the risk of smoking is equivalent to being 100 pounds overweight!)*
- *As few as 5 cigarettes per day have been found to have negative health consequences.*
- *Cutting down number of cigarettes per day may be a good step towards quitting altogether.*
- *There a number of effective, new smoking cessation treatments available that reduces craving and other withdrawal symptoms.*
- *Using a medication together with some sort of "behavior therapy" doubles your chance of quitting.*
- *Your IRT therapist can help you identify sources of support and education around your smoking cessation/reduction goals by researching programs available through local hospitals, health centers and interactive websites.*

Clinical Guidelines for "Nutrition and Exercise" Module

Overview: This module provides a rationale for and identifies skills to improve nutrition and increase exercise and is designed to be covered over 2-4 sessions. Concerns about changing diet and increasing activity level are addressed and some possible solutions identified. Clients are presented with information about specific ways of increasing activity and improving diet. You then help the client take stock of his or her willingness to make changes to his or her eating and exercise behavior. Clients who are willing work with you to collaboratively develop a plan for some changes in diet and activity level.

Goals

1. Provide education about the rationale for addressing nutrition and activity level
2. Elicit the client's perceived benefits and concerns related to improving nutrition and increasing activity level.
3. Provide education about methods of and benefits associated with improving nutrition and increasing activity.
4. Develop an individualized plan to increase activity level and improve nutrition.

Topic Areas

1. Living Healthy
2. Getting More Active.
3. Eating Healthy.

SESSION STRUCTURE:

- Set agenda.
- Review previous session (if applicable).
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.
- Follow-up on goals.

- Teach new material (or review materials from a previous session). Take advantage of opportunities to role play and practice skills.

- Summarize progress made in the current session.

- Agree on home practice to be completed before the next session. (Consider writing it down to help person remember it.)

GENERAL TEACHING STRATEGIES:

- Avoid a parental, condescending or directive tone. Whenever possible draw a link between any home practice option assigned and/or material covered with the client's own goals regarding weight, nutrition and/or exercise.

- The degree to which the client understands what is being discussed is assessed multiple times throughout each session and you should provide frequent interim summaries.

- Exercises are practiced in-session before being assigned for home practice. For example, all self-monitoring forms (i.e., Keeping Track of Activity, Tracking What you Eat and When) should be completed in session based on the previous day or two before assigning the complete form for homework.

- You should be flexible in tailoring home practice assignments to meet the client's goals and to accommodate any information processing difficulties.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice should be reviewed before starting a new handout. By reviewing home practice at the beginning of each session, the client understands the importance of practicing the skills learned in treatment in his or her own environment.

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.

- You can either take turns reading the text aloud or summarize the text for the client. The highlighted boxes are useful talking points and take home message for the client. It may be used to help the client to connect facts with his or her own life situation and goals.

- You should ask the client questions that are embedded in the handout to facilitate discussion, assess the client’s knowledge, and understand his or her perspective. You can use one of the home practice suggestions or individualize the home practice for the client to practice the skills in a situation connected to his or her goal.

- Home practice should be reviewed before starting a new handout. By reviewing home practice at the beginning of each session, the client understands the importance of practicing the skills learned in treatment in his or her own environment.

- Exercises are practiced in-session before being assigned for home practice. For example, all self-monitoring forms (i.e., Keeping Track of Activity, Tracking What you Eat and When) should be completed in session based on the previous day or two before assigning the complete form for homework.

#1: Clinical Guidelines for Living Healthy

OVERVIEW:

These handouts begin with a brief introduction to the overall Nutrition and Exercise module. The goal of this module is to increase clients' awareness of the high potential for weight gain on antipsychotic medication and to underscore the importance of taking steps to prevent or minimize weight gain. It is suggested that this handout be covered very early in the course of IRT (if decided by the treatment team and requested by the client) and that the you coordinate interventions around the issue of anti-psychotic weight gain with the treating Psychiatrist.

Goals

1. Educate client about the high likelihood of weight gain with antipsychotic medication.
2. Provide a message of hope and optimism for preventing, minimizing or reversing anti-psychotic induced weight gain.
3. Provide information about benefits of being normal weight.
4. Provide realistic expectations about a safe rate of weight loss.
5. Emphasize value of longstanding changes in diet and exercise as opposed to short-term dieting and exercise.

Materials Needed

1. Introduction to Living Healthy
2. Preventing Weight Gain associated with Medications
3. Weight Gain: Should I be Concerned?

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1 - Living Healthy: Introduction and Module Overview	Session 1: Living Healthy: Introduction and Module Overview; Preventing Weight Gain Associated with Medication
Session 2: Preventing Weight Gain Associated with Medication	Session 2: Weight Gain: Should I Be Concerned?
Session 3: Weight Gain: Should I Be Concerned?	

GENERAL TEACHING STRATEGIES:

- Provide a brief overview of the topic area and ask the client open-ended questions about what he already knows about weight gain as it relates to antipsychotic medication and strategies for preventing this.
- Clearly state that antipsychotics can influence weight gain, but also discuss the multifactorial nature of weight gain and influence of other factors
- Validate dissatisfaction with their experience of weight gain on antipsychotic medication

TIPS FOR COMMON PROBLEMS:

"I don't want to take these medications because I'm afraid of gaining weight/I don't want to gain any more weight." The concern about weight gain or further weight gain can interfere with medication adherence. You should join the client and validate his or her dissatisfaction with this potential side effect and if possible highlight the discrepancy between the client's goal of recovery (for which taking antipsychotic medication is central) and the possibility or reality of associated weight gain. The focus then becomes identifying and modifying the client's belief that he or she will not be able to prevent, minimize or reverse weight gain with the goal of improving his or her confidence that this can be done and he or she can do it.

"I don't care about being overweight." Some clients may have gained weight already but due to negative symptoms, disorganization or other factors are not motivated to address the weight gain. In this situation, you should focus more on drawing the client out in the hopes of identifying benefits of losing weight, eating healthier or increasing activity. For example, some clients may complain of low energy but not of weight gain or of poor sleep. Improving nutrition and increasing activity level could help with these complaints, so the same interventions could be used with a different therapeutic target than weight loss.

"All I want to do is lose weight*."* For everyone, weight loss is difficult to achieve and even more difficult to maintain (think about Oprah as an example of this). Clients who focus exclusively on weight loss are likely to become discouraged. Your task is to broaden the markers of progress beyond weight loss and to convey to clients that these behavioral changes need to be sustained over long periods of time in order to produce weight loss.

EVALUATING GAINS:

- Follow up on agreed upon homework exercises to determine whether clients learned new information by completing them. For example, clients who choose to look up their BMI can be asked what they learned about: the BMI of a normal weight individual (answer: no more than 25) and the BMI of someone who is obese (answer: 30 or higher)

- After completing a topic area, it may be helpful to ask review questions to assess how much information the client has learned.

Examples of review questions:

1. What are some of the benefits of obtaining/remaining at normal weight?
2. What are the 3 steps of preventing weight gain?
3. What is considered a realistic target number of pounds to lose each week?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR LIVING HEALTHY:

Therapeutic Goal	*Techniques & Probes*
Educate client about the high likelihood of weight gain with antipsychotic medication and elicit information about the client's experience.	• Clearly state that almost all of the antipsychotic medications have a high likelihood of causing weight gain. • Review the client's experience so far regarding antipsychotic medication, weight, hunger, and food preferences: – *"Have you gained any weight so far while taking these medications?"* – *"Have you noticed any change in the times you are eating? What about any differences in the types of food you are craving?"*
Provide a message of hope and optimism for preventing, minimizing or reversing anti-psychotic induced weight gain.	• Help clients recognize that it is possible to lose weight gained on antipsychotic medication. Emphasize that it is easier to prevent or minimize weight gain than to reverse large weight gains to provide a rationale for early intervention.
Provide information about benefits of being normal weight.	• Elicit the client's perspective on benefits he can think of as associated with remaining at/returning to a normal weight. • Review handout to identify other possible benefits and assess value to client.
Provide realistic expectations about a safe and sustainable rate of weight loss	• Educate about 1-2 lb/wk weight loss as realistic and sustainable.
Emphasize importance of longstanding changes in diet and exercise as opposed to short-term dieting and exercise.	• Assess "dieting" history and elicit client's knowledge about problems he has noticed in others or himself with regard to short-term diets. • Educate about importance of long-terms lifestyle changes to maintain weight losses.

2 Clinical Guidelines for Getting More Active

OVERVIEW:

One purpose of this handout is to educate clients about the benefits of exercise and increased activity level in daily life with the goal of helping clients think about how they could begin making lifestyle changes (e.g., taking the stairs instead of the elevator) while also pointing out how it is often difficult to lose weight by exercising, without also changing food intake. Common obstacles to getting more exercise are identified and solutions provided. Interested clients work with you to develop a personalized plan to increase their activity level.

Goals

1. Educate clients about benefits of increased activity level.
2. Identify ways of increasing activity level in daily life as well as through more traditional "exercise" activities
3. Provide a message of hope and optimism for changing activity patterns.
4. Emphasize value of longstanding changes in activity level to maintain general health, well-being and if applicable, to maintain weight loss.

Materials Needed

Educational handouts - # 2 Getting More Active

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1: Getting More Active (first half)	Session 1: Getting More Active
Session 2: Getting More Active (second half)	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area and ask the client open-ended questions about what he or she already knows about the relationship between activity level and weight as well as the benefits of increased activity.
- Explain rationale for weight loss as requiring both increased activity and a change in dietary intake.
- Validate difficulties with following through on exercise goals.

TIPS FOR COMMON PROBLEMS:

"I've heard it all before." Some clients will say that there is nothing new for them to learn about nutrition or exercise. In these cases it may be helpful to review the topic areas with the client and identify the one that he or she thinks is most likely to provide new information. You and the client can review this one handout together and at the end evaluate whether or not there was anything new learned.

EVALUATING GAINS:

Examples of review questions:

1. Can you talk about anything new you learned about the benefits of increased activity level?
2. Did reviewing this handout make you think of any new ways you could increase your activity level (maybe through a lifestyle change as opposed to traditional "exercise?")

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR GETTING MORE ACTIVE:

Therapeutic Goal	*Techniques & Probes*
Educate clients about the benefits of increased activity level	• Before reviewing the handout, ask the client an open-ended question about the benefits of exercise they are aware of. • Once you have discussed all of the benefits they can name, review the handout together and discuss benefits the client did not mention. – *"Which of these benefits stand out to you as important?"*
Provide a message of hope and optimism around the potential for increasing activity.	• Normalize with clients the tendency for people to have difficulty following through with exercise goals. • Help clients mobilize around increasing daily activity level through changing their daily habits.
Assist interested clients to develop realistic goals around exercise.	• Help clients understand the potential pitfalls of having overly ambitious exercise goals. • Be on the lookout for "all or nothing" thinking about exercise (e.g., "It's only worth exercising if I do it every day.").

#3 Clinical Guidelines for Eating Healthy

OVERVIEW:

This handout reviews basic guidelines for recommended nutritional intake and provides the rationale for self-monitoring daily food intake. Common problematic eating patterns are identified. You use the forms and worksheets included in this module to assist interested clients in improving their eating behavior and/or nutritional value of the foods eaten.

Goals

1. Educate clients about basic nutritional guidelines and provide additional resources where clients can get more information.
2. Provide a rationale for self-monitoring food intake.
3. Provide a message of hope and optimism for the possibility of changing diet and eating patterns.
4. Emphasize value of longstanding changes in eating behavior to promote maintenance of health benefits.

Materials Needed

Educational handout - # 3. Eating Healthy

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1: Eating Healthy (first half)	Session 1: Eating Healthy
Session 2: Eating Healthy (second half)	

TEACHING STRATEGIES:

- Provide a brief overview of the topic area and ask the client open-ended questions about what he or she already knows about recommended nutritional intake.
- Explain rationale for tracking food intake.

- Collaboratively set goals to improve nutrition and/or eating patterns for interested clients.

TIPS FOR COMMON PROBLEMS:

"Tracking what I eat takes forever." Keeping food records is tedious, but studies have shown that people who track what they eat are more likely to maintain weight loss. Provide the client with the rationale and suggest tracking on a limited time basis or tracking a few key pieces of information to make it less burdensome. You can also time how long it takes to complete a daily food record when working through an example with the client in session to test the belief that it takes an inordinately long time.

EVALUATING GAINS:

- Early in treatment, gains are best evaluated by choosing behavioral targets (often the best targets are those that if sustained have a likelihood of resulting in weight loss) rather than number of pounds lost. For example, you and the client may identify number of days in the week or month that vegetables were eaten.

- Follow up on agreed upon homework exercises to determine whether clients learned new information by completing them. For example, clients who choose to look up information about nutritional guidelines could be "quizzed" about what he learned.
    - *"What is the recommended amount of daily vegetable intake for someone your age? (answer: 3 cups for a 16-30 yr old) What group would cereal count in? (answer: grains)"*

- After completing a topic area, it may be helpful to ask review questions to assess how much information the client has learned.

Examples of review questions:

1. What are some of common problematic eating styles we talked about?
2. Can you remember some of the possible solutions we talked about for addressing common problematic eating behaviors?
3. What are some of the reasons it is recommended that people who want to change their eating behavior start by tracking their daily food intake?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR EATING HEALTHY:

Therapeutic Goal	***Techniques & Probes***
Educate clients about recommended daily intake of different food groups	• Before reviewing the handout ask the client an open-ended question about what they know about what the food groups are and what the recommended daily intake of different food groups is for their age. • Once you have discussed, review the handout and website (www.mypyramid.gov) if client is interested and summarize what you learn from this exercise.
Provide rationale for tracking food intake.	• Explain how tracking eating behavior provides important information about how to go about changing this. • Explain how research shows that individuals who track their eating are more likely to lose weight and to keep weight off in the long-term.
Provide hope and optimism around the possibility of making changes to food intake that are sustained over the long-term	• Help clients identify realistic goals around changing eating patterns that are sustainable (e.g., *"I will never eat dessert again." "I will aim to eat high calorie desserts no more than 2x/week and will replace with fruit on the other days."*). • Be on the lookout for "black and white thinking" (as in example above) and modify with more realistic goals.

Nutrition and Exercise: Introduction and Module Overview

Everyone who begins taking antipsychotic medication for the first time is at risk for gaining weight. Because antipsychotic medications are so important in preventing symptom relapses, hospitalizations and recovery, it is extremely important that individuals taking antipsychotic medications be educated about how to minimize the negative side effects of these medications. This module will review specific strategies for improving nutrition and increasing exercise.

In this module we will:

- Emphasize the importance of taking an active stance early in treatment to minimize weight gain proactively and to improve eating and exercise to reverse weight that has already been gained.
- Review physical and mental health benefits of attaining a normal weight, having good nutrition and getting regular activity.
- Provide skills to improve nutrition, increase activity level and to lose weight.
- Provide examples of common obstacles and ways of circumventing these obstacles to obtain your goals.
- Work together to develop a personalized plan to assist you to improve nutrition and exercise and to maintain these changes over your lifetime.

What I expect from you:

- Willingness to learn up-to-date information about nutrition and exercise.
- An open mind about whether or not you may be willing to try out specific strategies to improve your eating and activity.

What you can expect from me:

- Factual information about available methods to improve nutrition and to increase activity level.
- No pressure to change.

- Help taking steps to change your eating and activity level if you choose to do so.

This module focuses on improving health through increased exercise and nutrition. This is important because by taking an antipsychotic medication you are at high risk for weight gain.

#1: Living Healthy

Preventing Weight Gain Associated with Medication

Weight gain and metabolic problems are a common side effect of almost all antipsychotic medications. Because being overweight is not good for your overall health and may interfere with your future willingness to take antipsychotic medication, the best strategy is to prevent weight gain. This handout will cover some tips for how to keep track of your weight and what to do about weight gain early, so it does not become a bigger problem.

> Most antipsychotic medications have a high likelihood of resulting in weight gain.
>
> The best way to intervene with this is to prevent weight gain from happening in the first place.

Weight Monitoring

The first step in preventing weight gain is to keep track of your weight as you begin antipsychotic medication. It is suggested that you weigh yourself every week at the same time of day and in the same state of dress. Weight gains of 1-2 pounds are often not meaningful because it is easy for shifts in fluid to account for fluctuations of this magnitude. However, a weight gain of 5 pounds or more requires some plan for intervention. See the "Weight Monitoring Log" (below) to help you keep track of your weight.

> It is important to weigh yourself every week at the same time each day and in the same state of dress.

Three Basic Steps to Prevent Weight Gain

Weight gain on antipsychotic medication seems to be primarily the result of the medication increasing appetite, which leads the individual to eat more food and to put on weight as a result. In preparation for feeling hungrier on the medication, there are several things you can do. These are strategies to "trick" your body into

feeling full without consuming high fat/high calorie foods.

1) Drink water instead of calorie containing beverages such as juice or soda. (*Tip*: If you do not like the taste of water, try flavoring it with fresh lemon, orange, mint, or cucumber or try flavored seltzer water with no sugar or sugar substitutes.)

2) Do not keep any high fat or high calorie snacks or desserts around the house, at least until you see how the medication will affect your weight.

3) Have healthy snack items prepared and easily available. Examples include:

- Cut up vegetables (carrots, celery)
- Rice cakes
- Healthy cereals (raisin bran, oatmeal)
- Low fat yogurt
- Fruits (apples, oranges, bananas)

Role of Exercise

Increasing activity level is another way of preventing weight gain; however people often do not appreciate how difficult it is to offset weight gain by increasing exercise alone. It is important to remember that weight loss is a function of activity level and caloric intake. Many people overestimate how many calories are burned through exercise and wind up increasing their intake so that the positive effects of exercise on weight are eliminated. For example, running at a rate of 5 miles per hour (a 12 minute mile) for 30 minutes will burn approximately 250 calories--only about the same amount of calories in a sports drink! Exercise has other benefits aside from weight loss and it certainly can result in losing some weight, but in terms of the early phase of preventing weight gain on medication, it may be more productive to focus on changing eating behavior than increasing exercise. In later phases of this program, increased activity level will be dealt with more directly.

What if the Three Basic Steps Do Not Work?

If weight gain has not leveled off, or is continuing to increase after 2 weeks of trying one or more of the Three Basic Steps, it is recommended that you coordinate with your treatment team to think about next steps. One possibility is that you and your doctor may decide that the weight gain is so problematic that it is time to switch to a different medication. Another possibility is that you will decide to increase the intensity of your weight prevention or reduction plan--for example, by scheduling meetings with a nutritionist or to enlist the help of a

personal trainer to develop and maintain an exercise plan.

Home Practice Options

1. Purchase a scale and monitor your weight at the same time each week.
2. Eliminate high fat/calorie items from your home for the first month while you are taking medication.
3. Go to the grocery store and purchase healthy foods such as those listed above.
4. Make water or seltzer easily available for you to drink.

Weight Monitoring Log

I will weigh myself on ___________(day of week) at _________(time).

Date	Weight	Change in weight*

* Note: If weight increases by 5 pounds or more from your starting weight (how much you weighed before you started taking medication), select one or more of the Three Basic Steps for Preventing Weight Gain to try.

Weight Gain: Should I be Concerned?

It is very important to be clear that antipsychotic medications cause weight gain. Additionally, there can be other factors that may cause weight gain in individuals who have recently been experiencing psychological distress. Some of these factors relate to recent changes in the environment and others to the distress itself.

- A common side effect of practically all antipsychotic medications is weight gain. The mechanism behind this is unclear, but seems to be related to increased appetite and increased sedation. Almost everyone who takes antipsychotic medication gains weight and some medications cause less weight gain than others. However, most of the evidence suggests that with the exception of possibly one medication (ziprasidone), all antipsychotic medications cause weight gain.

- Sometimes people who are having psychotic symptoms are hospitalized as a way of stabilizing symptoms. Spending time in the hospital can result in weight gain due to the availability of high fat/high calorie "cafeteria style" foods and low activity level while in the hospital.

- It is also not surprising that one of the ways people cope with stress is to increase eating. Therefore, when people experience psychological symptoms, they may fall into less healthy eating habits.

The good news is that: 1) it is possible to prevent, minimize, or eliminate weight gain associated with antipsychotic medication by targeting this early in treatment and 2) it is possible to lose weight that was gained on antipsychotic medication by making sustained changes in diet and activity. In addition, research has shown that for people who are overweight, weight losses of just 5-10% have been shown to improve overall health and well-being, so small weight losses still have health benefits.

Are You Overweight?

Determining your body mass index (BMI) is a good way of figuring out if you are overweight or close to being overweight. See www.nhlbisupport.com/bmi/ to calculate and interpret your BMI.

Benefits of Attaining a Normal Weight

- Feeling better physically, more able to engage in activities
- Feeling better about yourself and your appearance
- Increasing your energy and stamina
- Reducing risk of some medical problems such as:
  - Diabetes
  - High cholesterol
  - High blood pressure
  - Certain cancers
  - Stress on joints
  - Risk of heart attack and stroke
- More energy
- Easier to move around
- Easier to find clothes to wear
- Easier to breathe
- More comfortable in chairs, on bus, etc.

Question: What would be important to you about losing weight?

How much Weight Should I Lose?

A very interesting study conducted with people who were about to enter a 6-month weight loss program at the University of Pennsylvania asked participants how much weight they wanted to lose. What these researchers found was that participants rated weight losses of 32% as "Ideal," 25% as "Acceptable," and 17% as "Disappointing." Average weight losses in 6 month behavioral programs are 10-15%, suggesting that people's expectations often set them up to be disappointed with their progress.

> Weight losses of 1-2 pounds per week are realistic.

What has also become clear is that it is important to adopt changes in eating and exercise that can be sustained over a long period. Diets are really a thing of the past--the current focus is on making a "lifestyle change."

Home Practice Options

1. Go to the BMI calculator website www.nhlbisupport.com/bmi and calculate your BMI.

2. If you are currently overweight, calculate a goal weight and target date for yourself based on losing one pound per week.

Summary Points for Living Healthy

- *Most antipsychotic medications cause weight gain, but there are things you can do about it.*

- *Intervene early to reverse or minimize weight gain.*

- *Weight monitoring (weighing yourself once a week) is an important step to take so you can intervene early.*

- *If your weight increases by 5 lbs or more, try one or more of the 3 Basic Steps for Weight Loss:*

    1. Drink water or low calorie beverages instead of high calorie juices and sodas.

    2. Remove high calorie snacks and desserts from your house.

    3. Prepare healthy low calorie snacks and make them easily available.

- *A number of factors, including medication, contribute to weight gain.*

- *People often have unrealistic expectations about weight and this can set them up for failure.*

- *Weight losses of 5-10% have health benefits.*
    - 1-2 lbs/week is a safe rate of weight loss.

#2. Getting More Active

Paying Attention to Your Activity Level

Most people could benefit from increasing their activity level and decreasing the amount of time they spend in sedentary activities like watching TV, sitting, resting or napping. Individuals who are taking psychotropic medications, such as antipsychotics, are at risk for weight gain as a side effect of these medications. In combination with healthy eating and nutrition, increased activity level is an important component of minimizing weight gain on these medications or of reversing weight gain that has already occurred.

It has been speculated that rates of obesity are on the rise due in part to modern conveniences like TV clickers and escalators. Many people are critical of themselves for not getting any exercise--however, people often neglect to take into account the exercise they get through activities of daily life. A recent study showed that teaching hotel housekeepers to pay attention to the number of calories they burned during the work day played a role in promoting weight loss. This suggests that it may be important to pay attention to periods of activity that you do not even think about as exercise, for example, walking to the train or bus stop or to work or carrying groceries.

Remember, you are always burning calories, but the intensity of your activity will make a difference in determining how many calories are burned. For example, you burn more calories standing than sitting, walking than standing, jogging than walking, etc.

> Your body is always burning calories: Increasing your activity level can be as simple as walking instead of driving or taking the stairs instead of the elevator.
>
> Exercise should be combined with a lower calorie diet to result in weight loss.

Home Practice Options

1. Purchase a pedometer and track number of miles walked each day for a week.

2. Spend a few moments at the end of each day recording what you did for activity that day in a notebook, calendar or using the "Keeping Track of Activity Form" included with these materials.

3. Refer to www.mayoclinic.com/health/**exercise**/SM00109 to investigate the number of calories burned while engaged in specific activities.

Benefits of Increased Activity

There are a number of benefits of increasing your activity level and many of these benefits are independent of weight loss. This means that even if you are not overweight, you are in a position to benefit from increasing your activity level.

1. Offsetting weight gain
2. Improving stamina and energy
3. Improving lung capacity and cardiac health
4. Improving physical appearance and muscle tone
5. Improving mood and sleep
6. Providing a topic of conversation with others
7. Providing an activity to engage in with others
8. Providing a leisure activity
9. Reducing stress
10. Increasing bone density

Question:

Which of these benefits of increased activity are personally meaningful to you?

Ways to Increase Activity Level

There are many ways to increase your activity level. The first thing that often comes to mind as "exercise" are those activities that involve joining an intramural or club sports team, going to a gym, or using the outdoors for exercise. The other way to increase activity level is to begin to integrate increased activity into daily life--for example by taking the stairs instead of the elevator. Doing both may be the best way to achieve a sustained increase in activity level.

Ways to get more "exercise":

1. Walking
2. Jogging
3. Working out at a gym
4. Lifting weights
5. Swimming
6. Hiking
7. Aerobics
8. Bike riding or exercise bike
9. Roller blading, skateboarding or riding a scooter
10. Martial arts
11. Yoga
12. Kick boxing
13. Joining an intramural team
14. Skiing
15. Stretching
16. Tai chi
17. Water aerobics
18. Surfing
19. Riding horses
20. Pilates
21. Dancing
22. Calisthenics

Ways to get more exercise in daily life:

1. Take stairs instead of elevator or escalator
2. Stand instead of sit
3. Walk more briskly
4. Park in a further than usual location and walk more
5. Get off at an earlier subway or bus stop and walk more
6. Carry groceries in a basket instead of using a cart
7. Work more quickly when doing housework
8. Take on tasks that involve lifting safe amounts that you didn't do before (e.g., taking out garbage or recycling)
9. Do yard work
10. Wash your own car instead of taking to a car wash
11. Change the TV channel manually instead of using a remote
12. Walk to local stores instead of driving
13. Take things to the upstairs of your home in multiple trips
14. Take your dog for a longer walk
15. Walk or bike instead of drive to the bus or train stop

Troubleshooting Obstacles and Maintaining Gains

Not enough time

Not having enough time is probably the biggest reason that people do not achieve

their exercise goals. It may be helpful to review your schedule with another person to help them brainstorm with you about time that could be used to exercise (for example, walking during your lunch hour). One of the advantages of selecting items from the "Ways to Get More Exercise in Daily Life" list is that they are likely to require less additional time than joining a team or going to a gym. Another possibility is that you could do exercise during another activity, for example, if you watch TV for one hour and do some form of exercise (for example, jumping rope, doing sit ups or push ups) during the commercials, you will have done approximately 15 minutes of exercise!

Can not afford a gym

Keep in mind that YMCAs, which are often very nice facilities, have discounted memberships available for people who can not afford them. You could also look into getting a job at a local gym since employees typically receive free or discounted membership. If joining a gym is what you think will make the difference between exercising or not, it is worth coming up with creative solutions about how to make this possible.

Live in a place where it's not easy/safe to walk

It may not be possible to walk around your neighborhood due to heavy traffic or other safety concerns. In this case, you might consider driving to a place where people walk, such as around a lake, hiking trails, the beach, etc. Many shopping malls open early for walkers. Having someone to do it with might make it more likely that you will follow through.

Feel self-conscious in exercise clothes or in public places

Feeling self-conscious is something that would probably get better with practice, although you may also opt to do exercise alone in the privacy of your own home. It might help to buy some new workout clothes and to begin by spending a short time in a public place exercising and spending a longer time once that is comfortable. To check out your thought that other people are paying special attention to you, pay attention to how much you are noticing other people. You will probably observe that you are concentrating more on yourself and your workout than on observing others. You are also likely to discover that others generally seem to be paying attention to their own workout, iPod, or TV rather than to you.

Home Practice Options

1. Complete the "Personal Plan to Increase My Activity Level" and "Keeping Track of Activity" worksheets (below).

2. Review the "Ways to Get More Exercise" provided earlier in this handout and circle the ones that you would like to try to implement. Spend a few days working on implementing each one that you circle. After a few days, evaluate whether or not it is working. If it is, keep implementing that strategy, and when you are ready, try another one to see if it is worth adding to your repertoire.

Making a Personal Plan to Increase My Activity Level Worksheet

Three ideas I have for increasing my activity level are:

1)______________________________

2)______________________________

3)______________________________

Things that might get in the way of my using these strategies and possible solutions.

Obstacle	Solutions
____________________	____________________
____________________	____________________

Target date (date I will implement these strategies by):____________________

I will monitor my progress on this by(e.g. Using the Keeping Track of Activity

worksheet):____

____

Keeping Track of Activity Worksheet

Day/Date	Activity	Pedometer steps/miles	Other
Monday 2/20	*Shot baskets*	*3200 steps*	*Walked to store instead of driving*

Summary Points for Getting More Active

- *Your body is always burning calories, even at rest.*
- *Increasing activity level can be achieved by exercise or by increasing exertion in daily activities*
- *Weight loss should combine increased activity and better nutrition for best results.*

#3. Eating Healthy

Paying Attention to What You are Eating and When You Are Eating

Most people could benefit from increasing their intake of nutritional foods, decreasing their intake of junk food or "empty calories," and regulating their food intake so that they do not skip meals and have one planned snack per day. You may already be aware of some patterns you would like to change in your eating.

Spending a week tracking your food intake can be extremely helpful in terms of diagnosing the aspects of your diet that could be improved. The first step for tracking your food intake is to learn about the major food groups and the daily amounts that are recommended from each group for your age and gender. You can find this information at www.mypyramid.gov, which provides a wealth of information on this topic. The chart below gives an example of recommended amounts for a 19 year old male who is physically active 30 to 60 minutes/day.

Food group	Recommended daily amount
Grains	10 oz
Vegetables	3.5 cups
Fruits	2.5 cups
Milk	3 cups
Meat and beans	7 oz
Oils	8 teaspoons
Extra fats/sugars	425 calories/day

Question:

Before you track your intake, think about which food groups you are overeating and which you may not be eating enough of?

It is also common for people to go too long without eating, which may lead to overeating. A good guideline is eating something every 4 hours during the hours you are awake. For example, breakfast at 8am, lunch at noon, a snack at 4pm and dinner at 7pm.

To avoid overeating, many people find it helpful to eat something every 4 hours that they are awake.

Below are some common problematic eating styles:

- Not eating enough vegetables or protein
- Overeating fruits (e.g., juice) and breads/pasta
- Too many snack foods or sodas
- Skipping meals
- Eating late at night, so not hungry for breakfast
- Not snacking in the afternoon and overeating in the evening

It can be very helpful to figure out how many calories you might save by making a specific change in your eating style. Here's an example of the effects of cutting down on soda:

Soda
One 12-ounce bottle of soda has 210 calories
If you stop drinking x bottles/day, you will lose:
3 bottles/day = 1.26 lbs per week
4 bottles/day = 1.68 lbs per week
5 bottles/day = 2.10 lbs per week
6 bottles/day = 2.52 lbs per week

Question: Which of these problematic eating styles are you prone to?

Home Practice Options

1. Use the "Tracking What You Eat and When" Worksheet (below) to monitor for a week what you eat and when.

2. A modified assignment might be to track *frequency* of eating, using a modified worksheet that keeps track of eating times, but not what was eaten. Similarly, if a person suspects that he or she would benefit from eating more protein and vegetables, he or she could just keep track of those foods.

Tracking What You Eat and When Worksheet

Instructions: Use this form to mark down which food groups you ate at each meal. Put an "X" next to each food group. For example, if you have cereal, toast with butter, milk and orange juice for breakfast--you would have an "X" in the grains, milk, fruit, and oil categories and second X in the grain category. It may also be helpful to note the time of your meals and snack to better understand how regularly you are eating.

Day 1: **Time:** **Time:** **Time:** **Time:**

Food Group	**Breakfast**	**Lunch**	**Dinner**	**Snack**	**Target**	**Over/Under?**
Vegetables						
Grains						
Fruit						
Milk						
Meat and beans						
Oils						
Extra fats/sugars						

Day 2:

Food Group	**Breakfast**	**Lunch**	**Dinner**	**Snack**	**Target**	**Over/Under?**
Vegetables						
Grains						
Fruit						
Milk						
Meat and beans						
Oils						
Extra fats/sugars						

Day 3:

Food Group	**Breakfast**	**Lunch**	**Dinner**	**Snack**	**Target**	**Over/Under?**
Vegetables						
Grains						
Fruit						
Milk						
Meat and beans						
Oils						
Extra fats/sugars						

Day 4:

Food Group	**Breakfast**	**Lunch**	**Dinner**	**Snack**	**Target**	**Over/Under?**
Vegetables						
Grains						
Fruit						
Milk						
Meat and beans						
Oils						
Extra fats/sugars						

Day 5:

Food Group	**Breakfast**	**Lunch**	**Dinner**	**Snack**	**Target**	**Over/Under?**
Vegetables						
Grains						
Fruit						
Milk						
Meat and beans						
Oils						
Extra fats/sugars						

Day 6:

Food Group	Breakfast	Lunch	Dinner	Snack	Target	Over/Under?
Vegetables						
Grains						
Fruit						
Milk						
Meat and beans						
Oils						
Extra fats/sugars						

Day 7:

Food Group	Breakfast	Lunch	Dinner	Snack	Target	Over/Under?
Vegetables						
Grains						
Fruit						
Milk						
Meat and beans						
Oils						
Extra fats/sugars						

Strategies for Eating Healthier Foods

Losing weight or eating healthier takes effort and planning. Below is a list of 25 strategies that may be helpful to you in your efforts to reduce your overall calorie intake and eat more nutritious foods. Review this list and make a check mark in the areas that you think would be helpful for you to work on.

- ☐ Plan your meals and avoid eating impulsively.
- ☐ Eat on a regular schedule (including having breakfast, lunch and dinner at approximately the same time of day when possible).
- ☐ Eat well-balanced meals (using recommendations from www.mypyramid.gov).
- ☐ Keep a food diary.
- ☐ Drink at least 6 glasses of water a day.
- ☐ Eat a variety of fruits and vegetables every day.
- ☐ Choose low fat foods (for example, start drinking lower fat milk or eating lower fat yogurt).
- ☐ Avoid sodas and foods high in sugar.
- ☐ Plan regular healthy snacks.
- ☐ Eat more slowly and chew your food well.
- ☐ Eat in one place and do not eat while doing other things (for example, studying or talking on the phone).
- ☐ Use smaller plates.
- ☐ Serve yourself a half portion.
- ☐ Buy snack food that is pre-portioned.
- ☐ Have healthy snacks on hand and visible (for example, a fruit bowl), so that they are easier to reach for.
- ☐ Go shopping with the person who buys food for your house or give them a list of healthy foods to buy.
- ☐ Limit your access to high fat or high calorie foods.
- ☐ Do not reach for seconds until you have given yourself 20 minutes to digest your food--you may find you are no longer hungry for that second helping.
- ☐ Set a cut off time in the evenings after which you will not eat.
- ☐ Drink more water.
- ☐ Increase fiber in your diet.
- ☐ When eating out, order a salad and appetizer instead of an entrée.
- ☐ Buy smaller slices of bread or "scoop out" the soft part of a bagel or roll before eating it.
- ☐ Eat more beans.
- ☐ When eating out, eat half and bring the rest home for leftovers.

Troubleshooting Obstacles and Maintaining Gains

- Once you have begun successfully using these strategies, it will be important to think about ways of solidifying these gains and keeping yourself from reverting to less healthy eating patterns. Below are some ideas of how to do this:

  – Keep a written record of what you have changed and how you went about changing it, so that you can refer back to these notes in the event that you need to.

  – Set up positive sources of social support for these changes--having a friend or family member who is working on the same things can help each of you stay on track.

  – Remind yourself of your progress by checking in with yourself about the ways in which these changes have benefited you personally.

Home Practice Options

1. Complete the "Personal Plan to Improve My Nutrition" Worksheet (below).

2. Review the "Strategies for Eating Healthier Foods" checklist provided on the previous page, and check the ones that you would like to try to implement. Spend a few days working on implementing each one using trial and error. After a few days, evaluate whether or not it is working. If it is, keep implementing that strategy and when you are ready, try another one to see if it is worth adding to your repertoire.

Making a Personal Plan to Improve My Nutrition Worksheet

Three aspects of my nutrition that I would like to improve are:

1)______________________________

2)______________________________

3)______________________________

Specific strategies I will use to do attain these improvements are: (Tip: see "Strategies for Eating Healthier Foods" checklist)

1)_________________
2)_________________
3)_________________

4)___________________
5)___________________
6)___________________

Things that might get in the way of my using these strategies and possible solutions.

Obstacle	Solutions
____________________	____________________
____________________	____________________

Date I will implement these strategies by: ____________________

I will monitor my progress on this by (e.g., using the tracking what you eat and when worksheet, marking an "X" on my calendar every day I eat vegetables, etc.):

____

____

Summary Points for Eating Healthy

- *Improving your nutrition means improving the quality of food eaten and the timing of eating.*
- *Using the "Tracking What You Eat and When" worksheet will help you evaluate your eating habits.*
- *After evaluating your eating habits, it usually works best to pick a healthy strategy (such as planning your meals in advance) and try it out for several days. If the strategy works, keep doing it and try out another one.*
- *A good rule of thumb is to eat something every 4 hours that you are awake.*
- *Give yourself credit for working on improving your nutrition. It takes time and effort, but it pays off.*

Summary Points for the Nutrition and Exercise Module

- *For all intents and purposes, it is safe to assume that taking an antipsychotic medication will result in weight gain unless the individual makes some changes to eating and activity level.*

- *Preventing weight gain from antipsychotic medication requires monitoring and responding to weight gain early!*

- *People often set unrealistic weight loss goals which set them up for feelings of failure--remember weight losses of 1-2 pounds per week is the goal.*

- *People often **overestimate** how important it is to exercise in order to lose weight and **underestimate** how important it is to eat less high fat/high calorie foods.*

- *Weight losses of 5-10% are associated with health benefits.*

- *An active lifestyle can be obtained without formal exercise, by doing things in daily life in a way that increase energy expenditure, such as taking the stairs.*

- *People who adopt an active lifestyle are more likely to keep off weight that they have lost over the long term.*

- *Diets are a thing of the past; keeping weight off means adapting a healthy lifestyle for life.*

Clinical Guidelines for Developing Resiliency Module

OVERVIEW:

The Developing Resiliency Module is broken down into two sections-standard sessions and individualized sessions. The first 3 topics (How can I develop resiliency? Using Your Strengths, and Finding the Good Things Each Day) will be completed as Module #6 at the end of the Standard Modules. During Module #7 Building a Bridge to Your Goals, clinicians work collaboratively with each client to decide which of the Individualized Modules will be completed as part of ongoing treatment. The second section of the Developing Resiliency Module-Individualized Sessions (Module #14) is included as a section clients can choose to complete after the standard modules. Clients can complete Module #14 either as a stand alone Individualized Module or with single exercises integrated into the first session or two of each of the Individualized Modules. Before beginning each Individualized Module, each client should complete one Resiliency exercise from Module #14. If the client chooses not to complete any of the Individualized Modules, he or she has the option of completing any of the exercises in Module #14.

Each exercise (except How Can I Develop Resiliency) is broken down into two parts. Part I provides the rationale for the exercise, gives the client a chance to practice the skill, and helps the client make a plan to use the skill before the next session. Part II is designed to follow-up with the client to determine the success of using the skill and the impact the skill had on their mood, social relationships, level of stress, etc.

Goals

1. Provide information on and help client identify with the resiliency process.
2. Help the client build resiliency through using strengths and paying attention to the good things that happen.

Handouts

Developing Resiliency-Standard Sessions

1. Exploring Your Resilience
2. Using your Strengths Parts I and II
3. Finding the Good Things in Each Day Parts I and II

Developing Resiliency-Individualized Sessions

4. Gratitude Visit Parts I and II
5. Counting Your Blessings Parts I and II
6. Savoring Parts I and II
7. Mindfulness Parts I and II
8. Active/Constructive Responding Parts I and II
9. Life Summary Parts I and II
10. Practicing Acts of Kindness Parts I and II

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- If client has a home practice assignment, discuss/review the home practice assignment using the Home Practice Follow-up in Part II of the handout. Praise all efforts and problem-solve obstacles to completing home practice.
  - The questions serve to help the client become more aware of the benefits of the exercise and address any challenges the client may have encountered trying the exercise.
- Follow-up on goals.
- Set the agenda.
- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help the client remember)

GENERAL TEACHING STRATEGIES:

- The client has been building on his or her definition of resiliency throughout the basic modules. Review the client's definition of recovery, thoughts about resilient qualities, and the client's identification of resiliency in his or her narrative.
- The educational process should be collaborative. Do not treat the client as a student, but as someone with whom you are trying to share information and come to a common understanding.
- When discussing a given topic (e.g., client strengths), ask the client to give concrete examples of how he or she thinks the concept applies to their situation, which will help them to better remember and utilize the concept.
- Go at a comfortable pace, but do not force the material on the client. Because of possible cognitive difficulties, it may be necessary to present the information in small chunks.
  - Each clinical guideline provides a Suggested Agenda table of suggestions to break up the modules based on a person who is working at a slow or moderate

pace. Other clients may be knowledgeable enough to go through the handout in one session.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Home practice must be reviewed before starting a new handout. In the Developing Resiliency Module part of the educational process is done by reviewing the client's experience.
- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.
- You can either take turns reading the text out loud or summarize the text for the client.
- The highlighted boxes are useful talking points and take home message for the client. It may be used to help the client to connect facts with his or her own life situation and goals.
- You should ask the client questions that are bolded to facilitate discussion, assess the client's knowledge, and understand his or her perspective.
- The tables can be filled out together or used as a discussion tool to individualize the topic to the client's situation.
- You can use one of the home practice suggestions or individualize the home practice for the client to practice the skills in a situation connected to his or her goal.

ADDITIONAL RESOURCES:

- Because "resilience" may be a new topic for some clinicians, we have provided below additional resources on resilience-related topics:

Bryant, F. B., & Veroff, J. (2007). *Savoring: A new model of positive experience*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: The Penguin Press.

Neenan, M. (2009). *Developing resilience: A cognitive-behavioural approach*. New York, NY US: Routledge/Taylor & Francis Group.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York, NY US: Free Press.

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist, 61*(8), 774-788.

#4-5: Clinical Guidelines for "Gratitude Visit and Counting Your Blessings"

OVERVIEW:

The Gratitude Visit can be competed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done before starting the individualized module. Part I and Part II of the Gratitude Visit will help the client experience gratitude by writing and delivering a letter thanking someone who has helped them in their life. The Counting Your Blessings exercise is focused on learning strategies to incorporate gratitude into the client's daily life. In Part I, clients identify a strategy to practice between sessions and in Part II (follow-up session), clients connect expressing gratitude with positive emotions and their social relationships. These handouts could be integrated with an Individualized Module such as Coping with Symptoms to enhance the client's experience of positive emotions and motivation to learn coping skills to move forward in recovery.

Goals

1. Define the purpose of gratitude and how it is connected to positive emotions.
2. Practice using gratitude by writing and delivering a gratitude letter.
3. Learn strategies to incorporate gratitude into daily life.

Handouts

- Gratitude Visit Parts I and II
- Counting Your Blessings Worksheet

Home assignment worksheet-Gratitude Letter Worksheet

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- If client has a home practice assignment, discuss/review the home practice assignment using the Home Practice Follow-up in Part II of the handout. Praise all efforts and problem-solve obstacles to completing home practice.

- The questions serve to help the client become more aware of the benefits of the exercise and address any challenges the client may have encountered trying the exercise.

- Follow-up on goals.

- Set the agenda.

- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.

- Summarize progress made in the current session.

- Agree on home practice to be completed before the next session. (Consider writing it down to help the client remember)

SUGGESTED AGENDA:

Slow-and Medium-Paced
Session 1-Defining purpose of gratitude and make a plan to write a gratitude letter.
Session 2-Follow-up-Discuss response to gratitude letter. Identify emotions associated with delivering letter.
Session 3-Identify simple strategies to express gratitude such as counting your blessings.
Session 4-Follow-up-Discuss challenges to practicing gratitude. Identify ways to continue to practice gratitude.

TEACHING STRATEGIES:

- Writing and delivering a gratitude letter may seem like a big step for some clients. Break down writing a gratitude letter into small steps (see the Gratitude Letter Worksheet in the handouts).

- Help the client make a plan to deliver the gratitude letter. Break down the steps to deliver the letter and have the client practice. Model first how you would deliver a gratitude letter.

- Recognize that the client may be nervous about delivering the letter. Help the client see the benefits of delivering the letter with the improvements he or she will experience in mood and completing the task.

- Help client identify positive emotions he or she felt when writing or delivering the gratitude letter or expressing gratitude. Ask the client how those emotions correspond to current levels of anxiety, depression, or stress. Discuss the incompatibility of experiencing positive and negative emotions at the same time.

- Discuss how to continue practicing gratitude with the client at the home practice follow-up. Help the client plan to integrate ideas for practicing gratitude into his or her normal routine.

- Discuss how practicing gratitude could be connected to client's recovery and taking a step towards his or her goal. Be prepared to share how practicing gratitude leads to feelings of hope and makes other people feel appreciated.

TIPS FOR COMMON PROBLEMS:

- Be prepared for client to have difficulty delivering his or her gratitude letter.
  - Use the steps above to help the client make a plan.
  - Help the client practice what to say when delivering the letter.
  - If client is really uneasy about delivering letter in person, it may be more appropriate to have client agree to send the letter instead (over email or regular mail, or reading it over the phone). Discuss the pros and cons of this with the client and reach a decision that feels right for the client.
  - If client does not deliver the letter, discuss how the client felt when writing the letter and how he or she thinks the person would respond. Perhaps make an agreement with the client to later discuss (or revisit) possibly delivering the later at some point in the future.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the client has retained about gratitude. You can assess a client's knowledge using the following questions:

  1. What are some benefits of practicing gratitude?
  2. What are some different ways to practice gratitude?

Therapeutic Goals, Specific Techniques, and Probes for "Gratitude Visit and Counting Your Blessings":

Therapeutic Goal	***Techniques & Probes***
Define the purpose of gratitude and how it is connected to positive emotions.	• Review the benefits of practicing gratitude. • Discuss how gratitude could be connected to recovery.
Practice using gratitude by writing and delivering a gratitude letter.	• Introduce the gratitude letter as one strategy for practicing gratitude: – *"The Gratitude Visit is designed to help you take the time to acknowledge something that another person has done for you."* • Help the client make a plan to write and deliver a gratitude letter
Follow-up-Identify the benefits of practicing gratitude.	• Discuss how the client felt to write and deliver the gratitude letter. • Identify emotions associated with expressing gratitude.
Learn strategies to incorporate gratitude into daily life.	• Identify simple strategies to practice gratitude such as counting your blessings. • Help the client make a plan to practice another gratitude strategy.
Follow-up-Identify how to continue practicing gratitude.	• Problem-solve challenges to practicing gratitude. • Identify ways to continue to practice gratitude.

#6-7: Clinical Guidelines for "Savoring" and "Mindfulness"

OVERVIEW:

Savoring and Mindfulness can be competed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done in the initial session. In Part I of the Savoring handout, savoring is linked to more fully enjoying pleasant experiences in the past, present, and future. In Part II (follow-up), clients report on the positive emotions that they felt using strategies to help them savor experiences and discuss how to incorporate their strengths with savoring. Mindfulness is introduced as a strategy to focus attention on the present moment and reduce distress. In Part I of the Mindfulness handout, clients practice mindfulness in session and learn how it could be a helpful skill when feeling stressed or anxious. In Part II (follow-up), clients examine the benefits of practicing mindfulness and problem-solve challenges to using mindfulness in their daily lives. These handouts could be integrated with the Individualized Modules "Nutrition and Exercise" and / or "Making Choices about Smoking" as a skill to build motivation to change eating habits, start an exercise program, or stop smoking.

Goals

1. Define the purpose of savoring and how it is connected to positive emotions.
2. Learn techniques to more effectively savor.
3. Learn strategies to practice mindfulness.

Handouts

- Savoring Parts I and II
- Mindfulness Parts I and II

Home assignment worksheet-Savoring Worksheet

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- If client has a home practice assignment, discuss/review the home practice assignment using the Home Practice Follow-up in Part II of the handout. Praise all efforts and problem-solve obstacles to completing home practice.
  - The questions serve to help the client become more aware of the benefits of the exercise and address any challenges the client may have encountered trying the exercise.

- Follow-up on goals.
- Set the agenda.
- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help the client remember)

SUGGESTED AGENDA:

Slow-and Medium-Paced
Session 1-Defining purpose of savoring and learn strategies to practice savoring.
Session 2-Follow-up-Discuss benefits and challenges to practice savoring. Identify emotions associated with savoring.
Session 3-Learn strategies to practice mindfulness.
Session 4-Follow-up-Discuss strategies to continue practicing mindfulness.

TEACHING STRATEGIES:

- Practice savoring and mindfulness in session. Help the client notice differences in mood immediately following the practice.
- Help the client identify how he or she could savor experiences in the past, present, and future.
- Break down the steps to more effectively savor so the client learns how to pay attention to the details.
- Help client identify positive feelings associated with savoring and mindfulness.
- Discuss how practicing savoring and mindfulness could be connected to client's recovery and taking a step towards his or her goal. Be prepared to share how practicing savoring and/or mindfulness lead to appreciating successes and looking forward to the positive things in the future.

TIPS FOR COMMON PROBLEMS:

- Be prepared for client to forget to practice savoring and mindfulness.
  - Practice again in session to help the client see benefits.

- Problem-solve the challenges to savoring and mindfulness.

- Some clients will say that mindfulness practice is too difficult, or they are “bad at it”.

  - Emphasize that this is a new way of doing things and takes practice, even “experts” note that it is a continuing process.

  - Gently explain that the concept of mindfulness does not “allow for” self-judgment as the point of trying to increase mindful experiences is to “just notice” how it goes, and not rate or rank or criticize oneself while trying it out.

  - Help the client schedule a time to practice. Ensure the client has a quiet place to practice with minimal distractions.

  - Use mindfulness at the beginning and end of your sessions. Help the client build confidence by becoming more skilled at each session.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the client has retained about savoring and mindfulness. You can assess a client’s knowledge using the following questions:

  1. What are some benefits of practicing savoring and mindfulness?
  2. What are some different ways to practice savoring and mindfulness?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "SAVORING AND MINDFULNESS":

Therapeutic Goal	*Techniques & Probes*
Define the purpose of savoring and how it is connected to positive emotions.	• Review the benefits of practicing savoring. • Discuss how savoring could be connected to recovery.
Learn techniques to more effectively savor.	• Practice savoring in session. • Identify strategies to more effectively savor. • Learn strategies to savor in the past, present, and future.
Follow-up-Identify the benefits of practicing savoring.	• Discuss how the client felt to practice savoring.
Learn strategies to practice mindfulness.	• Practice mindfulness in session. • Identify strategies to practice mindfulness.
Follow-up-Strategies to continue practicing mindfulness.	• Discuss the benefits and challenges of mindfulness. • Identify ways to incorporate mindfulness into daily routine.

#8: Clinical Guidelines for "Active/Constructive Responding"

OVERVIEW:

Active and Constructive Responding can be competed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done as the initial session. In Part I of the handouts, clients learn about Active and Constructive Responding as a skill that can help engage people and be used as a topic for conversation. The client practices these skills in session with the clinician and is encouraged to practice at home with family and friends. In Part II (follow-up), the client discusses how others responded to him or her when using the skill and if he or she noticed changes in mood. These handouts could be integrated with an Individualized Module such as Having Fun and Developing Good Relationships.

Goals

1. Define the purpose and benefits of active/constructive responding.
2. Learn the steps to respond actively and constructively.

Handouts

- Active/Constructive Responding.

Home assignment worksheet-Active/Constructive Responding Worksheet.

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- If client has a home practice assignment, discuss/review the home practice assignment using the Home Practice Follow-up in Part II of the handout. Praise all efforts and problem-solve obstacles to completing home practice.
  - The questions serve to help the client become more aware of the benefits of the exercise and address any challenges the client may have encountered trying the exercise.
- Follow-up on goals.
- Set the agenda.

- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.

- Summarize progress made in the current session.

- Agree on home practice to be completed before the next session. (Consider writing it down to help the client remember)

SUGGESTED AGENDA:

Slow-and Medium-Paced
Session 1-Defining purpose and benefits of active/constructive responding and learn steps to practice active/constructive responding.
Session 2-Follow-up-Discuss benefits and challenges to practice active/constructive responding. Identify emotions associated with active/constructive responding.

TEACHING STRATEGIES:

- Use examples to demonstrate the different ways of responding to good news.

- Ask client about examples from his or her life for how different people have responded to their good news. Discuss how the different responses made him or her feel and the thoughts the client had about the other people.

- Break down the steps to respond more actively and constructively.

- Practice active/constructive responding in session. Model active/constructive responding first and ask the client to report how he or she felt. Make sure to point out if the client is trying to disprove the good news. For example, a friend got accepted into the honors program and the other friend points out all of the extra work the friend will have to do in that program.

- Discuss how practicing active/constructive responding could be connected to client's recovery and taking a step towards his or her goals. Be prepared to share how practicing active/constructive responding leads to improving relationships and building resources.

TIPS FOR COMMON PROBLEMS:

- Be prepared for client to not encounter anyone or hear any good news.
    - Practice again in session to help the client see benefits (practice both hypothetical situations and one the client has encountered in the past).
    - Brainstorm different ways for client to ask people if they have any good news.

- Client does not feel genuine in his or her excitement.

- Practice responding actively and constructively in session. Ask client how they felt when they responded.

- Focus on being genuine in his or her response and not try to exaggerate the response.

- Encourage client to try out active/constructive responding using one of their strengths and monitor any changes in his or her mood.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the client has retained about the benefits of using active/constructive communication. You can assess a client's knowledge using the following questions:

  1. What are some benefits of practicing active/constructive responding?
  2. What are the steps to respond actively and constructively to someone's good news?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "ACTIVE/CONSTRUCTIVE RESPONDING":

Therapeutic Goal	*Techniques & Probes*
Define the purpose and benefits of active/constructive responding.	• Review the benefits of practicing active/constructive responding. • Discuss how active/constructive responding could be connected to recovery.
Learn steps to practice active/constructive responding.	• Practice active/constructive responding in session. • Identify steps to respond actively and constructively.
Follow-up-Discuss benefits and challenges to practice active/constructive responding.	• Discuss how the client felt to practice active/constructive responding. • Identify emotions associated with active/constructive responding. • Identify strategies to approach people and ask about good news.

#9: Clinical Guidelines for "Life Summary"

OVERVIEW:

The Life Summary can be competed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done as the initial session. In Part I of the Life Summary, the client focuses on the important and meaningful activities that he or she would like to pursue. In Part II (follow-up), the clinician helps the client identify activities and make a plan to spend more time pursuing meaningful activities. These handouts could be integrated with an Individualized Module such as Substance Use as a strategy to review motivation to change behavior.

Goals

1. Define the purpose of a life summary.
2. Identify activities that are the most meaningful and strategies to spend more time doing those activities.
3. Identify benefits of doing meaningful activities.

Handouts

- Life Summary Parts I and II

Home assignment worksheet-Life Summary Worksheet

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- If client has a home practice assignment, discuss/review the home practice assignment using the Home Practice Follow-up in Part II of the handout. Praise all efforts and problem-solve obstacles to completing home practice.
  - The questions serve to help the client become more aware of the benefits of the exercise and address any challenges the client may have encountered trying the exercise.
- Follow-up on goals.
- Set the agenda.

- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.

- Summarize progress made in the current session.

- Agree on home practice to be completed before the next session. (Consider writing it down to help the client remember)

SUGGESTED AGENDA:

Slow-and Medium-Paced
Session 1-Defining purpose of life summary. Help client generate ideas to include in life summary
Session 2-Follow-up-Discuss benefits and challenges to doing meaningful activities. Identify emotions associated with doing meaningful activities.

TEACHING STRATEGIES:

- Do not spend much time talking about what to write in life summary so as not to influence the outcome. Answer any questions client might have about completing the worksheet but try not to offer suggestions for what client should or should not put in his or her summary.

- If client is having difficulty, help him or her generate a few ideas to include in life summary.

- At follow-up, review benefits of writing life summary and how it could be connected to recovery. Be prepared to share how practicing writing a life summary could help define recovery and inform goal setting.

- Identify common features in client's definition of recovery and client's life summary.

- Generate a list of current activities and goals and contrast that list with the client's life summary.

- Identify strategies for client activities to more accurately reflect life summary.

TIPS FOR COMMON PROBLEMS:

- Client may feel hopeless that his or her life could never turn out that way.

  - Share the benefits of looking toward the future such as setting a goal and letting others know who could help.

  - Normalize how people achieve their goals, such that the goal does not always turn out how they first envisioned but the sense of accomplishment and achieving the goal provides purpose and meaning in life.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess what the client has learned after writing a life summary. You can assess a client's knowledge using the following questions:

    1. What are some benefits of writing a life summary?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "ACTIVE/CONSTRUCTIVE RESPONDING":

Therapeutic Goal	*Techniques & Probes*
Define purpose of life summary.	• Explain the life summary. • Help client generate ideas to include in life summary, if assistance is needed.
Follow-up-Discuss benefits and challenges to doing meaningful activities.	• Discuss how the client felt when writing the life summary. • Identify emotions associated with doing meaningful activities. • Identify ways to do more meaningful activities.

#10: Clinical Guidelines for "Practicing Acts of Kindness"

OVERVIEW:

Practicing Acts of Kindness can be competed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done as the initial session. In Part I of the handout, the client learns about the benefits of practicing acts of kindness and makes a plan to try out some acts of kindness at home. Many of the acts of kindness will involve social interaction so this exercise can serve as a practice for the client to practice social skills. Acts of kindness can also provide a creative and helpful strategy for clients who may want to re-connect with friends. In Part II (follow-up), the client reviews how practicing an act of kindness made them feel and how they could incorporate this strategy into their daily life. These handouts could be integrated with an Individualized Module such as Having Fun and Developing Good Relationships as an opportunity to reach out to new people or strengthen current relationships.

Goals

1. Define the benefits of performing an act of kindness.
2. Learn strategies to help practice acts of kindness.

Handouts

- Practicing Acts of Kindness Parts I and II

SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Review the previous session.
- If client has a home practice assignment, discuss/review the home practice assignment using the Home Practice Follow-up in Part II of the handout. Praise all efforts and problem-solve obstacles to completing home practice.
  - The questions serve to help the client become more aware of the benefits of the exercise and address any challenges the client may have encountered trying the exercise.
- Follow-up on goals.
- Set the agenda.

- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session. (Consider writing it down to help the client remember)

SUGGESTED AGENDA:

Slow-and Medium-Paced
Session 1-Define purpose of performing acts of kindness and the chain of kindness.
Session 2-Follow-up-Discuss response to performing acts of kindness. Identify emotions associated with performing acts of kindness.

TEACHING STRATEGIES:

- Encourage client to perform simple acts of kindness.
- Connect the benefits of kindness to positive feelings between the client and the person on the receiving end. If necessary, review the Positive Emotions Poster in the handouts.
- Use examples to help the client identify positive emotions associated with performing an act of kindness and how it makes the other person feel.
- Recognize that the client may be nervous about performing an act of kindness. Help the client see the benefits of performing an act of kindness with the improvements he or she will experience in mood and building a relationship with the other person.
- Discuss how performing an act of kindness could help the client build social connections.
- Discuss how performing acts of kindness could be connected to client's recovery and taking a step towards his or her goals. Be prepared to share how performing an act of kindness leads to feelings of hope and building relationships.

TIPS FOR COMMON PROBLEMS:

- Be prepared for client to have difficulty performing the act of kindness.
  - Help the client make a plan.
  - Focus on the simple ways to perform an act of kindness.
  - Help the client think of several options.

– Discuss any anxious feelings the client reports. Help the client practice what to say in the situation.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the client has retained the benefits of performing acts of kindness. You can assess a client's knowledge using the following questions:

  1. What are some benefits of performing an act of kindness?
  2. What are some different ways you can perform an act of kindness?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "PRACTICING ACTS OF KINDNESS":

Therapeutic Goal	***Techniques & Probes***
Defining purpose of performing acts of kindness and the chain of kindness.	• Review the benefits of performing an act of kindness. • Discuss how performing an act of kindness could be connected to recovery. • Explain the chain of kindness.
Follow-up-Discuss response performing acts of kindness.	• Identify emotions associated with performing acts of kindness. • Problem-solve the challenges to performing acts of kindness.

Developing Resiliency- Individualized Sessions

Introduction and Module Overview

The following handouts (Gratitude Visit, Counting Your Blessings, Mindfulness, Savoring, Active/Constructive Communication, Life Summary, and Practicing Acts of Kindness) are included as an individualized sessions to the Developing Resiliency Module. You have 2 options if you decide to complete these exercises:

1) You can complete 1 exercise at the beginning of each of the Individualized Modules that you decide to complete.

or

2) You can choose which exercises you think would be most helpful to you and complete them individually (i.e., not part of a specific module).

When you completed Module #7: Building a bridge to your goals, you decided whether or not to complete any additional individualized modules. You should complete one resiliency topic before each individualized module. If you decided not to complete any of the individualized modules or would like to complete more resiliency topics than the number of individualized modules you chose, you can complete all of the exercises as an individualized module.

Each exercise in this module will be about 2-3 sessions long. When you review the handouts with your IRT clinician, you will review a resiliency topic and make a plan to see if it is a helpful strategy in your life. Each handout is broken up into 2 sections (Part I and Part II). Part I provides a brief rationale of how the skill could be helpful followed by an exercise that will help you practice the skill. Part II asks questions about your experience using the exercise and gives some suggestions for strategies to continue using the skill.

In this module you have an opportunity to:

- Learn how to express gratitude to someone you have never properly thanked.
- Discuss how gratitude can help improve your mood and social relationships.

- Learn ways to incorporate gratitude into your daily life.

- Practice savoring as a way to improve your mood and get more out of the things you enjoy in life.

- Demonstrate mindfulness as a way to practice savoring and improve your mood.

- Use active and constructive communication to improve your social relationships.

- Write a life summary to help you gain perspective on the important experiences, activities, and accomplishments in your life and in your future.

- Learn how practicing an act of kindness can help improve your mood and help you make connections with other people.

#4: Gratitude Visit-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

Gratitude is a feeling of appreciation for something that is meaningful to you. Expressing gratitude is one of the most powerful tools to increase happiness and promote resiliency. By sharing your heartfelt sentiment with another person you feel encouraged to do something good in return. In fact, expressing gratitude has been associated with decreases in depression, anxiety, and stress. One way to experience gratitude is to write a Gratitude Letter that thanks someone in your life and read it aloud to the person.

- The Gratitude Visit helps you take the time to acknowledge something that another person has done for you. Many people have reported that doing a gratitude visit results in a moving, sometimes life-changing experience!
- When thinking about writing a Gratitude Letter, it may be helpful to consider what the person did for you and how it affected your life. Try to include specific examples of the following:
  - Let the person know what you are doing now, and mention how often you remember their efforts.
  - Remind the person what he or she did for you.
  - Tell them how it made you feel.
  - Let the person know what it meant for you.

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Think of the people – parents, friends, teachers, coaches, teammates, employers, and so on – who have been especially kind to you but whom you have never properly thanked. Choose someone with whom you could arrange to have a face to face meeting in the next week. The task is to write a gratitude letter to this individual and deliver it in person by reading it aloud.

Check it out:

- ✓ The following steps will help you complete the Gratitude Letter worksheet think about people who have done something good for you and ideas to put in your letter.

  1. Think of people who have helped you and you have never gotten an opportunity to thank properly.

  2. Of the people listed, select a person who you would like to thank and would feel most comfortable delivering a gratitude letter to.

  3. Make a list of the ways the person helped you.

  4. Identify how you felt about the person helping you, how what the person did made an impact in your life, and how often you remember how the person helped you.

- ✓ Think about how you might deliver your gratitude letter. It could be helpful to think of how you want to present your letter to the person. The following suggestions could help you practice how to deliver your letter:

  - Provide some background information about why you wrote this letter such as:

    "Recently, I have been learning about gratitude. I would like to share with you some thoughts I have written about how grateful I am for you."

  - Practice reading the letter aloud before you deliver it.

  - Thank the person for taking the time to listen to your letter.

- ✓ Directly following the gratitude visit, use the questions on your worksheet to reflect on the experience.

Gratitude Letter Worksheet

1. People who have done something good for me:_________________________

____

____

2. Describe what the person did, how much it meant to you, and how it affected your life. Examples of things the person has done and what it meant to you:____

____

____

____

3. When could you schedule a time to meet with the person and read the letter aloud to them:____

4. Answer the following questions after writing and reading the letter:

How did it feel to write the letter?_____________________________________

____

____

____

____

____

How did it feel reading the letter aloud to the person?______________________

____

____

____

____

____

Dear____________:

#4: Gratitude Visit-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- Describe the process of writing your letter and delivering it if you were able?
  - Who did you write your letter to and what did you thank them for?
  - What was it like for you as you wrote the letter?
- How did you feel reading the letter aloud? How did the other person react?
- Expressing gratitude has been shown to improve self-esteem, help people cope with stress, build and strengthen social relationships, counteract negative emotions, and continually find new ways to appreciate the good things in your life. How did expressing gratitude make you feel (if needed, review the Positive Emotions Poster)? How could this help you in the future?

Summary Points for the Gratitude Visit:

- *Gratitude is a feeling of appreciation for something that is meaningful to you.*
- *One way to express gratitude is to write a letter to someone you have never properly thanked and read it aloud to them.*
- *Expressing gratitude can help you cope better with stress, improve your social relationships, counteract negative emotions, and appreciate the good things in your life.*

#5: Counting Your Blessings - Part I

- Gratitude is something that can make you feel good and is often very simple to do. However, it is not very practical to do a Gratitude Visit every day or even every month. You would run out of people. There are some very simple ways to incorporate gratitude into your daily routine.

- The following suggestions are recommended ways for you to practice gratitude in your daily life.
  - Counting your blessings once a week.
  - Sending thank-you notes to someone who has done something for you.
  - Telling other people about a nice thing a person did for you.
  - Finding a gratitude partner who prompts and encourages you to count your blessings.
  - Showing off something in your life that you are proud of (e.g., a special collection, hobby, sport, etc.).

- Think about how you could use one of the ideas above or brainstorm other ideas to practice gratitude daily.

Check it out:

✓ Think about how you directly express gratitude to another person. It could be helpful to think of how you want tell that person you are grateful. The following suggestions could help you practice expressing gratitude:

- After your initial greeting, tell the person you would like to thank them for something that they have done:
  "I wanted to take a moment to tell you thank you for always being available when I need to talk."

- Include how that made you feel.
  "I always feel relieved after I talk to you and I am ready to try again."

- Thank the person for taking the time to listen to you read your letter.
  "I really appreciate you taking the time to listen to what I have to say."

✓ Think about how you could incorporate gratitude into your daily life. Select one of the gratitude strategies above or develop a new strategy to practice this week.

Home Practice Options

1. Over the next week, keep a daily journal where you record your blessings or things that you are grateful for at the end of each day. Be sure to write a few sentences about why you are grateful and how experiencing those things made you feel. Try to pay attention during the day to the small blessings just as you did with finding good things in your day.

2. Try to express your gratitude to someone each day. This could be for the simple things such as someone who always says hello to you or for someone that has been a good friend to you. Be sure to be specific about what you are grateful for and how that made you feel. It is best to do this in person, although you can also do this via email, phone, or text message.

#5: Counting Your Blessings-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- How have you incorporated gratitude into your daily routine?
- If you have shared your gratitude with another person, how did that person respond? How did that make you feel?
- How could you continue to express gratitude on a regular basis?

Summary Points for Counting Your Blessings:

- *There are many strategies you can use to incorporate gratitude in your daily life such as keeping a blessings journal, writing thank you notes, or showing off things to other people of which you are proud.*
- *Expressing gratitude can help you re-connect with people and let them know how much you appreciate them.*

#6: Savoring-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

Savoring involves being "in the moment" and "taking in" all that an experience has to offer. Savoring can be used in a wide variety of circumstances – one can savor a sensory experience, a social experience, a feeling, or even a memory. Any thoughts or behaviors that prolong or intensify the positive feelings associated with an experience can be classified as savoring.

Check it out:

✓ Try some savoring yourself. Choose a type of food or drink that you really enjoy or one you may have never tried such as fruit (e.g., raspberries, blackberries, oranges, mangos).

- If you have tried the food before, describe what you like about the food and the experience of eating the food.
- Keeping your eyes closed, feel the food with your fingers and notice as much as you can. Take in the smell of the food or drink, and then put the food to your mouth but do not bite it. Explore the food with your tongue and teeth, noticing as much as you can. Now, bite into the food and focus in on the taste. When you have finished, swallow the food and open your eyes
- How did the savoring experience compare to their experience eating the food normally?
- Describe your reaction at each step of the savoring experience. Was it easy to stay focused?
- What was it like to pay attention to each individual detail of the experience?

Savoring can be an easy way for you to boost your mood and get more enjoyment out of the things that you enjoy. You can savor things from the past by recalling memories of pleasant experience, the present by paying attention to and living in the moment, and the future by looking forward to positive experiences.

- What are some daily experiences in your life that you could savor over the next week?

- How could you share your savoring experiences with a family member or supporter?

- Looking at your worksheet from "Finding the Good Things in Each Day" exercise; how could you savor some of those experiences?

- The following techniques include suggestions for more effectively savoring your experiences.

  – You can share savoring with other people. Seek out others to share the experience and tell people how much you value the moment. This is probably the single best way to savor pleasure.

  – Build positive memories. Take mental photographs or even a physical souvenir of the event and reminisce about it later with others.

  – Congratulate yourself when you accomplish something or do something well. Do not be afraid of pride. Tell yourself how impressed others are and remember how long you've waited for this to happen.

  – Become absorbed in the moment. Get totally immersed and try not to think, just sense.

  – Create a savoring album. Put together pictures of all your favorite things in a book and look at it occasionally to remind you to savor the positive things in your life.

Home Practice

1. Every day for the next week, be sure to savor at least one experience (for example, your morning coffee, or enjoying a brief walk outside). Spend at least 2-3 minutes savoring each experience. After savoring your experience, rate the intensity of the savoring experience from 1 not very intense to 10 the most intense you have ever felt using the Savoring Worksheet provided below. Review your morning routine, your daily activities, and your evening rituals, and consider how much time you spend noticing and enjoying the pleasures of the day, both small and large.

Remember the pointers for savoring:
(1) Sharing your experience with others, (2) Take mental photographs or even a physical souvenir of the event and reminisce about it later with others, (3) Don't be afraid to congratulate yourself, (4) Focus your perceptions on certain elements and block out others, (5) Let yourself get totally immersed and try not to think, just sense.

What are some possible savoring experiences that could incorporate your strengths or that you identified from "Finding the Good Things Each Day?"

____

____

____

____

____

Savoring Worksheet

List your Savoring Experiences each day over the next week and rate the intensity of emotion that you experience from 1 (not at all intense) to 10 (the most intense feeling you've ever had)

	Savoring Experience #1 Intensity Rating	Savoring Experience#2 Intensity Rating
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

#6: Savoring-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- What kinds of activities did you savor?
- Did you find savoring to be inconvenient or easy?
- Do you already savor things or was this a new experience for you?
- If you struggled with savoring, what factors made savoring difficult? How might you address those problems?
- What did it feel like at the moment that you were savoring? How did you feel afterwards?
- Look back at your strengths and the Using the Strengths Worksheet. How might you use your strengths to facilitate savoring? Some examples may include someone with the strength of love of learning might savor reading a new short story or someone with an appreciation of beauty might savor a nature walk.

Summary Points for Savoring:

- *Savoring is a technique that helps you intensify and prolong an enjoyable experience.*
- *Practicing savoring can help you improve your mood and experience gratitude.*

#7: Mindfulness-Part I

Mindfulness has been defined as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally". Mindfulness is similar to savoring but focused on the present moment. You can practice mindfulness by focusing on a pleasurable sensation. Mindfulness also brings you into the present moment, which is important because often our minds are wandering to think about future worries or past hurts.

Check it out:

✓ Take a minute and practice mindfulness with your clinician. Make sure you are seated in a comfortable position with your eyes closed or open. Now, focus your attention on the sounds in the room. Your clinician will periodically remind you to gently and non-judgmentally notice if your mind has wandered and redirect your attention back to the sounds in the room. If possible, use a bell to signal the start and finish of the practice.

- After about 5 minutes, check in about how you feel? Do you notice any differences?
- Was it difficult to pay attention? If yes, why?
- Mindfulness can easily be incorporated into your daily routine but does not always come naturally. Practicing mindfulness daily will help you become more comfortable and could help you experience less stress.
- Steps for mindfulness include:
    1. Find a quiet place where you will not be interrupted.
    2. Make sure you are in a comfortable position whether sitting or lying down.
    3. Focus attention on a particular sensation such as: sound: listening to ambient noise; sight: a photograph or painting; touch: a soft/hard object you can hold; internal: breathe ; smell: hand lotion
    4. If your mind wanders, gently remind yourself to come back and pay attention to the sensation.

Home Practice

1. Pick one of the sensations and practice mindfulness each day. Be sure to pick a time of the day when you will not feel rushed, pick a place where you will least likely be disturbed, and take your time because mindfulness takes practice.

#7: Mindfulness-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- How often were you able to practice mindfulness over the last week?
- How did it make you feel after you finished practicing mindfulness?
- Did anything make it difficult to practice mindfulness?
- How could you incorporate mindfulness into your daily routine?
- How could you use mindfulness to help you reduce your anxiety or cope with a stressor? For example, practicing 5 minutes of mindfulness before going to class to take an exam.

Summary Points for Mindfulness:

- *Mindfulness is a structured way to pay attention in the present moment.*
- *Practicing mindfulness can help reduce anxiety about difficult experiences in the past or upcoming challenges in the future.*

#8: What is Active/Constructive Communication?-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

Shelly Gable, a researcher at UCLA, has found that being satisfied within a relationship can heavily depend on how one person reacts when something good happens to the other. People who respond to other's good news in an active and constructive manner feel more positive about their social relationships. When someone approaches you with good news, you have several choices on how to respond.

1. You could be happy for them, but not make a big deal about it (*"That's good.").*

2. You could be skeptical, and point out why the good news isn't so good at all (*"Are you sure that this is what you really want?").*

3. You could be indifferent (*"Oh."*).

4. But according to the research, the only way of reacting to good news that leads to higher relationship satisfaction is to be genuinely excited about it, and to make sure that the other person knows that you are happy for them. (*"That's fantastic! I know that you had been waiting to find out for a long time".*)

- Below are some examples of active and constructive responses.

  - Your friend gets a good grade on a paper. You smile and say *"Way to go!"* Then, you insist on going out to eat to celebrate.

  - Your brother gets a job offer that he really wants. You tell him *"Congratulations! I knew that they would have to offer you that job. All of your hard work in school really paid off."* Then you remind him that he has to call your parents and suggest making him dinner to celebrate.

Questions:

Remember the last time you shared good news with someone.

- Have you ever had anyone react to news from you active-constructively?

- What was that like for you?
- Did it change how you felt about telling that person when something happens to you?

The steps in Active/Constructive Responding are:

The following steps outline how to respond to someone's good news using active and constructive communication skills:

1. Feeling genuine excitement
2. Outwardly displaying your excitement
3. Capitalizing on the good news (i.e., prolonging discussion of the good news, elaborate on the good news, telling people about it, encouraging your friend to tell other people, suggesting celebratory activities)

Tips for Active/Constructive Responding:

– Use some of the savoring skills to help you respond actively and constructively, particularly sharing with the other person how much the good news is valued and asking about the details to get a mental picture.

– You could also use your experience with savoring to help the person relish in the good news by using leading questions to prolong the experience.

– Pay attention and try not to disprove of the good news. Certain questions could distract the person from the good news.

– A common concern among people who have never done anything like this is that it will feel and appear artificial. Although it is normal to feel uncomfortable trying something new, you don't need to be "bubbly" or like a "cheerleader" if doing so does not feel genuine. Many people who are initially uncomfortable with the exercise are able to find a way to feel more natural by using one of their strengths.

– For example, someone high in curiosity can display interest and excitement by asking a lot of questions. Someone high in leadership can organize a get together to celebrate.

Home Practice

1. Over the next week, listen carefully when people you care about report good events to you. Stop and go out of your way to respond actively and constructively. Every night, make a record of the opportunities you had to respond to good news from someone else that day, your response to the news (noting whether it was an active and constructive response), and the other person's response to you.

   – After the other person responds to you, remember how pleasant that made you feel from '1' not all pleasant to '4' the most pleasant and put that rating on the worksheet.

Check it out:

✓ It may be helpful to practice how it feels to respond to someone's good news using active/constructive responding. Below are some tips to help you.

Steps to start a conversation to ask for good news:

- Make eye contact.
- Ask a check-in question.
  How are you doing? How have things been going for you?
- Find out if they have heard any good news.
  What has been happening in your life recently? Have you heard any good news?
- Use active listening and validation-pay attention, ask lots of questions, and relive the experience with them.
- Use active constructive responding skills.
  - genuine excitement (smiles, eye contact, voice inflection)
  - prolonging discussion (asking for details, praising them, asking them about what comes next)
  - asking why the person is excited if possible/appropriate

– offer suggestions to celebrate the good news and tell other people about it

Who might you have contact with this week that may have some good news about which you could ask them?____

____.

____

What questions could you ask someone to find out about good news? (e.g., How have things been going for you lately? Have you heard any good news lately?)_________

____

____

____

Active/Constructive Responding Worksheet

Over the next week, listen carefully when people you care about report good news. Stop and go out of your way to respond actively and constructively. Every night, make a record of the opportunities you had to respond to good news from someone else that day, your response to the news (noting whether it was an active and constructive response), and the other person's response to you. If you did not respond actively and constructively, list an alternative response that could have been more active and constructive. Rate your mood from '1' not at all pleasant to '4' very pleasant after hearing their response.

Situation/Person/Good News	Your Response	Their Response	Mood Rating

#8: What is Active/Constructive Communication?-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- Who was it that told you about their good news?
- Did you respond actively and constructively? If so, was it easy or hard for you to do so?
- How did the person react when you responded actively and constructively?
- How did it feel for you when you were doing it?
- Were there times that you had an opportunity to respond actively and constructively and either didn't, or tried to and didn't do it successfully?
- What could you do to help you remember to use Active/Constructive communication?

Summary Points for Active/Constructive Communication:

- *Responding to people using active and constructive communication can help you feel more positive about your social relationships.*
- *Active and constructive communication involves being excited about a friend's good news and finding ways to help the person capitalize on that good news.*

#9: Life Summary-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

The goal of the following exercise is to help you gain perspective on what is most important to you. This exercise will give you an opportunity to think about what you want to achieve most in your life. Think about what you want your life to be and the experiences that you want to have. This should reflect your personal vision of the experiences that you want to have, the people that you want to be a part of your life, and the accomplishments that you want to achieve.

Home Practice

1. Imagine that one day, after you retire, someone writes a book about your fruitful and satisfying life. What would you want the book to say about you?
2. Write a one page summary of your life. Be sure to include a description of your values and your personal characteristics, and to discuss how you would contribute to a positive human future. Think about the goals you would like to accomplish and how you want to use your strengths in the future.
3. What traits and accomplishments would you like to define you?
4. What would you want other people to know about you?

Life Summary

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#9: Life Summary-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- What was it like for you as you wrote the summary? What were you thinking about? Feeling?
- Reread what you wrote in your life summary, what is most important in your life?
- From what do you derive the greatest sense of meaning?
- Did you learn anything new about yourself as you were writing your summary?
- Make a list of the activities you currently spend a lot of your time on in your life.

  1.

  2.

  3.

  4.

  5.

- Of the activities you listed above, which ones do you currently spend a lot of time on that is not listed in your life summary? If so, why?
- List some changes that you could make in your current life to more accurately reflect your life summary. For example:

- Which activities could you spend more time doing or which activities could you begin?
- Think about the people that you mentioned in your life summary; could you be spending more time with them?
- What resources do you need to accomplish the activities in your life summary? How could you go about acquiring those resources?

Exploring what is important and meaningful in life is connected to how you define recovery and discover resilient qualities. Review your definition of recovery. Look for commonalities and differences between your life summary and definition of recovery. How will you use what you have learned to help you as you move forward in your recovery?

- What changes might you make in your life so that this life summary might one day be an accurate reflection of your life and personal priorities? Or more accurately reflect your vision of recovery?

Summary Points for the Life Summary:

- *Thinking about and writing your life summary can help you identify activities, people, and accomplishments that are important to you.*

- *Writing a life summary can help you identify how you define recovery, discover resilient qualities, and identify activities in your life that are a personal priority.*

#10: Practicing Acts of Kindness-Part I

(adapted from The How of Happiness, Lyubomirsky, 2007)

There is a saying about kindness that states *"practice random acts of kindness and senseless acts of beauty."* The truth in that saying is that acts of kindness have been linked to increases in happiness, gratitude, and decreases in distress. By practicing acts of kindness, you begin to see yourself as a more giving and compassionate person. This improved self-perception leads to feelings of hope and optimism. As a result, people will be more inclined to enjoy being around you, value the time that they spend with you, ask for your help when in need, offer you gratitude, and offer to help you if you are ever in need.

Acts of kindness, however, do not need to be random. The key to unlock the benefits of kindness is to commit to doing something that works best for you. Below are some suggestions for acts of kindness.

	Have Tried	**Would Like to Try**
1) Take out the garbage for your family or a neighbor.	☐	☐
2) Give a compliment to a family member or friend.	☐	☐
3) Walk the dog for a friend or neighbor.	☐	☐
4) Compliment a co-worker on a job well done.	☐	☐
5) Send a thank-you note to someone who has helped you.	☐	☐
6) Tell your family members how much you appreciate them.	☐	☐
7) Treat a friend or family member to lunch for no reason.	☐	☐
8) Make a craft and give it to a friend or family member.	☐	☐
9) Give a friend the gift of generosity-offer yard work, cleaning house, or a meal.	☐	☐
10) Stop by and visit an elderly neighbor.	☐	☐

11) Do some community service such as picking up trash at a park.	☐	☐
12) Clean out your closet; donate your used goods to a shelter.	☐	☐
13) Give your family member a hug for no reason.	☐	☐
14) Listen to someone who is going through a tough time.	☐	☐
15) Send flowers to a family member.	☐	☐
16) Volunteer at a senior center, library, or hospital.	☐	☐
17) Write a poem for someone you care about.	☐	☐

These ideas are just the tip of the iceberg. You will get the most benefit from acts of kindness when you try different things. If you are taking out the garbage and walking the dog one week, the next week you might try visiting a neighbor or telling family members how much you appreciate them the next week. Brainstorm some ideas for acts of kindness that you could do. Make a list below.

1. ____

2. ____

3. ____

4. ____

5. ____

6. ____

- Performing acts of kindness can lead to the chain of kindness. This refers to the "pay it forward" effect. The person on the receiving end of your act of kindness may feel so comforted and surprised that he or she is more likely to return the favor to someone else. The act of kindness that began with simply shoveling snow for a neighbor has the potential to be carried forward to many people beyond you.

Questions:

- How could practicing acts of kindness help you re-connect with old friends or make new friends?
- Think about ways to incorporate your strengths into performing acts of kindness. What is one way you could use your strengths in an act of kindness?

Home Practice

1. Make a goal to do one at least one act of kindness per day. Plan ahead to help you figure out what acts of kindness you could perform, whether the acts of kindness will need any resources, and the people that you would approach in an act of kindness. Think about the feelings that are associated with your act of kindness.

- Tips to remember when practicing acts of kindness:

    1. Make a commitment to practice acts of kindness either several over a week or to get the greatest benefit -- several in one day.
    2. Plan to vary the acts of kinds each week.
    3. Don't over-commit yourself to do something that will make you feel overwhelmed. If needed, start small and work up to something with a larger time commitment.
    4. Try doing an act of kindness in which you expect nothing in return.

#10: Practicing Acts of Kindness-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- What acts of kindness did you perform over the last week?
- How did you feel during the act of kindness?
- Which acts of kindness were the most rewarding? Why?
- How did the other person respond to your act of kindness?
- How could you incorporate acts of kindness into your regular routine?

Summary Points for Practicing Acts of Kindness:

- *Practicing acts of kindness can help increase positive emotions, improve social relationships, and decrease distress.*

- *Planning an act of kindness can help you be successful in incorporating acts of kindness into your life.*