
Enhanced Illness Management and Recovery Manual

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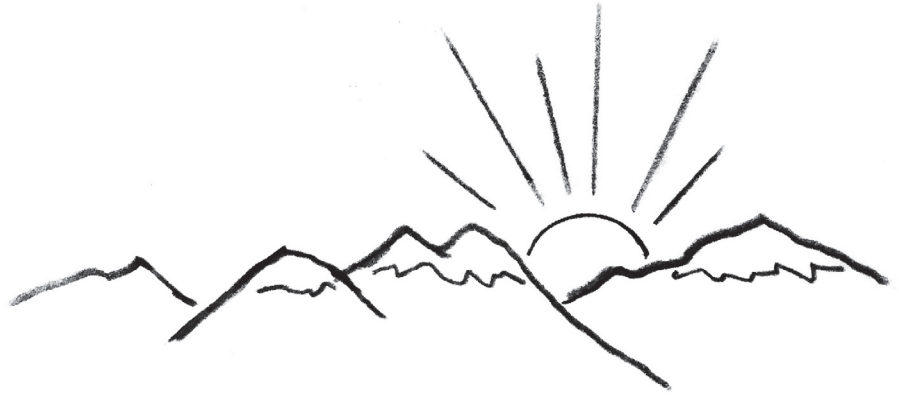
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MODULE 1

Recovery Strategies

Enhanced Illness Management and Recovery

“For me a better life quality includes a balance of good health, both physical and mental, spiritual growth through worship and fellowship, a challenging, rewarding job and meaningful social, personal and familial relationships. Recovery is a journey, not a destination. For me, recovery is a state of being; a feeling of sustainable wellness and continuous growth.”

— JOHN C., *writer, sculptor, designer in recovery from co-occurring disorders*

Questions to get us started:

What does recovery from mental illness mean to you?

What does recovery from substance use problems mean to you?

Based on what recovery means to you, what changes would you like to make in your life?

How can you make those changes?

We will cover **5 topics** in this Module:

Topic 1:

What is Recovery and What Helps People in the Recovery Process?

Topic 2:

Exploring Changes You Would Like to Make in Your Life, PART 1

Topic 3:

Exploring Changes You Would Like to Make in Your Life, PART 2

Topic 4:

Identifying a Personal Recovery Goal and Making Plans to Achieve it

Topic 5:

Following Up on Your Goal and Solving Problems

Reminder, set an **Agenda:**

It is helpful to set an agenda for each session with your practitioner. Here is an example below for each Enhanced IMR session:

1. Review the last session
2. Check in on progress in specific areas. This checklist may be different each time.
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

What is Recovery and What Helps People in the Recovery Process?

This handout is about Recovery Strategies. In it, you will learn to define recovery in your own terms. You will also explore different parts of your life to identify areas you'd like to improve. We'll start by looking at what recovery means— in substance use and in mental illness.

This session will introduce two important subjects to help you start creating your own recovery plan:



Understanding recovery



Moving forward in the recovery process

Each of these ideas will be described in detail throughout this topic. We encourage you to discuss these topics with your E-IMR practitioner, or with other group members. Talking about topics can improve your understanding and your confidence for using the information in your life.

Understanding recovery

There is no “correct” definition of recovery from mental illness or recovery from substance use problems. Each person can define recovery in their own way—for both mental health and substance use issues. Some people think of recovery as a process, while others think of it as a goal or an end result. Some people focus on the positive effects recovery brings to their lives. To them recovery means, “living the kind of life I want,” or “living a happy, healthy life.”

Here are some more examples of how people have defined recovery:

"Recovery from mental illness is not like recovering from the flu. It's about recovering your life and your identity."

"Being in recovery from substance abuse means recognizing the negative effects alcohol and drugs have had on you and your loved ones, and making a choice not to use in order to reclaim your life."

"Recovery for me is having good relationships and feeling connected to others. It's about enjoying life."

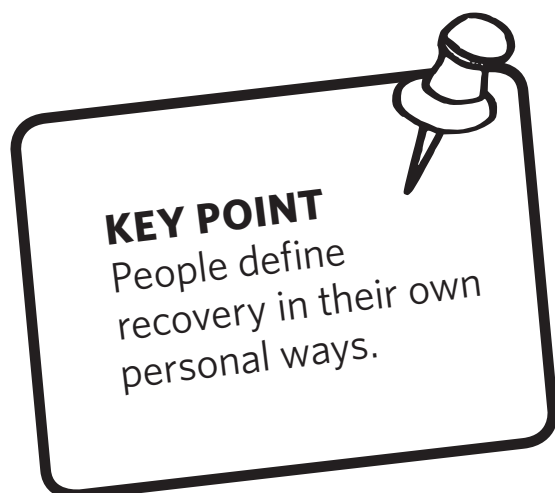
"For me, recovery is having a job and living in my own apartment."

Let's Talk About It



Do any of these definitions strike a chord with you?

Which examples describe what is important to you?



For many people, being in recovery means having your symptoms well managed, so that you can enjoy life and cope with the daily highs and lows it brings. Here are some more examples of how different people look at recovery from substance use and mental health problems:

"Recovery is knowing that you can't control your own drinking and drugging, and that you have to stop. That's when my life really began."

"I will know I have recovered when I am not hospitalized anymore."

"To me, recovery means more than simply not drinking. It's about being healthy—taking care of my physical and my mental health. Without that, I know I'm just a 'dry drunk.' I'm not living a healthy life yet."

"Recovery means having more important things to do than just focusing on your problems: it's a sense of purpose, or something you want to accomplish."

Let's Talk About It



Do any of these aspects of recovery have special meaning for you?

In what ways are recovery from mental illness and recovery from substance use problems the same? How are they different?

What does recovery from each type of problem mean to you?

Moving forward in the recovery process

People use a variety of different strategies to help themselves in the recovery process. You probably already do things that help you in recovery. Read through the following examples of recovery strategies to learn what others have done.

■ Develop a social support system

"It helps me to have friends and family I can do things with and talk things over with. Sometimes I have to work on these relationships and make sure I stay in touch."

■ Have friends and family who don't use substances

"I've found it's important to have people in my life who don't drink or use drugs. Spending time with them gives me something better to do than to use substances."

■ Stay active

"The more I do to stay active during the day, the better things go. I make a list each day of what I want to do, including both fun things and work things."

■ Express creativity

"I like to write poetry. It's a way of expressing my emotions and putting my experiences into words. It's very satisfying. Sometimes I share my poetry with others. I like to read other people's poems, too."

■ Be involved in self-help programs for mental health, substance use problems, or both

"I belong to a support group for people with psychiatric symptoms. I feel comfortable there. Everyone understands what I am going through. They also have good ideas for solving certain problems."

"I go to Alcoholics Anonymous (AA) meetings. I feel good when I go there because people know me and support me. Everyone at AA meetings has had problems drinking, so I know I'm not alone."

"I found a Dual Recovery Anonymous (DRA) group that I really like and helps me. Being able to share my experiences openly with other people with mental illness and substance use problems has been a huge relief. Even more important has been supporting and helping others with similar problems."

Examples continued on next page...

■ **Be aware of the environment and how it affects you**

"I concentrate much better in a quiet environment. When things get noisy, I get distracted and get irritable. I like to seek out quieter places with fewer people involved."

■ **Maintain physical health**

"I try to eat healthier foods, like more fruits and vegetables, and exercise most days. It makes me feel better, both physically and mentally. When I eat junk food or don't get any exercise, I feel sluggish and don't think as clearly."

■ **Be in touch with spirituality**

"Expressing my spirituality is essential to me. I belong to a church, but I also find spirituality in meditation and yoga."

■ **Make time for fun**

"I need time for leisure and recreation. I can't work all the time, and using substances isn't good for me. My partner and I like to see a movie every Friday night. We take turns picking out what we will watch."

■ **Connect with nature**

"Going to the woods, a park, a lake, or the ocean makes all the difference in the world to me. I feel calm, and at one with everything around me—peaceful. Spending time in nature on a regular basis both relaxes me and re-energizes me."

■ **Follow through with treatment choices**

"I have chosen treatment that includes a stress management group, supported employment, and taking medication. Following through on these things makes me feel strong, like I can handle my daily challenges."



Make it Your Own

Strategies that Help People with Recovery

The list below describes strategies that help people with recovery. Review the list with your E-IMR practitioner. Check the strategies you are already using, and the ones you would like to develop further.

Recovery Strategy	I already use this strategy	I would like to try this strategy or develop it further
Develop a social support system		
Have friends and family who don't use substances		
Stay active		
Express creativity		
Be involved in self-help programs for mental health		
Be involved in self-help programs for substance use problems		
Be involved in self-help programs for both substance use and mental health together		
Be aware of the environment and how it affects you		
Maintain physical health		
Be in touch with spirituality		
Make time for fun		
Connect with nature		
Follow through with treatment choices		



Let's Talk About It ...

- Which strategies do you already use? Which ones would you like to try?
- What step could you take in the coming week to develop a new recovery strategy?
- When and where would you like to take that step?
- What resources or information do you need to take this step?
- Is there someone who could help you take this step?

KEY POINT

Each person finds his or her own path to recovery.



Make it Your Own

Create a Plan for New Recovery Strategies

Using your answers in the Let's Talk About It activity on page 7, pick a new recovery strategy to try. Then, fill in the steps below to make a plan to try this new recovery strategy.

My plan for putting a recovery strategy into practice:

STEP 1. _____

STEP 2. _____

STEP 3. _____

STEP 4. _____



Home Practice

What is Recovery and What Helps People in the Recovery Process?

Choose one of the following options to practice or make one up.

OPTION 1:

Take a step in your plan to try a new recovery strategy.

OPTION 2:

Share with a friend or family member what recovery from mental illness and recovery from substance use mean to you. Get the other person's viewpoint. Do they think recovery from mental illness and recovery from substance use problems are different?

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



KEY POINTS • Topic 1

What is Recovery and What Helps People in the Recovery Process?

People define recovery in their
own personal ways.

Each person finds his or her
own path to recovery.

Topic 2

Exploring Changes You Would Like to Make in Your Life, PART 1

In Topic 1, you learned different viewpoints for defining recovery from mental health and substance use problems. You also talked about what recovery from these disorders means to you. As you continue working towards your own personal recovery, it's important to decide which changes you would like to make in your life. Based on the changes you want to make, you can set goals, and figure out steps for achieving your goals.

This session will introduce two important subjects to help you explore which changes you would like to make in your life:



Understanding what's important to you



How satisfied are you with different areas of your life?

Each of these subjects will be described in detail in this session. We encourage you to discuss these topics with your E-IMR practitioner, or with other group members. Talking about topics can improve your understanding and your confidence for using the information in your life.

Understanding what's important to you

Knowing what is important to you and the things that you value in life can help you decide which areas of your life you would like to make changes in. It may take you some time to figure out how you would like your life to be different. The information in this handout can help.



Let's Talk About It

Imagine how your life would be different if you didn't have any of the mental health or substance use problems you have experienced.

What would you be doing that you're not doing now?

How would areas of your life such as work, school, close relationships, or things you do for fun be different?

How satisfied are you with different areas of your life?

As you figure out what changes you want to begin making, it can help to review different areas of your life. The questions in the next few pages of this topic will help you do this. As you examine each life area, consider the following questions:

- What do I like about my life in this area?
What is going well in this area?
- What do I not like about this area in my life?
What is not going well in this area?
- Overall, am I satisfied or dissatisfied with how things have been going in this area of my life?
- How would I like things to be different in this area of my life?

 With your E-IMR practitioner, first read through and discuss the description of each life area on the following pages.

On pages 17-18 you will find the **Satisfaction with Areas of My Life Worksheet**, which lists 14 life areas in total. After you discuss each life area, you can turn to the worksheet and mark how satisfied you are with this life area, and make notes about what you'd like to change in this area. In this session, we will cover the first 7 items on the worksheet. The remaining areas (items 8 to 14) will be covered in our next session.

Please remember to bring the Satisfaction with Areas of My Life Worksheet with you to the next session.

KEY POINT

Understanding your satisfaction with life and areas that are important to you is the first step in making changes that will improve your recovery.

1. Friendships

Think about the friends you have had in your life—when you were younger, as you grew up, and as an adult. Think of old friends and new friends, co-workers, neighbors, people you know from a program, and people you have used alcohol or drugs with.

- What kind of friends do you have now?
- What do you do together?
- In what ways would you like your friendships to be different?



How satisfied are you with your friendships? Are there changes you would like to make?

Write your answers on page 17.

2. Family Relationships

Think about your parents, siblings, children, grandparents and other extended members of your family. Consider how often you see individual family members and how often you get together as a group.

- What kinds of things do you do when you get together with family members? Do you get along, or argue?
- Who in your family would you like to see more often? What are the barriers to seeing them?
- What has happened in the past that caused tension, or made it hard for you to get together with family members?
- In what ways would you like your family relationships to be different?



How satisfied are you with your family relationships? Are there changes you would like to make?

Write your answers on page 17.

3. Close Relationships

(Intimate)

Close, intimate relationships are usually relationships in which you share your innermost thoughts and feelings. These relationships often involve physical intimacy, including sex. Examples of close, intimate relationships include a spouse, boyfriend, or girlfriend.

- Have you had close, intimate relationships in the past?

If yes:

Were your relationships satisfying, or were there lots of problems?

Did you feel respected by your partner?

- Do you have any close, intimate relationships now?

If yes:

Is this relationship satisfying, or are there lots of problems?

Do you feel respected by your partner?

- In what ways would you like your close, intimate relationships to be different?



How satisfied are you with your close, intimate relationships? Are there changes you would like to make?

Write your answers on page 17.

4. Living Situation

Think about where you currently live, whether it is alone or with others.

Consider how much privacy you have, how much control you have over your life, and the quality of the conditions where you live.

- What do you like about where you live? What don't you like about where you live?
- Have you liked certain places where you lived in the past more than where you live now? What did you like more about those places?
- In what ways would you like your living situation to be different?



How satisfied are you with your living situation? Are there changes you would like to make?

Write your answers on page 17.

5. Finances

People need to have enough money to pay rent, and buy food and other essentials. It can also be important to have money to spend on children, dates, or travel. Problems with money can make it hard to get by, and can cause problems with family relationships.

- Do you have enough money to meet your daily needs, such as rent, food, transportation, and other essentials?
- Do you have money to spend on children or other people who are important to you?
- Do you have enough extra money for yourself and things you like to do?
- In what ways would you like your money situation to be different?



How satisfied are you with your financial situation? Are there changes you would like to make?

Write your answers on page 17.

6. Work

Think of paying jobs you have had in the past, or that you currently have. You may have had different types of jobs, used different skills, or worked part-time or full-time. Having a job means working regularly for someone who depends on you, and pays you competitive wages for your work.

- What kinds of jobs have you had in the past?
What was your most interesting job?
What job paid the best?
What did you like doing when you worked?
What did you NOT like doing on your jobs?
- What were some advantages of working?
- Were there any disadvantages of working? If so, what were they?
- In what ways would you like your work situation to be different?



How satisfied are you with your work? Are there changes you would like to make?

Write your answers on page 17.

7. Education

Having a certain educational level can be important to getting the kind of work you are most interested in. Examples of educational achievements include: having a high school diploma, a college degree, a master's degree, or a certificate in a specialty area (such as auto mechanics, cooking, or childcare). Having a degree can also make you feel good about yourself—like you have accomplished something.

- What kind of education have you already received?
- Would you like to get more education, such as completing a degree, a higher degree, or a special certificate?
- In what ways would you like your education level to be different?



How satisfied are you with your education? Are there changes you would like to make?

Write your answers on page 17.



Make it Your Own

Satisfaction with Areas of My Life Worksheet — Items 1-7

Based on your discussion of the different areas of your life, complete the following worksheet for items 1-7 below. You will complete items 8-14 in the next session. Please remember to bring this handout to your next session.

Area of my life	I am not satisfied with this area of my life	I am moderately satisfied	I am very satisfied	What do I want to change in this area? (My future hopes)
1. Friendships				
2. Family relationships				
3. Close (intimate) relationships				
4. Living situation				
5. Finances				
6. Work				
7. Education				



Remember to bring your whole **Satisfaction with Areas of My Life Worksheet** to your next session. This includes the items you have completed today (1-7) as well as the ones you will complete in your next session (8-14).



Make it Your Own

Satisfaction with Areas of My Life Worksheet — Items 8-14

Based on your discussion of the different areas of your life, complete the worksheet for items 8-14. Please remember to bring this handout to your next session.

Area of my life	I am not satisfied with this area of my life	I am moderately satisfied	I am very satisfied	What do I want to change in this area? (My future hopes)
8. Physical health				
9. Fun activities/hobbies				
10. Creative expression				
11. Religion, spirituality, and nature				
12. Community involvement				
13. Mental health				
14. Substance use				



Remember to bring your whole **Satisfaction with Areas of My Life Worksheet** to your next session.



Home Practice

Exploring Changes You Would Like to Make in Your Life, PART 1

Choose one of the following options to practice or make one up.

OPTION 1:

Share items 1-7 on your Satisfaction with Areas of My Life Worksheet with someone you trust. Get their opinion about what to work on.

OPTION 2:

Review items 1-7 on your Satisfaction with Areas of My Life Worksheet. Which areas are most important to you?

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



KEY POINT • Topic 2
Exploring Changes
You Would Like to
Make in Your Life,
PART 1

Understanding your satisfaction with life and areas that are important to you is the first step in making changes that will improve your recovery.

Topic 3

Exploring Changes You Would Like to Make in Your Life, PART 2

Today we will continue exploring the areas of your life you would like to change. As you discuss your level of satisfaction in different life areas, you can continue using the **Satisfaction with Areas of My Life Worksheet** (pages 17-18) that you started in Topic 2 to record your answers. Remember to focus on the areas that are most important to you. You will also use this Worksheet in your next session, so please remember to bring your completed worksheet with you.

KEY POINT

There are many areas in life to consider when figuring out what changes to make.



8. Physical Health and Fitness

Your body is like a machine that takes you through life. If you don't take care of it, you can wear it out too fast and die early. If you have physical illnesses (like diabetes) or conditions (like high blood pressure), it is important to take care of them in order to remain healthy.

- How would you describe your current level of health and fitness?
- Does your current level of health and fitness prevent you from doing things you would like to do? **If yes**, what kinds of things would you like to be able to do?
- Do you try to follow healthy eating habits and maintain a healthy weight?
- Do you try to exercise regularly?
- Do you have any physical health conditions, such as diabetes, high blood pressure, heart problems, or arthritis? **If yes**, how well do you take care of them?
- Do you smoke? Would you consider quitting smoking?



How satisfied are you with your physical health and fitness? Are there changes you would like to make?

Write your answers on page 18.

9. Leisure and Recreation

Everyone needs some fun in their life, whether it is playing games or Sudoku, having a hobby, reading, listening to music, or following the news, a TV series, a website or a sports team. Sometimes when people get too involved with alcohol or using drugs they lose balance in their lives and stop doing other fun things. It is important to have fun things to do that are not related to using substances.

- What do you do for fun in your life? (Think of the activities mentioned above as examples).
- Are there things you used to do for fun, but don't do anymore?
If yes: What kinds of things?
Would you like to do some of those fun things again?
- Are there things you would like to try doing that you think would be fun?
- How would you like your leisure and recreation time to be different?



How satisfied are you with the amount of fun you have? Are there changes you would like to make?

Write your answers on page 18.

10. Creativity

Creative expression gives a different “voice” to one’s thoughts, feelings, and experiences. Doing creative activities can feel great, and your work can be appreciated by other people. It can also help you connect with other people when you appreciate their work. Examples of creative expression include drawing, painting, photography, pottery, acting, making videos, playing a musical instrument, or writing (such as blogging, writing stories, poetry, or personal reflections).

- Do you think of yourself as a creative person?
- Do you have any particular artistic talents or skills?
- Are there creative things you do in your life now that are meaningful, or bring you enjoyment?
- Are there creative things you used to do, but no longer do?

Would you like to do them again?
Would you like to try something different?

- In what ways would you like your creative expression to be different?



How satisfied are you with the time you spend being creative? Are there changes you would like to make?

Write your answers on page 18.

11. Religion, Spirituality, and Nature

Religion, spirituality, and connecting with nature overlap with each other. All three can provide a deeper sense of meaning and understanding of oneself and one’s place in the world. This understanding lets us know that we are not alone, and can make it easier to cope with the various challenges life throws us.

- What do you think religion, spirituality, and nature have in common?

Religion often refers to specific religious beliefs and groups, such as Christianity, Judaism, Islam, Buddhism, Hinduism, or Shintoism. There are also different groups within main religions. For example, Christianity includes Catholics, Protestants, Baptists, Methodists, Seventh Day Adventists, Unitarians, and other denominations.

- Do you belong to a religious group?
- Did you used to participate in religious activities, such as going to church or praying?
What was that like?
- Are you currently active in your religion?
If not, would you like to be?

Continued on next page...

Spirituality refers to a “transcendent” feeling that goes beyond the here-and-now. It’s a feeling of connecting with the larger world—beyond the physical world we experience in daily life. Spirituality is often associated with feelings of peace and calm, but can also be uplifting and energizing. Religious beliefs can result in feelings of spirituality, as can practices such as meditation and yoga, or engaging in other activities that can trigger reflection, such as communing with nature.

- Does anything in your life give you spiritual gratification?
- Have you ever practiced yoga or meditation?
- Are there things that you used to do that gave you a spiritual experience? If so, are you still doing them? If not, why not? Would you like this to change?

Spending time in nature can happen in many ways—such as hiking in the woods, relaxing by a lake or ocean, or with plants or flowers, canoeing down a river, or walking in a park. Activities like these have a relaxing, calming effect on many people. Some people find being in nature a spiritual or even religious experience (called transcendentalism), while others just like the peace and quiet.

- Do you like to spend time in nature?
- What kind of things do you like to do in nature?
- Did you used to do things in nature that you no longer do? What sorts of things? Do you miss doing them, or something like them?



How satisfied are you with the role of religion in your life? Are there changes you would like to make?



How satisfied are you with your spiritual connection? Are there changes you would like to make?



How satisfied are you with the time you spend connecting with nature? Are there changes you would like to make?

Write your answers on page 18.

12. Community Involvement

Belonging to a community gives people a connection to others and a sense of shared purpose. Examples of communities include clubs, neighborhoods, self-help organizations (such as for mental health, addiction, or both), religious groups, volunteer organizations, musical groups, political groups, or sporting groups (such as softball teams, bowling leagues, or walking or jogging groups).

- Can you think of examples of communities you have been a member of in the past?

Which ones?

What was that like?

What did you enjoy about being in a community?

- Are you currently a member of a community?

Which one or ones?

What is that like for you?

- In what ways would you like your connection with community to be different?



How satisfied are you with your connection to your community? Are there changes you would like to make?

Write your answers on page 18.

13. Mental Health

Everyone experiences mental health challenges at some point in their lives. Some examples include feeling depressed, down, anxious, nervous, paranoid or having worrisome thoughts. The questions below can help you determine whether these kinds of challenges may be reducing your satisfaction with daily life.

- Do you have any challenges related to your mental health that get in your way of enjoying life and pursuing goals?
- What coping strategies have you found helpful for dealing with your mental health challenges?
- If you had more effective coping strategies for your mental health challenges, what would you be able to do?
- In what ways would you like your mental health to be different?



How satisfied are you with your mental health? Are there changes you would like to make?

Write your answers on page 18.

14. Substance Use

Drinking alcohol or using drugs (like marijuana, cocaine, sedatives, opioids, or speed) can rapidly spin out of control and become an addiction.

Using substances can interfere with relationships, the ability to go to work or school, and the ability to take care of oneself.

- ☐ What is your current substance use like?
- ☐ What problems has it caused?
- ☐ Does your substance use get in the way of enjoying life and pursuing goals?

If yes, how?

- ☐ Have you ever tried to stop or cut down your substance use?

What happened?



How satisfied are you with your substance use? Are there changes you would like to make?

KEY POINT

Recovery is more meaningful when people take steps to be healthy and satisfied with all areas of their lives.



Remember to bring your whole **Satisfaction with Areas of My Life Worksheet** to your next session. (pages 17-18)

"You have to practice something to make it your own!"



Home Practice

Explore Changes You Would like to Make in Your life, PART 2

Choose one of the following options to practice or make one up.

OPTION 1: Share the entire **Satisfaction With Areas of My Life Worksheet** with someone you trust. If you've already reviewed items 1-7, focus on items 8-14. Get their opinion about what to work on.

OPTION 2: Review items 8-14 on your Worksheet. Which one or two areas are most important to you?

Make a plan for home practice this week:

What I will do

When

Where

With whom



KEY POINTS • Topic 3
**Exploring Changes
You Would like to
Make in Your Life,
PART 2**

There are many areas in life to consider when figuring out what changes to make.

Recovery is more meaningful when people take steps to be healthy and satisfied with all areas of their lives.

Topic 4

Identifying a Personal Recovery Goal and Making Plans to Achieve it

In Topic 2 and Topic 3, you explored what is important to you. You also explored your level of satisfaction with different life areas to determine which ones you'd like to change.

In Topic 4, we will help you to choose one area of your life to work on changing, and to define a long-term goal in that area. This will be called your **Personal Recovery Goal**. You are encouraged to choose something that is meaningful to you and makes you feel excited about recovery.

Working on a Personal Recovery Goal is an important part of being in the E-IMR program. Throughout the rest of the program, you will work with your E-IMR practitioner (and other supportive people) to make progress towards your Personal Recovery Goal.

If you achieve your goal or change your mind, that's okay. You can set a different Personal Recovery Goal, and work towards achieving that.

This session will introduce four important subjects to help you choose a Personal Recovery Goal and make a plan to achieve it:

-  Setting your Personal Recovery Goal
-  Introducing the Goal Tracking Sheet
-  Breaking down your Personal Recovery Goal into Short-term Goals
-  Breaking down Short-term Goals into Steps

KEY POINT

Working on a Personal Recovery Goal to improve your life is an important part of the E-IMR program.



Let's Talk About It

Look at your **Satisfaction with Areas of My Life Worksheet** (pages 17-18) and review it with your practitioner.

Which areas of your life did you feel satisfied with? Which areas were you dissatisfied with? Why? What connections do you see between areas that you rated as being dissatisfied with? What do you notice about common themes?

What area of your life would you most like to work on changing?



Make it Your Own

Change Worksheet

Based on the discussion you just had about the area of your life you would most like to change, complete the Change Worksheet below.

What is the area of my life I would like to change?

What is the change I would like to see?

How would my life be better if this change happened?

Setting your Personal Recovery Goal

Review your **Satisfaction with Areas of My Life Worksheet** (pages 17-18) and the **Change Worksheet** (page 30) again, and think about which area of your life you would most like to make changes in

Think about a goal that could be accomplished in 6 months to a year.

Some people like to start on the area of life that is most important to them. Others like to start on an area in which they have already made some progress. Still others like to start with an area that rekindles their hopes and dreams.

When you identify the area of your life that you would most like to change, and how you would like to change it, you are ready to set your Personal Recovery Goal.

In setting your Personal Recovery Goal, you don't have to worry about choosing whether to work on your mental health or your substance use. Everyone in E-IMR gets help making changes in those areas. We encourage you to use this opportunity to choose another area to work on.

1. Try to be specific about the change you would like in your life.
2. Describe the change using positive terms about what you would like to happen (such as "making one or two new friends" or "getting a job") instead of negative terms about what you don't want to happen (such as "not going into the hospital" or "not having relapse"). As mentioned before, focus on a change you could make in 6 months or a year.

Here are some examples of goals set by other people in recovery:

Move into my own apartment

Have my children in my life again

Finish a community college degree

Find a friend who would like to do fun things together



Let's Talk About It

How would you describe your Personal Recovery Goal?

Is your goal specific?

Does your goal describe something positive to work toward?

How will you know when your goal has been reached?

How confident are you that you can achieve this goal?

Introducing the Goal Tracking Sheet

Many people find it helpful to record their Personal Recovery Goal so that they can monitor their progress as they work towards this goal. As you complete this topic, you will be asked to fill in your own **Goal Tracking Sheet**.

You will find a blank Goal Tracking Sheet on page 33 of this module. The Goal Tracking Sheet is a helpful tool for recording your personal goal, then breaking it down into short-term goals and manageable steps. This sheet is also used to keep track of how things are going with achieving your goal.

An additional Goal Tracking Sheet for changing or continuing your goals can be found on page 34. You can use this extra form whenever you want to set a new Personal Recovery Goal.

Instructions for using the Goal Tracking Sheet:

Start a new Goal Tracking Sheet whenever you set a Personal Recovery Goal. You should also start a new Goal Tracking Sheet if you significantly change an existing goal. Add new continuation pages as you continue to work on the short-term goals. You should also add new continuation pages if you set new short-term goals.

You will find an example of Eduardo's completed Goal Tracking Sheet after the blank Goal Tracking Sheet and the blank Continuation Page.



Let's Talk About It

Now let's discuss what can help you reach your Personal Recovery Goal.

What strengths do you have that will help you achieve your goal?

Who can help you achieve your goal?



Make it Your Own

Turn to your blank **Goal Tracking Sheet** (page 33) and record your Personal Recovery Goal. Also record your strengths and any people who can support you to achieve your goal.



Goal Tracking Sheet

Instructions: Use this sheet to record progress toward goals, including steps taken, new steps, and new goals. Make copies of as many continuation sheets as you need to keep tracking and updating your goals. Review progress on your goals at least once a month.

Name: _____ Date Personal Recovery Goal set: _____

My strengths: _____

People who can help me with my goal: _____

My Personal Recovery Goal: _____

Short Term Goals Related to My Personal Recovery Goal (check off the steps as they are achieved)

Goal:	Goal:	Goal:
Start date:	Start date:	Start date:
Steps:	Steps:	Steps:
☐ 1.	☐ 1.	☐ 1.
☐ 2.	☐ 2.	☐ 2.
☐ 3.	☐ 3.	☐ 3.
☐ 4.	☐ 4.	☐ 4.
Date reviewed:	Date reviewed:	Date reviewed:
Achieved? ☐ Fully ☐ Getting there ☐ Not started	Achieved? ☐ Fully ☐ Getting there ☐ Not started	Achieved? ☐ Fully ☐ Getting there ☐ Not started

List continued or new short-term goals on continuation pages.



Continuation Page for Goal Tracking Sheet

Continued or New Short-term Goals *(check off the steps as they are achieved)*

Goal:	Goal:	Goal:
Start date:	Start date:	Start date:
Steps:	Steps:	Steps:
☐ 1.	☐ 1.	☐ 1.
☐ 2.	☐ 2.	☐ 2.
☐ 3.	☐ 3.	☐ 3.
☐ 4.	☐ 4.	☐ 4.
Date reviewed:	Date reviewed:	Date reviewed:
Achieved? ☐ Fully ☐ Getting there ☐ Not started	Achieved? ☐ Fully ☐ Getting there ☐ Not started	Achieved? ☐ Fully ☐ Getting there ☐ Not started



EXAMPLE: Goal Tracking Sheet

Name: Eduardo Date Personal Recovery Goal set: March 15

My strengths: determined, creative, good at finding things on the internet

People who can help me with my goal: Jenny, my brother, my sponsor

My Personal Recovery Goal: Move into my own apartment

Short Term Goals Related to My Personal Recovery Goal (check off the steps as they are achieved)

Goal: Find apartments close to transportation	Goal: Learn to do my own laundry	Goal: Learn to cook
Start date: <u>March 15th</u>	Start date: <u>April 3rd</u>	Start date:
Steps: ☒ 1. Figure out how much I can afford for rent and utilities	Steps: ☒ 1. Watch a laundry video on YouTube	Steps: ☐ 1. Ask Jenny how she learned to cook
☒ 2. Look at a list of possible apartments online or on an app	☐ 2. Buy laundry detergent and fabric softener	☐ 2. Find a simple recipe to try from a cookbook or website
☐ 3. Fill out at least one application	☒ 3. Locate a Laundromat nearby and find out how much it costs	☐ 3. Ask Jenny to help me cook the dish at her place
☐ 4. Practice what I am going to say when I call about an application or apartment	☐ 4. Pick a date to go there and do one load of laundry	☐ 4. Go shopping for the ingredients
Date reviewed: <u>April 3rd</u>	Date reviewed: <u>April 10th</u>	Date reviewed:
Achieved? ☐ Fully ☒ Getting there ☐ Not started	Achieved? ☐ Fully ☒ Getting there ☐ Not started	Achieved? ☐ Fully ☐ Getting there ☒ Not started

List continued or new short-term goals on continuation pages.

Breaking down your Personal Recovery Goal into short-term goals

Remember your Personal Recovery Goal may take 6 months to 1 year to reach. It is helpful to break down this larger goal into two or three short-term goals. Short-term goals should be able to be accomplished in about 6 weeks. You can work on more than one of these short-term goals at a time.

Here are some examples of Personal Recovery Goals and how they have been broken down into short-term goals:

Finish community college degree

1. *Enroll in a class for the next semester*
2. *Develop coping strategies to deal with stress in a classroom*
3. *Improve my reading stamina*

Find a friend who would like to do fun things together

1. *Identify fun activities to do with another person*
2. *Improve my conversation skills*
3. *Improve my appearance*

Get a part-time job

1. *Identify jobs I liked in the past*
2. *Start a daily schedule for myself*
3. *Enroll in a supported employment program*



Let's Talk About It

How would you break down your Personal Recovery Goal into 2 or 3 short-term goals?

Are these goals concrete and specific?

Will you know when each goal is achieved?

Are the goals related to your Personal Recovery Goal?

Are you confident you could make progress towards each shortened goal in 6 weeks? If not, what could you do to increase your confidence?



Goal Tracking

Turn to your **Goal Tracking Sheet** (page 33) and write down 2 or 3 short-term goals related to your Personal Recovery Goal.

Breaking down your Short-term Goals into Steps

Once you have identified some short-term goals to work on, it can help to break these goals into small steps. Each step reflects something you could accomplish in about 6 days. Working on steps towards short-term goals makes it easier to see that you are making progress towards your goals. You can also reward yourself for each step you take along the way.

Here are some examples of steps for achieving short-term goals in E-IMR:

Develop coping strategies I can use to deal with stress in a classroom

1. *Make a list of things that I am stressed about now*
2. *Make a list of strategies for coping with stress (like relaxed breathing)*
3. *Pick a strategy and practice it a few times when I am not stressed*
4. *Use the strategy at least once when I am stressed*

Identify fun activities to do with another person

1. *Make a list of activities I used to enjoy*
2. *Pick an activity I would like to try again*
3. *Make a list of people I know who also like the activity and might try it with me*
4. *Contact someone to ask them to join me in the activity*



Let's Talk About It

What do you think are the advantages of breaking down your goal into smaller goals?

How would you break down your short-term goals into small steps?

Are the steps concrete and specific?

How confident do you feel that you could make progress towards these steps in about 6 days?

KEY POINT

Breaking down a long-term goal into small goals, and manageable steps makes it easier to achieve.



Goal Tracking

Turn to your **Goal Tracking Sheet** (page 33) and write down 2 - 4 steps for each of your short-term goals.



"You have to practice something to make it your own!"

Home Practice

Identifying a Personal Recovery Goal and Making Plans to Achieve it

Using your completed Goal Tracking Sheet, make a plan to follow through on one of your steps towards one of your short-term goals.

Which step for which short-term goal would you like to work on?

When could you follow through on this step (date, time)?

Do you need any special resources (like information or money) to complete the step?

Would it help you to get someone's support in taking this step? If so, who?
How could you ask them?



KEY POINTS • Topic 4

Identifying a Personal Recovery Goal and Making Plans to Achieve it

Working on a Personal Recovery Goal to improve your life is an important part of the E-IMR program.

Breaking down a long-term goal into short-term goals and manageable steps makes it easier to achieve.

Topic 5

Following up on Your Goal and Solving Problems

Congratulations on getting started on working toward your recovery goal.

Everyone is capable of recovery from mental illness and substance use disorders. The rest of this program will teach you more strategies for helping you make progress toward your recovery goals and living an enjoyable, rewarding life!

This session will cover four important subjects to help you follow up on the progress you have made toward your goal, use problem solving techniques, and find helpful resources:



Tracking your Personal Recovery Goal



Solving problems



The Step-by-Step Method of Problem Solving



Appendix of Educational Resources and Mental Health Services

KEY POINT

Following up on your goal is very important.

Tracking your Personal Recovery Goal

Once you have set your Personal Recovery Goal and worked out the steps to reach it, it is important to follow up and track your progress. Throughout the rest of this program, you can use the Goal Tracking Sheet to record your progress.

Your goals may change over time, either because you have achieved them, or because you have decided another goal is more important. These types of changes are all part of the recovery process. If your goals change, you can modify your Goal Tracking Sheet to reflect the new goals, or start a new Goal Tracking Sheet.

Solving problems

In the Home Practice section of the previous topic, you selected a step to take toward one of your short-term goals. Let's take time to review how that went.

First, give yourself credit for any progress you've made on taking the step you selected. If you didn't work on taking a step towards your goal, what might help you take a step now?

Perhaps you didn't make progress because you ran into an obstacle or problem. No one has a completely smooth path to reach their goals. It's natural to experience problems and challenges. When you run into a problem, you may be able to solve it by: addressing the problem, or thinking of another way of doing the step, or identifying a different step you can take towards your goal. You might be able to figure this out on your own, or you might have someone help you change your plan.



Let's Talk About It

Did you complete the step you identified in the previous session?

If you completed the step, what was helpful in doing so?

If you did not complete the step, what got in the way? What made it hard?

What would have made it easier to take the step? Do you need any other resources?

Would it help to break down the step into smaller, more manageable steps?

The Step-by-Step Method of Problem Solving

Sometimes it's hard to address a problem that gets in the way of achieving a goal. It can be confusing to know what to do. Many people find it helpful to follow a step-by-step method of solving problems and addressing obstacles. You can use the method described here any time in E-IMR or in other parts of your life.

STEP 1:

Define the problem you'd like to solve. Be as specific as possible.

STEP 2:

Brainstorm ideas for solving the problem, and list at least three possible solutions. Get other people's ideas whenever possible. Don't evaluate the solutions at this stage.

KEY POINT

Encountering problems is common when you are working toward your goal. Don't get discouraged.

**STEP 3:**

Briefly state the advantages (pros) and disadvantages (cons) for each possible solution. Start with the pros.

STEP 4:

Choose the best way to solve the problem. Be as practical as possible.

STEP 5:

Plan steps to carry out the solution. Think about "who, what, when, and where."

STEP 6:

Set a date for evaluating how well your plan is working. First focus on the positive: What has been accomplished? What went well? Then look at whether your problem has been solved. If it has not been solved, decide whether to revise your plan, or try a new one.

FOR EXAMPLE: *Eduardo was living at home and had the goal of getting his own apartment. He was finding this difficult, so he asked his brother Martin to help figure out some possible solutions, using step-by-step problem solving.*

On the following page you will see the worksheet Eduardo and Martin completed together. Review it and see what you think.

EXAMPLE:

Eduardo's Step-by-Step Problem Solving Worksheet

STEP 1. Define the problem as specifically and simply as possible.

I've been looking for an apartment and I can't find one I can afford

STEP 2. List at least three possible solutions to the problem. Don't evaluate them yet.

- a. *Look for apartments farther from downtown*
- b. *Move in with roommates*
- c. *Look for a part-time job*

STEP 3. For each possible solution, list one advantage (pro) and one disadvantage (con).

Possible solution	Advantage/pro	Advantage/con
a. <i>Look for apartments farther from downtown</i>	<i>Apartments are usually cheaper when they aren't right downtown</i>	<i>They might be too far from the bus lines</i>
b. <i>Move in with roommates</i>	<i>Sharing rent saves money</i>	<i>I don't want to live with strangers</i>
c. <i>Look for a part-time job</i>	<i>A job would give me more income to spend on rent</i>	<i>Jobs are hard to find</i>

STEP 4. Choose the best solution or combination of solutions. What has the most chance of succeeding? *Look for a part-time job*

STEP 5. Plan the steps for carrying out the solution. Think about who, what, when, and where.

- a. *Look for help wanted signs in the neighborhood (start tomorrow and take pictures of the signs with my phone)*
- b. *Talk to a family member to see if they know of any jobs available (ask at cousin's birthday party next week)*
- c. *Pick out clothes that I could wear to an interview (ask Jenny to help me this weekend)*
- d. *Find out about supported employment programs (talk to my E-IMR practitioner about who I could contact and follow up next week)*
- e. *Contact the guy I used to run deliveries for to see if there are any openings (make sure his phone number is saved in my phone or get it from Patrick)*

STEP 6. Set a date to follow up.

One month from now, have lunch with Jenny and give her an update about what I have gotten done so far. If I don't have a good lead on a job, ask her to help me revise the plan or try a new one.

When you follow-up give yourself credit for what you have done. Decide whether the problem has been solved. If not, decide whether to revise the plan or try another one. Record your answer here.

When following up on his plan, Eduardo congratulated himself on completing Steps A and B. He decided to keep going on the remaining steps.



Make it Your Own

Step-by-Step Problem Solving Worksheet

On the next page (45), you will find a blank worksheet to use for problem solving. You can use it to solve a problem related to taking the step you identified in the last topic. Or, you can use it to solve another problem in your life, such as “finding an activity that I can do with my family,” or “learning to cook a new main dish,” or “saving money for the holidays,” or “cleaning up one room of my apartment.”

Once you have chosen a problem to focus on, use it to complete the Problem Solving Worksheet.



Let's Talk About It

Which were the easiest problem solving steps to complete?

Which were the most challenging steps to complete?

How do you think the plan you developed in Step 5 will work?

Step-by-Step Problem Solving Worksheet

STEP 1. Define the problem as specifically and simply as possible.

STEP 2. List at least three possible solutions to the problem. Don't evaluate them yet.

a. _____

b. _____

c. _____

STEP 3. For each possible solution, list one advantage (pro) and one disadvantage (con).

Possible solution	Advantage/pro	Advantage/con
a.		
b.		
c.		

STEP 4. Choose the best solution or combination of solutions. What has the most chance of succeeding? _____

STEP 5. Plan the steps for carrying out the solution. Think about who, what, when, and where.

a. _____

b. _____

c. _____

d. _____

e. _____

STEP 6. Set a date to follow up. _____

When you follow-up give yourself credit for what you have done. Decide whether the problem has been solved. If not, decide whether to revise the plan or try another one. Record your answer here.



Recovery Corner

“BIPOLAR DISORDER AND DRINKING took me in and out of hospitals, and away from caring for my four little girls. Unfortunately, my treatment team focused only on what medications would stabilize my depression and prevent manic episodes. There was no discussion about what I really valued, what recovery meant to me, and how I wanted my life to be different. So, I kept on drinking and my mood kept on cycling out of control.

This went on for several years, until someone asked me, “Is this what you really want for your life?” It was during one of my hospitalizations and my daughters had just visited. It got me to thinking about what I really cared about most in my life—my girls. It began to dawn on me that my drinking and mood swings were keeping me from achieving my most important goal, of being a good mother.

Once I stopped drinking, my bipolar disorder began to stabilize, and I was able to stay out of the hospital and take care of my daughters. Recovery for me has been staying sober, taking my medication, and being present in my daughters’ lives.”

— Sharon



Home Practice

Following up on your goal

Choose one of the following options to practice or make one up.

OPTION 1: If you did not complete the Problem Solving Worksheet during the session, take some time at home to finish it.

OPTION 2: If you completed the Problem Solving Worksheet during the session, follow through on the plan you made in Step 5.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

.....
When

.....
Where

.....
The step I will work on

.....
With whom



Key Points • Topic 5

Following up on Your Goal and Solving Problems

Following up on your goal is very important.

Encountering problems is common when you are working toward your goal. Don't get discouraged.

Educational Resources and Mental Health Services

The following is a list of organizations, mental health services, and educational services you may want to contact for further information or assistance.

Alcoholics Anonymous Alcoholics Anonymous is an international self-help organization that uses the Twelve Step philosophy of recovery to help people with alcohol use problems stay sober and to help other people with alcohol use problems become sober. The website has helpful information and provides links to locate local meetings.	www.aa.org
Dual Recovery Anonymous Dual Recovery Anonymous is an independent organization that encourages and supports self-help for individuals with substance use and mental health problems (co-occurring disorders). DRA groups are based on the Twelve Step philosophy of recovery and encourage individuals to build healthy support networks.	www.draonline.org
Depression and Bipolar Support Alliance (DBSA) The mission of DBSA is to provide hope, help, and support to improve the lives of people living with depression or bipolar disorder. DBSA pursues and accomplishes this mission through peer-based, recovery-oriented, empowering services and resources when people want them, where they want them, and how they want them.	800-826-3632 www.dbsalliance.org
Mental Health Media Mental Health Media seeks to improve understanding of mental illness through the production of video-based programs for use by people with psychiatric conditions, their families, mental health practitioners, administrators, and educators, as well as the general public.	Mental Health Media 25 West Street, Westborough, MA 01581 USA 617-562-1111 800-969-6642 http://www.mentalhealth-media.org/

Mental Health Recovery Mary Ellen Copeland has developed a number of publications and programs for helping people in the recovery process, including the Wellness Recovery Action Plan (WRAP). Her website offers a free newsletter, articles, and a list of publications and workshops available for purchase.	802-254-2092 mentalhealthrecovery.com
National Center for PTSD The National Center for PTSD is dedicated to research and education on trauma and PTSD. The website has a variety of resources including information about how to find help.	Veteran's crisis line: 1-800-273-8255 (press 1) https://www.ptsd.va.gov/
National Empowerment Center (NEC) NEC is an award-winning provider of mental health information, programs, and materials with a focus on recovery. It can refer you to a local support group or help you to set up a new group. Newsletter and audiovisual materials are also available.	www.power2u.org
National Institute on Alcohol Abuse and Alcoholism (NIAAA) NIAAA is leading the nation's efforts on alcohol use disorder and is committed to translating scientific discoveries for use by the public. Its efforts support research on alcohol use in the United States and around the world and educational materials can be found on the website.	https://niaaa.nih.gov/
National Institute on Drug Abuse (NIDA) NIDA contributes to the improvement of individual and public health by advancing the science of drug use and addiction. Scientific findings along with helpful information and educational materials can be found on the website.	https://www.drugabuse.gov/
National Institute of Mental Health (NIMH) NIMH is engaged in research for better understanding, more effective treatment, and the eventual prevention of mental disorders. Its website provides educational materials and an excellent list of free publications on psychiatric disorders, including a comprehensive listing of resources for help.	www.nimh.nih.gov

National Mental Health Consumers' Self-Help Clearinghouse

This organization provides information about psychiatric disorders, technical support for existing or newly starting self-help groups, and a free quarterly newsletter for consumers. It sponsors an annual conference. Spanish language services are available.

800-553-4539
www.mhselfhelp.org

Psychiatric Rehabilitation Association and Foundation

The mission of USPRA is to advance the availability and practice of psychiatric rehabilitation so that all individuals with a serious mental illness have access to the supports they need to recover. Website contains an area of information for people in recovery.

7918 Jones Branch Drive, Suite 300
McLean, Virginia 22102
703-442-2078
www.psychrehabassociation.org

Substance Abuse and Mental Health Services Administration Publications Ordering

This website is an educational service offered by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides a large variety of free (or very inexpensive) publications and videos about mental illness and effective treatment.

1-877-SAMHSA-7 (877-726-4727)
http://store.samhsa.gov/home

Self-Management and Recovery Training (SMART Recovery)

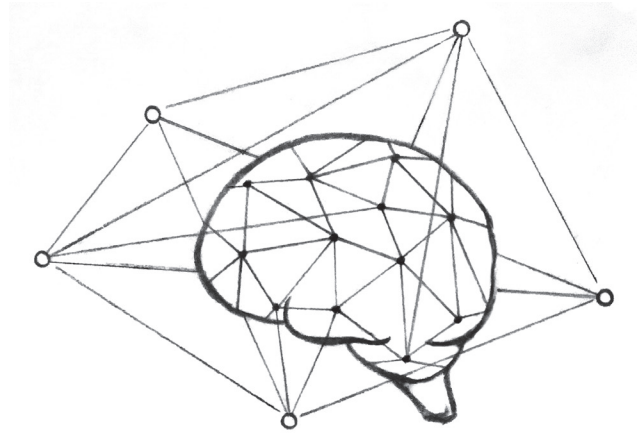
SMART Recovery is a recovery support group in which participants support each other in recovery from substance use disorders using a research-based program and tools. There is a wide variety of resources and training available, as well as online support groups and listings of in-person meetings.

866-951-5357
www.smartrecovery.org

State and Local Resources

Your state's Department of Human Services often shares valuable information about state initiatives and available services. Ask you E-IMR provider, or search online for your state's DHS for help locating services in your area.

Many states and local communities have self-help and advocacy organizations, such as the Pennsylvania Mental Health Consumers Association (717-564-4930; www.pmhca.org) and Advocacy Unlimited (860-667-0460; www.mindlink.org) in Connecticut.



MODULE 2

Practical Facts about Mental Illness

Enhanced Illness Management and Recovery

“I thought I was the only one who was feeling this way, I had no idea the things I was going through were symptoms of PTSD. When I learned what was happening to me, it was easier to stop drinking.”

— SHONDA M., *customer service representative, person in recovery from PTSD and Alcohol Use Disorder*

Questions to get us started:

What are some common symptoms of mental illness?

What are some common types of mental illness?

What are some positive things people can do to manage their symptoms?

Have you experienced negative attitudes about mental illness from other people?

Do you yourself have negative attitudes about people with mental illness?

What resources do you have if you are discriminated against?

We will cover **6 topics** in this Module:

Topic 1:

Understanding the Diagnosis, Cause, and Course of Mental Illness

Topic 2:

Practical Facts about Schizophrenia and Schizoaffective Disorder

Topic 3:

Practical Facts about Bipolar Disorder and Depression (Mood Disorders)

Topic 4:

Practical Facts about Posttraumatic Stress Disorder (PTSD)

Topic 5:

Taking Positive Steps to Manage Mental Illness

Topic 6: Dealing with Negative Attitudes and Beliefs about Mental Illnesses (Stigma)

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

Understanding the Diagnosis, Cause, and Course of Mental Illnesses

In today's session, we will examine these seven subjects to better understand mental illness:

- 💡 How are mental illnesses diagnosed?
- 💡 Theories about what causes mental health symptoms
- 💡 Why might people get different diagnoses at different times?
- 💡 What are some important differences between schizophrenia-spectrum disorders and mood disorders?
- 💡 What is the course of mental illness? What happens after you first develop symptoms?
- 💡 People can experience more than one mental illness at the same time
- 💡 Substance use and mental illness

KEY POINT

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



How are mental illnesses diagnosed?

No blood tests, X-rays, or brain scans can show a person has mental illness. Mental illnesses are diagnosed by a mental health professional who conducts a clinical interview. This is usually a medical doctor, but sometimes a nurse, psychologist, or social worker can perform the interview. The interviewer asks questions about symptoms the person may have experienced, how long symptoms were present if they have stopped, and whether they were drinking or using drugs when they had mental health symptoms. The interviewer also asks people how they are functioning in different areas of life, such as relationships, school, or work.

Theories about what causes mental health symptoms

There are several theories about what causes mental health symptoms to develop, and more than one of these explanations may be correct. Research is still being done to understand the causes of mental illness. One theory receiving strong support says that both biological vulnerability and stress influence the development of mental health symptoms. Being vulnerable to something means we are more likely to be impacted or harmed by it.

Biological vulnerability means there is an increased chance a person will develop a physical or mental health disorder. For example, some people have a biological vulnerability to develop asthma or high blood pressure or diabetes. Sometimes certain illnesses tend to “run in the family,” and may have a partly genetic basis. Biological vulnerability could be partly passed down by one’s genes. Or, it may be influenced by other factors, either at birth (such as complications during pregnancy or delivery), or early in life (such as exposure to high levels of stress or trauma).

KEY POINT

Mental illnesses are not your fault.

Stress refers to the pressure, strain, or tension people often feel when they are dealing with challenging situations or events. Stress can contribute to developing a mental illness, worsening mental health symptoms, and to increasing the chances of having a relapse.

People who have experienced higher levels of stress in childhood have a higher chance of developing a mental illness. There are several types of stressful, negative, or traumatic childhood experiences that can increase a person’s vulnerability to mental illness. Some examples include:

- poverty
- physical or sexual abuse
- neglect
- exposure to crime and violence
- separation from parents
- mental abuse

Research is underway to better understand the effects of negative experiences in childhood and how to help people recover from them.

Why might people get different diagnoses at different times?

After people develop symptoms of a psychiatric disorder, they usually get a diagnosis. You may receive different diagnoses at different times during your life. This may be confusing to you, and you may wonder why the diagnoses differed, and which diagnosis is correct. There are three main reasons why you may have received different psychiatric diagnoses:

1. The symptoms of many psychiatric disorders (schizophrenia, schizoaffective disorder, bipolar disorder, major depression, and posttraumatic stress disorder) overlap with each other, and it may not always be clear which symptoms are most serious and important.
2. Symptoms can change over time. Some symptoms may be severe and problematic at one point in time, but less severe at another time. Other symptoms may appear or become more problematic at a later point in time. This can lead to a change in the diagnosis.
3. Schizophrenia-spectrum disorders and mood disorders are especially likely to be confused and misdiagnosed.

What are some important differences between schizophrenia-spectrum disorders and mood disorders?

Schizophrenia and schizoaffective disorder are similar disorders. They are sometimes grouped together and called “schizophrenia-spectrum disorders.” Bipolar disorder and major depression are also similar disorders and are grouped together as “mood disorders.”

Here are some of the important differences between these disorders:

Schizophrenia spectrum diagnoses

- People with a diagnosis of schizophrenia-spectrum disorders have experienced some psychotic symptoms, such as hallucinations or false beliefs, when their mood is normal.
- People with schizoaffective disorder have experienced serious mood symptoms, such as depression or mania, for a significant period of time. This is the main difference between schizophrenia and schizoaffective disorder.
- People with schizophrenia may also experience these mood symptoms, but the symptoms are usually less severe, or have been present for a shorter length of time.

Mood Disorder Diagnoses

- People with bipolar disorder experience symptoms of mania at some point in their lives, or a somewhat milder form of mania called “hypomania.”
- People with major depression do not experience manic or hypomanic symptoms. They only experience depressive symptoms.
- Most people with bipolar disorder also experience depressive symptoms at some time in their lives, but some do not.
- People with mood disorders may also experience psychotic symptoms when their mood is depressed or manic. However, these psychotic symptoms go away when their mood is normal, unlike what happens for people with schizophrenia-spectrum disorders.

What is the course of mental illness? What happens after you first develop symptoms?

Mental illnesses usually develop between late adolescence and middle adulthood (between the ages of 17 and 45). However, people may develop these illnesses later in life, or earlier.

Mental illnesses affect people in different ways, including how often they have symptoms, how severe their symptoms are, and how much the disorder interferes with their lives. Symptoms may happen according to the range shown in the following descriptions:

- Some people have a milder form of the illness and only have symptoms a few times in their lives.
- Other people have several episodes and may require hospitalization.
- Some people experience symptoms, but do not have severe episodes that require hospitalization.

Continued on next page...

When symptoms come back or get significantly worse, a person is usually said to have a “relapse,” a “return of symptoms,” or an “acute episode.” More information about relapses is provided in Module 10, Developing a Plan for Staying Well. The following strategies can help people avoid a relapse, or lessen the severity of a possible relapse:

- Taking medication to help reduce symptoms
- Learning coping strategies for stress
- Learning coping strategies for symptoms
- Identifying the early warning signs of a relapse
- Having a plan to respond to early warning signs of relapse
- Building relationships with supportive people
- Learning healthy lifestyle habits such as eating a healthy diet and exercising

Everybody with a mental illness is capable of coping with symptoms more effectively and leading a productive, meaningful life.



Let's Talk About It

What has been your experience with the symptoms of mental illness?

Have you ever had a relapse of symptoms?

KEY POINT

Mental illnesses tend to be episodic, meaning symptoms come and go and vary in how intense they are.



People can experience more than one mental illness at the same time

People who have been diagnosed with one mental illness often experience another mental illness at the same time. A common example of this is a person with posttraumatic stress disorder (PTSD) and depression. There are several reasons why this can happen:

- Some disorders increase the chances of having another disorder. For example, people with PTSD often experience difficulties in their personal relationships, which may contribute to stress that puts them at a higher risk for developing depression.
- Symptoms of each disorder may overlap. For example, difficulty sleeping and staying focused are common symptoms of both PTSD and depression.
- The same root event or cause may contribute to developing more than one disorder. For example, people who experience a traumatic event are likely to experience depression, as well as the disruptions to their nervous systems that characterize PTSD.

It is important to remember that the diagnosis of a mental illness needs to be confirmed by a clinical interview. The interviewer will inquire carefully about all of the symptoms required for a diagnosis of mental illness.

Living with two mental illnesses can be more challenging and can cause more disruption in people's lives. Also, one disorder can make symptoms worse for another disorder. However, there is definitely hope. Getting treatment for both mental illnesses at the same time can lead to a fuller recovery.

Substance use and mental illness

Many people who experience the symptoms of a mental illness have problems with substance use. The symptoms of one disorder may worsen symptoms of the other. Also, the symptoms of each disorder are impacted by many of the same things, such as biology and living environment.



You will learn more about how stress and biological vulnerability can influence mental illness and substance use problems in **Module 5**, *Coping with Stress*, and **Module 3**, *Practical Facts about Substance Use Disorders*.



Home Practice

"You have to practice something to make it your own!"

Understanding the Diagnosis, Cause, and Course of Mental Illnesses

Choose one of the following options to practice or make one up.

OPTION 1:

Talk with someone you trust (such as a family member, friend, or staff member) about what you have learned in today's session about mental illnesses and symptoms.

OPTION 2:

If you have received more than one diagnosis over time, make a list of those diagnoses.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



KEY POINTS • Topic 1

Understanding the Diagnosis, Cause, and Course of Mental Illnesses

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

Mental illnesses are not your fault.

Mental illnesses tend to be episodic, meaning symptoms come and go and vary in how intense they are.

Topic 2

Practical Facts about Schizophrenia and Schizoaffective Disorder

In today's session, we will discuss these five subjects to help you understand more about schizophrenia and schizoaffective disorder:

-  What are schizophrenia and schizoaffective disorder?
-  What are the symptoms of schizophrenia and schizoaffective disorder?
-  Mood symptoms in schizoaffective disorder
-  Substance use and schizophrenia and schizoaffective disorder
-  Examples of people who have schizophrenia or schizoaffective disorder

What are schizophrenia and schizoaffective disorder?

Schizophrenia and schizoaffective disorder are psychiatric disorders that affect many people. Both disorders occur in every country, culture and racial group, and at every income level. Schizophrenia and schizoaffective disorder cause symptoms that can interfere with many aspects of people's lives, especially their work and social lives.

Schizophrenia and schizoaffective disorder mainly affect one's perceptions and thinking. Some symptoms make it difficult to know what's real and what's not real. These symptoms have been described as being similar to "dreaming when you are wide awake." Other symptoms can cause problems with motivation, concentration, and experiencing enjoyment. The numbers below show how many people experience these disorders:

- About one in every one hundred people (1 percent) develops schizophrenia at some time in his or her life.
- About one in every two hundred people (0.5 percent) develops schizoaffective disorder at some time in his or her life.

Although the symptoms of schizophrenia and schizoaffective disorder can be challenging, it is important to note that there are many reasons to be optimistic:

- There are effective treatments for both disorders.
- People can learn to manage schizophrenia and schizoaffective disorder effectively.
- People with schizophrenia and schizoaffective disorder can lead productive and fulfilling lives.

The more you understand about your disorder, and the more active a role you take in your treatment, the better you will feel and the more you can accomplish toward achieving your life goals.



Let's Talk About It

What do you know about schizophrenia or schizoaffective disorder?

KEY POINT

People can learn how to manage the symptoms of schizophrenia or schizoaffective disorder and lead productive and fulfilling lives.

What are the symptoms of schizophrenia and schizoaffective disorder?

It is important to keep in mind that the symptoms of schizophrenia and schizoaffective disorder also occur in other mental disorders. A diagnosis is made based on a combination of:

- The pattern of symptoms
- How long symptoms have been present
- The severity of symptoms
- Symptoms that only occur when a person has used alcohol or other drugs are not included.



Make It Your Own

Psychosis symptoms in schizophrenia and schizoaffective disorder

The list below describes psychosis symptoms in both schizophrenia and schizoaffective disorder. You will see a definition of each symptom and some examples of what different symptoms might look like.

I had an experience similar to this

Symptom	Example
Hallucinations or False Perceptions: hearing voices that are not there	Hearing a voice that says you're a bad person and that you should hurt yourself.
Hallucinations: seeing things that other people don't see	Seeing a lion standing in the doorway when nothing was there.
Delusions or False Beliefs: feeling paranoid that people or organizations are against you or mean you harm	Believing that people are talking about you when they really are not. Believing that people are trying to hurt you or plot against you.
Delusions: believing that you are rich or powerful or have special powers when you don't	Believing that you can read other people's minds or predict the future when you cannot.
Delusion: believing that things refer to you when they don't	Believing that the person on the radio or TV or Internet is talking directly to you. Believing that you are being given special messages or signals from something like the numbers on a license plate.
Delusions: believing things that other people find strange or bizarre	Believing that others can read your thoughts or hear what you are thinking. Believing that you have a chip in your brain that is controlling your behavior.
Thought Disorder or Confused Thinking: difficulty staying on topic; or talking or writing in a disorganized way that people find difficult to understand	Jumping from one loosely associated topic to another, making it hard for people to understand you. Making up words or expressions. Getting derailed while you are talking. Having the experience of your thoughts being "blocked."



Let's Talk About It ... Which of these psychosis symptoms have you experienced? What was it like for you to experience these symptoms?



Make It Your Own

Other Symptoms or Problems Related to Schizophrenia or Schizoaffective Disorder

The table below describes other common symptoms or problem areas people with schizophrenia or schizoaffective disorder can experience. Review this list of symptoms with your E-IMR practitioner and discuss how these symptoms relate to your experiences.

I had an experience similar to this

Symptom or Problem Area	Example
Cognitive Difficulties: problems with thinking, concentration, memory, solving problems, and abstract reasoning	Having trouble concentrating on reading or watching TV. Having difficulty remembering appointments or plans.
Decline in Social Functioning: problems interacting with people at work, in relationships, or social activities	Feeling uncomfortable around other people. Not wanting to spend as much time with people.
Decline in Role Functioning: problems being able to fulfill important duties in your life (such as being a student, a worker, or parent)	Getting low grades instead of the usual high ones. Having problems working. Not being able to take care of a child as well as before.
Disorganized Behavior: engaging in random or purposeless behavior	Spending the day moving all of the pots and pans from the kitchen to the bathroom, then back to the kitchen, and then doing it all over again.
Catatonic Behavior: stopping movement or being nearly immobile for long periods of time	Sitting in the same chair for hours and hours, not moving a muscle, or even taking a drink of water.
Negative Symptoms: problems being expressive in communication	Less facial expression. Less expression in one's voice. Less use of gestures.
Negative Symptoms: problems with experiencing pleasure or enjoyment	Not being interested in the things one used to be interested in. Expecting that things will not be fun or enjoyable. Experiencing less pleasure or enjoyment when doing things.



Let's Talk About It ... Which of these symptoms or problem areas have you experienced? What was it like for you to experience those symptoms?

Mood symptoms in schizoaffective disorder

Schizoaffective disorder is similar to schizophrenia and includes the symptoms described earlier in this topic. However, people with schizoaffective disorder have also had significant periods of low moods (depression) and/or high moods (mania). It is these significant periods of mood problems in addition to psychotic symptoms (such as hallucinations and delusions) that distinguish schizoaffective disorder from schizophrenia.



Make It Your Own

Experiences with symptoms of depression in schizoaffective disorder

Review this list of symptoms with your E-IMR practitioner and discuss how these symptoms relate to your experiences.

Symptom of Depression	I had an experience similar to this	Example of what happened and what it was like for me
Sad mood (feeling down, sad, or unhappy for no particular reason)		
Eating too much or too little		
Sleeping too much or too little		
Feeling tired or having low energy		
Thoughts of helplessness, hopelessness, or worthlessness		
Feeling guilty for things that aren't your fault		
Suicidal thoughts or behaviors		
Trouble concentrating and making decisions		



Let's Talk About It ... Which depression symptoms have you experienced? Which symptoms affected you the most? Were you able to talk to someone about what was happening at the time of the symptoms? If so, how was that helpful?



Make It Your Own

Experiences with symptoms of mania in schizoaffective disorder

The table below describes the symptoms of mania people with schizoaffective disorder can experience. Review the list of symptoms with your E-IMR practitioner and discuss how these symptoms relate to your experiences.

Symptom of Mania	I had an experience similar to this	Example of what happened and what it was like for me
Feelings of euphoria or extreme happiness for no particular reason		
Feeling irritable or angered by even very slight things		
Grandiosity or feeling unrealistically self-confident		
Decreased need for sleep		
Talking a lot		
Having racing thoughts		
Becoming easily distracted		
Increased goal-directed behavior		
Making bad decisions		

Substance use and schizophrenia and schizoaffective disorder

Sometimes people use substances when they experience symptoms of schizophrenia or schizoaffective disorder. They think it may make them feel better or help them cope with situations better. Or, people may use substances for other reasons, like to feel more comfortable around people or to deal with boredom. Unfortunately, using substances usually makes the symptoms of schizophrenia and schizoaffective disorder worse.



Let's Talk About It

Have you ever used alcohol or other drugs to try coping with symptoms of schizophrenia or schizoaffective disorder?

If so, what happened?

KEY POINT

There are countless examples of people with schizophrenia and schizoaffective disorder who have contributed to society.



Examples of people who have schizophrenia or schizoaffective disorder

As explained at the start of this topic, people from all walks of life experience schizophrenia or schizoaffective disorder, regardless of economic class, where they live, or what their heritage is. The section below will introduce you to people with schizophrenia or schizoaffective disorder.

Famous people with schizophrenia or schizoaffective disorder

JOHN NASH is an American mathematician who made discoveries in math that had very important applications in the field of economics. He won the Nobel Prize in Economics in 1994. His story is told in *A Beautiful Mind*, a book that was also made into a movie.

LIONEL ALDRIDGE was a professional football player who played a role in two Super Bowl wins. He played in the NFL for 11 years for the Green Bay Packers and the San Diego Chargers.

TOM HARRELL is a musician who has been named jazz trumpeter of the year three times by Downbeat magazine and was nominated for a Grammy award. He has recorded over 20 CDs.

ELYN SAKS is a professor at the University of Southern California Law School and a 2009 recipient of a MacArthur Foundation fellowship (sometimes called “the genius grant”). She wrote about her experiences with schizophrenia in the book *The Center Cannot Hold*.

WILLIAM CHESTER MINOR (1834–1920) was an American Army surgeon who had vast knowledge of the English language and literature. He made major contributions to the *Oxford English Dictionary*, the most comprehensive dictionary in the world.

VASLAV NIJINSKY (1890–1950) was a Russian dancer who is legendary because of his physical strength, light movements, and expressive body language. He is especially remembered for a dance piece called “Afternoon of a Faun.”

Other people with schizophrenia or schizoaffective disorder

Here are just a few other people who have had schizophrenia or schizoaffective disorder. They are not famous, but they are quietly leading productive, creative, and meaningful lives:

ALEX works in an art supply store. He has a close relationship with his two brothers and goes bowling with them regularly. He likes to draw and plans to take an evening art class in the coming year.

MARGO is married and has two children in elementary school. She participates in the home and school association and enjoys gardening.

MARTIN lives with roommates and volunteers at the zoo. He is looking for paid employment. He used to need frequent hospitalizations, but has not been in the hospital in several years.

LORENZO is a junior in college. He is majoring in library science and works part-time at the campus library. He likes watching movies and playing video games with friends. His goal is to get a job as a librarian when he graduates.



Let's Talk About It

Do you know other people with schizophrenia or schizoaffective disorder? If so, what are some examples of their personal strengths?

"You have to practice something to make it your own!"



Home Practice

Practical Facts about Schizophrenia and Schizoaffective Disorder

Choose one of the following options to practice or make one up.

OPTION 1:

Talk with someone you trust (such as a family member, friend, or staff member) about schizophrenia or schizoaffective disorder; or your experience with the symptoms of either.

OPTION 2:

If you have experienced any of the symptoms of schizophrenia or schizoaffective disorder recently, keep track of your symptoms over the next week.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

.....
When

.....
Where

.....
The step I will work on

.....
With whom



KEY POINTS • Topic 2

Practical Facts about Schizophrenia and Schizoaffective Disorder

Schizophrenia and schizoaffective disorder are psychiatric disorders that affect many aspects of a person's life.

People can learn how to manage the symptoms of schizophrenia or schizoaffective disorder and lead productive and fulfilling lives.

There are countless examples of people with schizophrenia and schizoaffective disorder who have contributed to society.

Topic 3

Practical Facts about Bipolar Disorder and Depression (*Mood Disorders*)

In today's session, we will learn about mood disorders by examining the following eight subjects:

-  Introducing mood disorders (bipolar disorder and depression)
-  What is depression?
-  What are the symptoms of depression?
-  What is bipolar disorder?
-  What are the symptoms of bipolar disorder?
-  What are psychotic symptoms?
-  Substance use and mood disorders
-  Examples of people who have mood disorders



Let's Talk About It

What do you know about depression and bipolar disorder?

Introducing mood disorders (*bipolar disorder and depression*)

Mood disorders include several different diagnoses. Mood disorders occur in every country, culture and racial group, and at every income level. The most common mood disorders are bipolar disorder and depression. We will describe each of these mood disorders in this module.

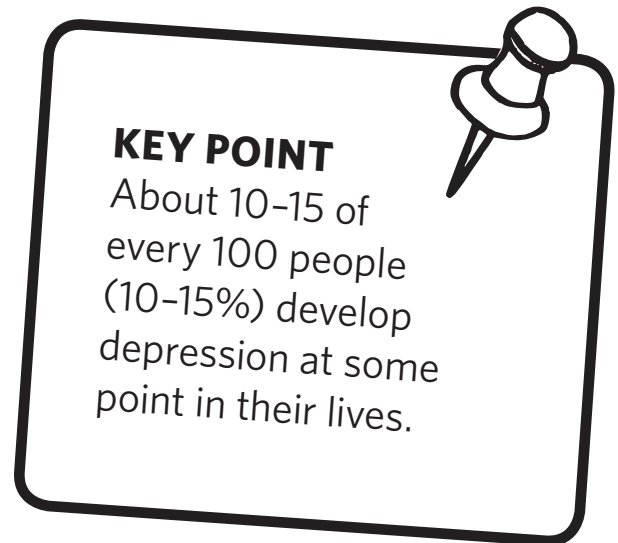
Although the symptoms of a mood disorder can be challenging, it is important to note that there are many reasons to be optimistic:

- There are effective treatments for mood disorders.
- People can learn to manage their mood disorders effectively.

The more you understand about your mood disorder, and the more active a role you take in your treatment, the better you will feel and the more you can accomplish toward achieving your life goals.

What is depression?

Depression is one of the most common psychiatric disorders. About ten to fifteen individuals in every one hundred people (10–15 percent) develop depression at some time in their lives. Depression causes people to have extremely low moods, when they feel very sad or “blue.” It can also cause appetite and sleep problems, as well as a reduced energy level.



What are the symptoms of depression?

People with depression often experience extremely low moods. The table below describes some common symptoms of depression. You will see a definition of each symptom along with an example.



Make It Your Own

Symptoms of Depression

People with depression often experience extremely low moods. The table below describes some common symptoms of depression. You will see a definition of each symptom along with an example of what it might look like. Review this list with your E-IMR practitioner and note any depression symptoms you have experienced.

I had an experience similar to this

Symptom	Example
Sad mood	Feeling down, empty, or unhappy for no particular reason.
Significantly less pleasure in activities	Losing interest doing things with friends or playing sports.
Eating too much or too little	Losing all interest in food and losing weight. Overeating and eating twice as much as usual for a meal.
Sleeping too much or too little	Trouble falling asleep. Laying awake for hours. Spending half of the day or more sleeping.
Change in activity level	Feeling either slowed down or restless and agitated.
Feeling tired or having low energy	Feeling like everything takes a lot of effort. Trying to do something around the house and feeling exhausted after 5 minutes.
Feelings of helplessness, hopelessness, or worthlessness	Feeling down whenever you think about the future because nothing seems like it will work out.
Feeling guilty for things that aren't your fault	Feeling responsible for everything that happens. Blaming yourself for everything.
Problems with concentration and making decisions	Feeling like you can't stay focused on work, reading, or whatever you are trying to do. Feeling like you don't know what to do; taking a long time to make decisions.
Suicidal thoughts or actions	Thinking about death a lot or methods of suicide.



Let's Talk About It ●●● Have you ever experienced any of these symptoms of depression? If yes, which ones? What was it like for you to experience those symptoms?

What is bipolar disorder?

Bipolar disorder is a psychiatric disorder that affects many people. About one in every one hundred people (1 percent) develops the disorder at some time in his or her life.

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

What are the symptoms of bipolar disorder?

The main symptoms of bipolar disorder are depression (extremely low moods) and mania (extremely high moods). We discussed the symptoms of depression in a previous section of this module. We will now review the symptoms of mania. You may recognize some of the symptoms of mania described in the following table.

KEY POINT

One in every one hundred people (1%) develops bipolar disorder at some point in his or her life.





Make It Your Own

Symptoms of Mania

The table below describes the symptoms of mania. You will see a definition of each symptom along with some examples of what these symptoms might look like. Review each symptom, and discuss your experiences with your E-IMR practitioner.

I had an experience similar to this

Symptom	Example
Feelings of euphoria or extreme happiness	Feeling so happy that you believed everybody loved and worshiped you.
Extra high self-esteem and self-confidence	Being sure that you can write a screenplay that Steven Spielberg will produce, in spite of never having written one before.
Not needing as much sleep	Waking up after 3 hours feeling ready to go, when you ordinarily need 8 hours of sleep.
Talking a lot, or pressured speech	Talking really fast about a lot of topics, not really noticing if the other person is listening.
Having racing thoughts or flights of ideas	Feeling that your thoughts are racing and you can hardly keep up with them.
Becoming easily distracted	Not being able to focus in class because you are distracted by your ideas for a new invention.
Increase in activity or goal-directed behavior	Working fifteen to twenty hours a day on writing music because you are convinced you will make a million dollars from your songs.
Making bad decisions, or getting involved in activities that have a high potential for painful consequences	Spending a lot when you have no money; having unsafe sex; or, engaging in risky sports without training or precautions.
Irritability	Feeling touchy, like everything is getting on your nerves.



Let's Talk About It

Have you ever experienced any of these symptoms of mania?
If yes, which ones? What was it like for you to experience those symptoms?

What are psychotic symptoms?

Sometimes people with depression or bipolar disorder may also have psychotic symptoms. Psychotic symptoms happen when a person has difficulty distinguishing what is real from what is not real. Here are some examples of psychotic symptoms:

- **Hallucinations**—hearing, seeing, feeling, or smelling something that is not actually there. What it might be like:

"I heard different kinds of voices. Sometimes the voices were okay. They just made comments like, 'now you're eating lunch.' But sometimes the voices said things like, 'You're stupid; no one wants to be friends with such a loser.' Or, they said scary things about other people, like 'He has a knife and wants to kill you.'"

- **Delusions**—having very unusual or unrealistic beliefs that are not shared by others in your culture or religion. What it might be like:

"I was convinced that I had special mental powers that could stop missiles in their tracks. I thought the FBI was after me because they wanted to control these powers. I even thought the TV was talking about this."

KEY POINT

People can learn how to manage the symptoms of Depression and Bipolar disorder and lead productive and fulfilling lives.

- **Thought disorder**—experiencing confused thinking. What it might be like:

"I used to try to tell my sister what I was thinking, but I would jump from topic to topic, and she told me she had no idea what I was talking about."



Let's Talk About It

Have you ever experienced any of these psychotic symptoms?

If yes, which ones? What was it like for you to experience those symptoms?

Substance use and mood disorders

Sometimes people use alcohol or other drugs when they experience symptoms of depression or bipolar disorder. They think it may make them feel better, or help them cope with situations better. People may also use substances for other reasons, like to feel more comfortable around people or to sleep better. Unfortunately, using substances usually makes the symptoms of depression and mania worse. Drugs and alcohol also make symptoms of psychosis worse.



Let's Talk About It

Have you ever used alcohol or other drugs to try coping with symptoms of depression, mania, or psychosis?

If so, what happened?

Examples of people who have mood disorders

Just like other mental illnesses, people from all walks of life experience mood disorders, regardless of economic class, where they live, or what their heritage is. The section below will introduce you to people with mood disorders.

Famous people with mood disorders

Patty Duke (1946–2016) is an American actor who had her own television series and has starred in movies, including *The Miracle Worker*. She also had a singing and writing career.

Robert Boorstin was a special assistant to President Clinton. His work was highly valued in the White House.

Vincent Van Gogh (1853–1890) is one of the most famous painters who ever lived.

Demi Lovato is an actor and singer who has had top singles on the Billboard charts. She has received awards including an MTV Music Award, Teen Choice Award, and a Grammy Award nomination.

Carrie Fisher (1956–2016) was an American actor who starred in movies, including *Star Wars*; a stage actor who appeared in plays, including *Wishful Drinking*; and an author of books, including *Postcards From the Edge*.

Continued on next page...

Patrick Kennedy is a United States congressman who took the fight for mental illness parity to Capitol Hill.

Jane Pauley is an American television journalist who has been involved in news reporting since 1975.

Billy Joel is a singer, songwriter, and a pianist who has won 6 Grammys and is in the Rock and Roll Hall of Fame.

Winston Churchill was the Prime Minister of England during World War II and led his country to victory.

Mike Wallace is an American television journalist well known for conducting interviews on the TV show 60 Minutes.

Other people with mood disorders

Here are just a few other people who have had mood disorders. They are not famous, but they are quietly leading productive, creative, and meaningful lives:

Ms. Thomas is an attorney in a large law firm and is active in her church.

Mr. Yao teaches in an elementary school. He is married and is expecting his first child.

Mr. Gomez is actively looking for work. He used to need frequent hospitalizations, but has successfully stayed out of the hospital for three years.



Home Practice

Bipolar Disorder and Depression

Choose one of the following options to practice or make one up.

OPTION 1: Talk with someone you trust about what you have learned about depression or bipolar disorder; or about your experience with the symptoms of depression or bipolar disorder.

OPTION 2: If you have experienced any of the symptoms of depression or bipolar disorder, try tracking your symptoms over the next week. You can add to the tables of symptoms you filled out in today's session and write down the dates you experience symptoms.

Make a plan for home practice this week:

What you will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

With whom

The step I will work on



KEY POINTS • Topic 3

Practical Facts about Bipolar Disorder and Depression

About 10–15 of every 100 people (10–15%) develop depression at some point in their lives.

One in every one hundred people (1%) develops bipolar disorder at some point in his or her life.

Depression and mania can affect many areas of a person's life including mood, thinking, and activity level.

People can learn how to manage the symptoms of depression and bipolar disorder and lead productive and fulfilling lives.

Topic 4

Practical Facts about Posttraumatic Stress Disorder (PTSD)

In this session, we will continue to learn more about mental illness in the following five subjects about posttraumatic stress disorder (PTSD):

-  What is posttraumatic stress disorder (PTSD)?
-  What are the symptoms of PTSD?
-  What is the course of symptoms in PTSD?
-  PTSD and substance use
-  Examples of people who have PTSD

What is posttraumatic stress disorder (PTSD)?

Posttraumatic stress disorder (PTSD) is a relatively common disorder that can occur after someone has experienced or seen an extremely distressing event. Examples of events that can lead to PTSD include:

- childhood physical or sexual abuse
- being physically or sexually assaulted as an adult
- witnessing the death or serious injury of another person
- being threatened or chased by another person (or people)
- a bad accident
- a natural disaster, such as a hurricane, flood, or earthquake
- direct exposure to mass violence, such as being present during a terrorist attack
- military combat

KEY POINT

Approximately 5-10 in every one hundred people (5-10%) develop posttraumatic stress disorder at some point in their life.

Some people develop PTSD after experiencing or seeing a single event. When people are exposed to more traumatic events, they are even more likely to develop PTSD.

Being exposed to a traumatic event is upsetting to almost everyone, and can lead to distressing symptoms. For many people the symptoms gradually go away, perhaps one or two months after the event. For other people, however, the symptoms do not go away, and they can actually get worse over time. PTSD is diagnosed when distressing symptoms related to a traumatic event (or more than one event) persist more than a month after the event occurred.

It's important to know that PTSD rates are very high in people with another mental illness, such as schizophrenia, depression, or bipolar disorder. The rates of PTSD are also very high in people with a substance use disorder. So, if you have PTSD and another mental health problem, remember that you are not alone.

Although the symptoms of PTSD can be challenging, there are many reasons to be optimistic:

- There are effective treatments for PTSD.
- People can learn to manage their PTSD effectively.

The more you understand about posttraumatic stress disorder, and the more active a role you take in your treatment, the better you will feel, and the more you can accomplish toward achieving your life goals.

KEY POINT

People can learn how to manage the symptoms of posttraumatic stress disorder and lead productive and fulfilling lives.



Let's Talk About It

What do you know about posttraumatic stress disorder?



Make It Your Own

Symptoms of Posttraumatic Stress Disorder (PTSD)

The table below describes symptoms of posttraumatic stress disorder. You will see a definition of each symptom along with examples of what it might look like. Review the PTSD symptoms in the table below and discuss your experiences with your E-IMR practitioner. Place a mark next to the symptoms you have experienced.

Symptom	Example	I had an experience similar to this
Intrusive memories of traumatic event	Unwanted and unexpected memories or images of the traumatic event (or events).	
Nightmares	Repeated dreams or nightmares related to the event.	
Flashbacks	Suddenly feeling as if the event were happening to you again.	
Physical reactions when reminded of the event	Heart pounding, sweating, breathing fast when something reminds you of the event.	
Avoiding situations	Trying to avoid people, places, or activities that remind you of the event.	
Avoiding thoughts or feelings	Trying to avoid thoughts or feelings that might remind you of the event.	
Numbness	Feeling detached or distant from other people.	
Lack of positive emotions	Difficulty experiencing positive feelings, such as affection for a loved one.	
Sleep problems	Putting off going to sleep, or having difficulty falling asleep.	
Irritability or anger	Feeling irritable or angry much of the time; being easily triggered by minor events.	
Hypervigilance	Always being super-alert and never letting your guard down.	
Exaggerated startle response	Feeling jumpy and being easily startled by unexpected things, such a sound or someone touching you.	
Blame	Blaming yourself for what happened.	
Strong negative feelings	Frequent feelings of fear, anger, guilt, or shame.	



Let's Talk About It ●●● Have you ever experienced any symptoms of posttraumatic stress disorder? If yes, which ones? What was it like for you to experience those symptoms?

What is the course of symptoms in posttraumatic stress disorder (PTSD)?

The symptoms of PTSD can vary over time in their severity, the distress they cause, and how much they interfere with people's lives. The person may experience fewer or milder PTSD symptoms during some periods of time. For example, they may only feel distress when something reminds them of the traumatic event. At other times, they may experience more PTSD symptoms, such as being bombarded by memories of the event despite trying to avoid anything that might trigger such memories. For other people, the symptoms of PTSD are more stable over time. When symptoms are more distressing they often interfere with daily activities, including work or school.

PTSD is highly treatable and can go away completely in a significant number of people who get appropriate treatment. If you have symptoms of PTSD that interfere with your well-being, it is important to seek specialized treatment for it. It could make a big difference in your life.

KEY POINT

Symptoms of posttraumatic stress disorder can affect a person's behavior, mood, physical sensations, and thinking.



Posttraumatic stress disorder (PTSD) and substance use

People with PTSD often use substances to cope with PTSD symptoms, such as difficulty sleeping or feeling jumpy. They think it may make them feel better. Or, people may use substances for other reasons, like to deal with anxiety or to have something to do with friends. Unfortunately, drinking and using drugs makes the symptoms of PTSD worse.

Examples of people who have posttraumatic stress disorder (PTSD)

People from all walks of life may experience PTSD, regardless of economic class, where they live, or what their heritage is. The section below will introduce you to people who have experienced PTSD.

Continued on next page...

Famous people with PTSD

Whoopi Goldberg, the famous actor, comedian, and talk show host, has spoken publicly about receiving therapy to help her overcome a serious fear of flying. As a child, she witnessed the midair collision of two airplanes.

Monica Seles, an accomplished professional tennis player, experienced PTSD following a 1993 attack during which she was stabbed as she played in a tennis match. In her autobiography, *Getting a Grip*, she writes about her struggles with binge eating and coping with trauma in order to return to playing tennis.

Mick Jagger, lead singer of the band The Rolling Stones, developed PTSD following the suicide of his girlfriend, L'Wren Scott. To allow him time to recover, and prevent symptoms from worsening, his doctors recommended delaying an upcoming tour for at least 30 days.

Darrell Hammond, a well-known performer on Saturday Night Live, has been a public advocate for treatment of substance use disorder and for recovery. He has also shared his experience with self-harming and PTSD stemming from childhood abuse.

Lady Gaga, the popular singer known for her live performances, has been a vocal advocate for victims of sexual abuse and assault. She has also spoken about ongoing struggles with PTSD after being sexually assaulted as a teenager.

Other people with PTSD

Here are just a few examples of other people who have PTSD. They are not famous, but they are leading productive, creative, and meaningful lives.

Daniel is a veteran of the Iraq war who owns a local hardware store. He has two children and coaches his son's soccer team.

Aisha is a hair stylist in a busy salon. She is very active in her church and sings in the choir.

Jayden is attending community college, where he is majoring in computer science. He works part-time at a convenience store to help support himself through college.

Isabella is a kindergarten teacher who has three adult children and one grandchild. She is planning to retire in five years. She and her husband plan to visit the national parks together.



Home Practice

Practical Facts about Posttraumatic Stress Disorder (PTSD)

Choose one of the following options to practice or make one up.

OPTION 1:

Talk with someone you trust about what you have learned about PTSD, or your experience with the symptoms of PTSD.

OPTION 2:

If you have experienced symptoms of PTSD, try keeping track of your symptoms over the next week. Use the tables you filled out during this session to record dates you experience symptoms.

Make a plan for home practice this week:

What you will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

When

Where

Which step you will work on

With whom



KEY POINTS • Topic 4

Practical Facts about Posttraumatic Stress Disorder

Approximately 5-10 in every one hundred people (5-10%) develop posttraumatic stress disorder at some point in their life.

People can learn how to manage the symptoms of posttraumatic stress disorder and lead productive and fulfilling lives.

Symptoms of posttraumatic stress disorder can affect a person's behavior, mood, physical sensations, and thinking.

Topic 5

Taking Positive Steps to Manage Mental Illness

By reading this module, you are taking an important recovery step: you are learning practical facts about mental illnesses. Knowledge empowers you and keeps you in the driver's seat of your own life.

There are several other important steps you can take to manage symptoms of a mental illness. In today's session, we will discuss these steps to help you create a plan to manage your symptoms.



KEY POINT

What you do makes a difference in your recovery. There are steps you can take to manage mental illness effectively.



Make It Your Own

Taking Positive Steps to Manage Mental Illness

As you read the list below, mark the steps you are already taking, as well as the ones you would like to develop further, or try doing. Each of these steps will be covered in more detail in other modules of the E-IMR program.

Step	I already do this	I would like to try this
Working on goals that are important to you, such as doing your job, going to school, and having friends and close relationships		
Managing stress in your life		
Building a social support network (friends and family)		
Using medication effectively		
Avoiding street drugs and alcohol		
Developing and using a relapse prevention plan		
Using strategies to cope with symptoms		
Staying involved in a treatment program, and getting your needs met in the mental health system		
Using strategies to eat healthier and be more physically active		



Let's Talk About It ...

Which steps would you like to develop further, or try doing?

Which step are you most interested in?

What could you do in the coming week to get started on this step?

"You have to practice something to make it your own!"



Home Practice

Taking Positive Steps to Manage Mental Illness

Choose one of the following options to practice or make one up.

OPTION 1: What are steps someone could take to manage their mental illness? Record your ideas. Think of alternative ways of you could express your ideas.

OPTION 2: If you have experienced symptoms of mental illness, record what you do to manage those symptoms—and which were helpful. Try talking to others who have experienced mental illness about how they manage it. Describe what is helpful to you and other people.

Make a plan for home practice this week:

What you will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

Topic 6

Dealing with Negative Attitudes and Beliefs about Mental Illnesses (*Stigma*)

You have learned many facts about mental illness in this module. This includes information about recognizing symptoms, and steps you can take to manage them. In this final topic, we will look at strategies for dealing with negative attitudes and beliefs about mental illness. These negative attitudes are called “stigma,” and they often result from fears or misunderstandings around mental illness. Unfortunately stigma is common, and it can be challenging to deal with. The good news is there are ways to cope with it, as well as resources you can access if you feel your rights have been violated.

In today’s session, we will discuss these four subjects related to stigma:

-  What is stigma?
-  What is self-stigma?
-  What are some strategies for responding to stigma?
-  Resource list for combating stigma

What is stigma?

Some people have negative opinions and attitudes toward people who have symptoms of a mental illness. This is called “stigma.” Not every person with a mental illness has experienced stigma, although unfortunately many people have.

It is important to know that there are two major laws that protect people with physical or psychiatric disabilities against discrimination. The Americans with Disabilities Act (ADA) makes it illegal to discriminate in the areas of employment, transportation, communication, or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Stigma is a complicated problem, and there are no easy solutions for combating it. Research has shown that when people understand more about psychiatric disorders, and when they know someone who has the “lived experience” of mental health symptoms, they are much less likely to have negative attitudes about mental illness. This means educating the general public, and being an active member of one’s community can actually reduce the stigma of mental illness.

Many organizations—including the National Institute of Mental Health, the Center for Mental Health Services, the National Alliance on Mental Illness, Mental Health America, and the National Empowerment Center—are working on national campaigns to educate the public and create more laws that protect against discrimination.

 You can find contact information for these and other helpful organizations in the Appendix of **Module 1, *Recovery Strategies***.



Let’s Talk About It

What have you heard people say about mental illness that was negative?

Have you experienced stigma because of your mental illness?

KEY POINT

Stigma refers to negative opinions and attitudes about mental illness

What is self-stigma?

Sometimes people who experience psychiatric symptoms do not know the facts themselves. They may blame themselves for having symptoms, or think they cannot take care of themselves. They may think they can't be part of the community. You may have had these negative thoughts or feelings. This is called "self-stigma."

It is important to fight self-stigma, because it can make you feel discouraged and cause you to lose hope in your recovery. Learning about psychiatric symptoms can help you separate myths from facts and fight self-stigma. For example, knowing that mental illness is not your fault can help you stop blaming yourself. Another way to fight self-stigma is to join support groups where you will meet other people with symptoms of mental illness. Still another way to fight self-stigma is to work on achieving your personal goals.



Let's Talk About It

Have you ever had negative thoughts about yourself for having symptoms of a mental illness?

What helped you fight this self-stigma?

KEY POINT

The more you know about mental illness, the more you can combat prejudice and unfair treatment—whether it comes from others or from within yourself.



Let's Talk About It

What strategies have you used to combat stigma?

What was the result?

What strategies to combat stigma would you like to try?



Make It Your Own

Strategies for Combatting Stigma

Developing personal strategies for responding to stigma can help you cope with it better. The list below describes strategies for combatting stigma, along with examples to show how you can use each strategy. There are advantages and disadvantages to each. What you decide to do will depend on the specific situation. Review the strategies in this checklist with your E-IMR practitioner and identify which strategies you would like to try.

Strategies for Combatting Stigma

Strategy	Example
Educating yourself about psychiatric symptoms and mental disorders	Learning about mental illness symptoms and mental disorders so you can separate myths from facts. For example, knowing you did not cause your mental illness and you are not to blame.
Joining a support group	Joining a group where you can get to know other people with mental illness. You can find a list of these support groups through organizations such as the National Empowerment Center (NEC) and the National Alliance on Mental Illness (NAMI).
Correcting misinformation without disclosing (sharing) your own experience with psychiatric symptoms	If someone you know says, "People with mental illnesses are all dangerous," you might decide to reply: "Actually, I read a long article in the paper last week that said most people with mental illnesses are not violent. The media just sensationalizes certain cases."
Selectively disclosing (sharing) your experience with psychiatric symptoms	Telling others about your own experience with psychiatric symptoms is a personal decision. You may decide to speak publicly about your experience with mental illness for educational or advocacy purposes. Or, you may decide to talk about your experience with friends or family that you feel comfortable with.
Learning about your legal rights	Educating yourself about the laws against discrimination. There are two major laws that protect against unfair treatment: the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).
Seeking out assistance if your legal rights are violated	Sometimes it is best to approach the person directly if you have a request, or if you feel your legal rights are being violated. For example, you can approach your employer directly about your need for a reasonable accommodation on the job (like asking to move your desk to a quiet area in the office so you can concentrate better). If speaking directly to the person doesn't help, you may need to contact a lawyer or an advocacy organization.

I could use a strategy like this



KEY POINT

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

Resource List for Combatting Stigma

Anti-stigma organizations and websites

National Alliance on Mental Illness (NAMI):

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Helpline:

1-800-950-6264 (NAMI)

Website: nami.org

Otto Wahl's Homepage:

University professor and researcher dedicated to combatting discrimination and stigma for people with mental illness. His website contains a "Resource Guide for Fighting Discrimination and Stigma."

Website: uhaweb.hartford.edu/owahl/home.html

National Stigma Clearinghouse:

A website clearinghouse for news coverage and other resources related to stigma and bias in mental health.

Address:

245 Eighth Avenue, Suite 213
New York, NY 10011

Website: www.stigmanet.net

Federal agencies

Equal Employment Opportunity Commission (EEOC):

Agency responsible for enforcing federal anti-discrimination laws.

Address:

131 M Street, NE Washington, DC 20507

Phone:

202-663-4900 (TTY 202-663-4900)

To locate the nearest office:

1-800-669-4000

Website: eeoc.gov

Office of Fair Housing and Equal Opportunity (FHEO)

U.S. Department of Housing and Urban Development (HUD)

Address:

451 7th Street SW
Washington, DC 20410

Phone: 202-708-1112

Website: hud.gov



Recovery Corner

“BEFORE I WAS DIAGNOSED, I felt like I was to blame for the symptoms I was experiencing. I felt ashamed that I couldn’t stop the voices in my head telling me I was worthless. No one else in my family was like me. Then, I went to see a doctor who told me that I had a disorder called *schizophrenia*. He explained about the diagnosis, and told me what I was experiencing was very common for people with this illness. He suggested I attend a group to help people understand more about mental illness and how cope with their symptoms.

The group was an amazing experience. There were other people there with similar symptoms. They told me they had felt like I did before they had learned about their disorder. They helped me understand that the symptoms weren’t my fault. I also learned that even though marijuana sometimes relaxed me, it also made my symptoms worse. I learned that there are other things I could do to cope with my symptoms and stress, and that it is possible for me to live a good life despite the disorder. **”**

— Jerome



Home Practice

Dealing with Negative Attitudes and Beliefs about Mental Illnesses (Stigma)

Choose one of the following options to practice or make one up.

OPTION 1: If you have experienced stigma, describe what happened and how it affected you. Describe your experience in writing and consider sharing it with someone you trust.

OPTION 2: If you experience negative attitudes and beliefs about yourself (self-stigma), write down a positive self-statement you can make to counteract it. Practice saying this statement to yourself every day.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

With whom

The step I will work on



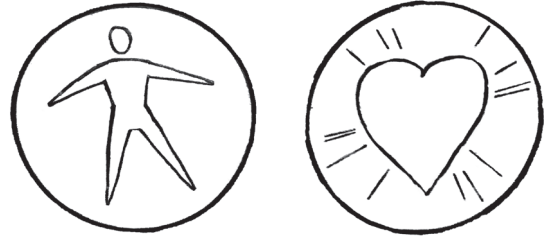
KEY POINTS • Topic 6

Dealing with Negative Attitudes and Beliefs about Mental Illnesses (Stigma)

Stigma refers to negative opinions and attitudes about mental illness

The more you know about mental illness, the more you can combat prejudice and unfair treatment—whether it comes from others or from within yourself.

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



MODULE 3

Practical Facts about Substance Use Disorders

Enhanced Illness Management and Recovery

“My drinking got out of hand so fast. It seemed like one day I was having a good time drinking with some friends, and the next day I was drinking all the time—with or without my friends. Once I understood I had a substance use disorder and learned about the problems my drinking had caused, I was able to make a plan to get my life back on track.”

— BRENT H., *advocate and friend in recovery from alcohol use disorder and bipolar disorder*

Questions to get us started:

What are the common symptoms of substance use disorders?

How are substance use disorders diagnosed?

What can you do to manage your substance use?

Have you experienced negative attitudes about substance use disorders from other people?

Have you held negative attitudes about substance use disorders?

We will cover **4 topics** in this Module:

Topic 1:

Understanding the Diagnosis, Cause, and Course of Substance Use Disorders

Topic 2:

Practical Facts about Substance Use Disorder Diagnoses

Topic 3:

Taking Positive Steps to Manage High-risk Situations

Topic 4:

Dealing with Negative Attitudes and Beliefs about Substance Use Disorders (Stigma)

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

Understanding the Diagnosis, Cause, and Course of Substance Use Disorders

This module will help you understand important facts about substance use disorders. We will explore basic information about different kinds of substances to see what they have in common, and what is different about them. We will also examine what happens when people have problems with more than one substance, and with mental illness. You will also learn how to take positive steps toward managing your substance use disorder and improving your quality of life. Finally, we'll look at the difficulties people in recovery face when dealing with negative attitudes and beliefs (stigma) about substance use disorders, and we'll explore subjects for dealing with those negative attitudes.

This session will introduce six subjects to help you learn more about substance use disorders:

-  What are substance use disorders and how are they diagnosed?
-  What causes substance use disorders?
-  How common are substance use disorders and mental illness (co-occurring disorders)?
-  Why are co-occurring substance use and psychiatric disorders so common?
-  What happens when people develop substance use disorder symptoms?
-  Abstinence from using substances vs. cutting down

Each of these subjects will be described in more detail on the following pages.

What are substance use disorders and how are they diagnosed?

A substance use disorder occurs when a person uses a substance to the degree that it causes significant problems in their functioning and relationships over a period of time. Impairment can be physical, mental, and relational. In other words, substance use disorders affect a person's mind and body, and can impact every area of their life.

Just like mental illnesses, there is no blood test or brain scan that can diagnose whether a person has a substance use disorder. Substance use disorders are diagnosed by a professional who conducts an interview to explore the person's current and past history of substance use. This interview is performed by a doctor, psychologist, counselor, social worker, or other professional who has experience working with individuals with substance use disorders. These interviews may also include questions about the person's mental health, physical health, living environment, and social factors in order to obtain a comprehensive assessment of both substance use and mental health disorders. When a person has both substance use disorder and mental illness, they are referred to as having co-occurring disorders, dual disorders, or having a dual diagnosis.

KEY POINT

Substance use disorders are diagnosed during a clinical interview by a professional trained in addiction.

It is possible to experience a substance use disorder related to more than one substance at the same time. Specific types of substance use disorders include:

- Alcohol
- Cannabis
- Hallucinogens
- Inhalants
- Opioids
- Sedatives
- Stimulants
- Other

Let's Talk About It

What would you like to know about substance use disorders?

What information have you learned about substance use disorders in the past?

What causes substance use disorders?

There are many theories about the causes of substance use disorders, and more than one theory may be correct. One theory, called the stress-vulnerability model, explains why some people develop substance use disorders, as well as mental illnesses. (This theory was discussed in the Module 2 and will be covered in more detail in Module 4.) According to the Stress-Vulnerability Model, a combination of biological vulnerability (or weaknesses) and stress can lead to developing a substance use disorder.

Biological vulnerability

Being vulnerable to something means we have lower defense levels against it, or we are more likely to be impacted by it. The term “biological vulnerability” means there is an increased chance of developing a disorder. Everybody has biological vulnerabilities or weaknesses to some diseases or illnesses, including physical illnesses, substance use disorders, and mental illnesses. Individuals vary as to which illnesses they are most vulnerable to developing. Biological vulnerability can be determined by biological factors such as genetics, as well as early environmental factors such as stress during childhood. For example, if there are several family members who have

had problems related to drugs or alcohol, people in that family may have inherited an increased vulnerability to developing substance use disorders.

Stress

Stress has been shown to increase a person’s vulnerability to substance use disorders. Experiencing stress is a normal part of life. In fact, some of the most rewarding parts of life can be stressful, such as being in a loving relationship, working at a challenging job, or being a parent. But very high levels of stress over long periods of time can be harmful, especially when it occurs early in one’s life, such as during infancy and childhood. For example, stressful experiences in childhood such as physical, sexual, or emotional abuse, or neglect, can increase a person’s chances of developing a substance use disorder later in life. These kinds of experiences at a young age are sometimes referred to as Adverse Childhood Experiences (ACEs).

KEY POINT

Having a substance use disorder is not your fault.

How common are substance use disorders and mental illness (co-occurring disorders)?

Approximately 15 out of every 100 people (15%) develop either an alcohol or drug use disorder at some point in their lives. However, the chances of a person developing a substance use disorder jump to between 30 and 50 out of every 100 people (30-50%) among individuals who have a major mental illness. There are several reasons why substance use and psychiatric disorders (or co-occurring disorders) occur together so frequently, as explained below. More than one reason may be correct for any given individual.

KEY POINT

Having a mental illness or a substance use disorder increases the chances of developing another disorder (or co-occurring disorders) as well.

Why are co-occurring substance use and psychiatric disorders so common?

1. Supersensitivity. Biological vulnerabilities related to mental illnesses can make people more sensitive to the effects of even small amounts of alcohol or drugs. This increased sensitivity (or “supersensitivity”) can result in people with a mental illness experiencing problems related to using even small amounts of substances, and going on to developing a substance use disorder despite using only modest amounts of substances.

2. Self-medication of mental health symptoms. Sometimes people use substances to cope with upsetting psychiatric symptoms such as depression, anxiety, tension, sleep problems, hallucinations, paranoia, or intrusive memories of traumatic events. While “self-medication” with substances may bring temporary relief, it often worsens mental health symptoms in the long run, and can lead to developing a substance use disorder.

3. Social facilitation. Some people with a mental illness find it hard to connect with other people; they may feel anxious, awkward, or embarrassed in many social situations. Sometimes these individuals find that using alcohol or drugs makes them feel more comfortable around others, or they may feel less blamed or stigmatized for their mental health issues. While using substances may help (or facilitate) connecting with other people, many other problems may follow, including substance use problems or disorders.

4. Consequences of substance use. Substance use disorders can lead to life changes that increase the chances of a person developing a mental illness. For example, substance use problems can lead to the loss of valued things in people's lives, such as an interesting job, a loving partner, or a family. Suffering such losses can contribute to developing a major depression. Similarly, substance use disorders can lead to traumatic events, such as being in an accident or getting assaulted, which can result in developing posttraumatic stress disorder (PTSD).

4. Common factors. Certain factors in life experience can increase the chances of people developing both substance use and psychiatric disorders. For example, poverty, trauma, and other negative experiences in childhood can all increase the risk of individuals developing either a mental illness, a substance use disorder, or both (co-occurring) disorders.



Let's Talk About It

Looking at the list above, which of the reasons for co-occurring disorders being so common do you think apply to your own experience?

Have you ever used alcohol or drugs to deal with mental health symptoms? If so, what happened?

Have you ever used substances to help connect with others? If so, what was that like?

Have you experienced mental health symptoms as a result using alcohol or drugs?

Are there "common factors" which you think might have contributed to both of your co-occurring disorders?

What happens when people develop substance use disorder symptoms?

Substance use disorders can happen to all kinds of people from all different backgrounds. Some people develop substance use disorders in their teens and early 20s, while others develop them later in life. Substance use disorders can affect people in different ways, and can vary in how much impact they have on a person's life. However, no matter how severe someone's substance use problems have been, and no matter how many years they have had problems, it is always possible for them to stop using and get into recovery.

Substance use disorders usually begin after a period of time when the person has been using one or more substances on a regular basis. Symptoms of substance use disorder usually begin when people experience problems following an increase in their substance use. For example, people often begin to drink more or increase their use of a drug to the point where it begins to cause problems in relationships, at work or school, with legal issues, or in taking care of themselves. With this increased use, they may become physically dependent on the substance, experience cravings, and have trouble cutting down or stopping.



Let's Talk About It

What has your experience with symptoms of substance use disorders been like?

Have you ever had a relapse of symptoms?

Abstinence from using substances vs. cutting down

People who develop an addiction to alcohol or drugs often wonder if it's possible to decrease their substance use and keep it under control, or if they need to be abstinent and completely stop using substances. While some people succeed in decreasing their substance use and controlling it without slipping back into addiction, most people who develop a serious substance use disorder find that controlled use is not possible. Rather, they are unable to continue to use small or modest amounts of alcohol or drugs, and their use eventually spins out of control. They find themselves back where they started with their substance use disorder. Thus, most people with an alcohol or drug use disorder eventually discover that being abstinent is the best solution for recovering from their addiction.



Let's Talk About It

Have you ever tried cutting down and just using a little?

Did it work? What happened?





Home Practice

Understanding the Diagnosis, Cause, and Course of Substance Use Disorders

Choose one of the following options to practice or make one up.

OPTION 1: Talk with someone in recovery about controlled use vs. abstinence. Ask about what worked for them and what they think is best for you.

OPTION 2: If you have been diagnosed with mental illness and substance use disorders in the past, make a timeline of the diagnoses you received and when you received them.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



Key Points • Topic 1

Understanding the Diagnosis, Cause, and Course of Substance Use Disorders

Substance use disorders are diagnosed during a clinical interview by a professional trained in addiction.

Having a substance use disorder is not your fault.

Having a mental illness or a substance use disorder increases the chances of developing another disorder (or co-occurring disorders) as well.

Everyone can recover from substance use disorders.

Abstinence is usually the best solution for recovering from addiction.

Topic 2

Practical Facts about Substance Use Disorder Diagnoses

In the Topic 1, we learned how substance use disorder is diagnosed, and theories about what causes it. We also learned how symptoms of substance use disorder progress, and how abstaining (completely stopping use) is usually the best approach for people to succeed in recovery. In this topic, we will continue to learn more practical facts about substance use disorder.

In today's session, we will discuss three subjects to help you understand more about substance use disorders:

-  What are the symptoms of substance use disorders?
-  What different types of substances are included in these disorders?
-  Examples of people who have substance use disorders

What are the symptoms of substance use disorder?

There are 11 symptoms used to define a substance use disorder. The same basic symptoms are used for disorders related to different types of substances. In order to be diagnosed with a substance use disorder, a person has to experience at least two symptoms during the course of one year. The more symptoms a person has, the more serious the disorder is.



Make it Your Own

Symptoms of Substance Use Disorder

The list below describes substance use disorder symptoms. You will see a definition of each symptom along with examples of what different symptoms might look like. Review the list with your E-IMR practitioner and place an X next to any symptoms you have experienced.

Symptom	Example	I had an experience similar to this
Substance is taken in larger amounts or over a longer period of time than intended	Going to the bar to meet a friend for one drink and instead, having five. Using methamphetamines during a party, which turns into a three-day binge.	
Persistent unsuccessful efforts to cut down or control substance use	Trying to stop smoking marijuana every day, but never succeeding. Wanting to stop drinking in social situations, but not being able to say no.	
Spending lots of time getting, using, or recovering from using substances	Spending most of the day calling everyone you know in order to find cocaine. Staying in bed most Sundays to recover from a hangover from drinking the night before. Being high from 5pm until bedtime most days.	
Having cravings, urges, or strong desires to use substances	Having difficulty concentrating at school because you are thinking about taking a Xanax. Feeling like you need to go out and buy some alcohol from the liquor store because you ran out at home.	
Failing to fulfill major roles at work, school, or home due to continued substance use	Calling in sick to work because you're hung over from drinking the night before. Getting poor grades in school because you can't concentrate in class and do home assignments because you get high too often.	
Continued substance use despite interpersonal or social problems caused by, or made worse by use of substance	Arguing with your partner over being emotionally withdrawn in the relationship because you are drinking and smoking marijuana so much. Getting arrested for fighting with people when you have been drinking.	

I had an experience similar to this

Symptom	Example
Important social, occupational, or recreational activities are given up or reduced because of substance use	Not participating in soccer league anymore because it is difficult to be physically active. Spending less time with close friends because they don't use drugs.
Recurrent use of substance in situations that are physically hazardous	Driving home from a party intoxicated. Having unprotected sex while high.
Substance use continues despite knowledge of physical or psychological problems that have been caused by or worsened by substance use	Knowing your depression gets worse after you drink, but doing it anyway. Having a heart problem and using cocaine despite the risks.
Tolerance: need for more substance to achieve intoxication or desired effect, or significant diminished effect with continued use of the substance	Drinking two drinks no longer has any effect on you. Smoking marijuana at night isn't enough and you begin to smoke midday. Switching to hard liquor because beer doesn't give you the same buzz it used to.
Withdrawal: person experiences unpleasant symptoms (such as nervousness, nausea, tremors, fatigue, agitation or sleeping problems) when he or she stops using.	Getting cramps and feeling like you have a severe flu after running out of opioids. Having a little to drink in the morning to ward off the shakes, sick feeling, and irritability in the morning after drinking the night before. Continuing to use opioids to prevent flu-like symptoms from happening when you stop.



Let's Talk About It ... Which of these symptoms have you experienced? Which ones affected you the most? Were you able to talk to someone about what was happening at the time of the symptoms? If so, how was that helpful?

KEY POINT

Substance use disorders affect many aspects of a person's life.

What different types of substances are included in these disorders?

Substance use disorders are specific to the substances being used. Here we will discuss the classifications of substances.

Alcohol

Alcohol is a depressant. That means it slows down many of the body's functions, such as heart rate and lung functioning. It also impairs thinking, can reduce a person's ability to make good decisions, and impairs motor function. Alcohol can be disinhibiting, leading people to do things they wouldn't ordinarily do because they are not thinking about the consequences, like getting into fights or having unprotected sex. Excessive drinking can put people at risk for many health problems. Moderate drinking is defined as having up to 1 drink per day for women and 2 for men. Heavy drinking is when a person has 5 or more drinks during one drinking episode on 5 or more days in the past 30 days. Binge drinking is defined as drinking 5 or more drinks during one drinking episode, or when a person's blood alcohol concentration rises above .08 g/dL. Alcohol withdrawal symptoms include sweating, high pulse, shakes, inability to sleep, nausea or vomiting, hallucinations, anxiety, and seizures.

KEY POINT

Different substances have different effects on people, and some symptoms require medical care.

Withdrawal from heavy and prolonged alcohol use can be dangerous and even deadly. Medical assistance should always be a part of care when stopping alcohol use.

Cannabis

Cannabis is the plant which is used to make marijuana, hashish, and hash oil. Cannabis causes problems with thinking and solving problems, memory, distortion in perception, and impairment of motor control. Withdrawal symptoms can include irritability, anger or aggression, anxiety, restlessness, depression, difficulty sleeping, and increased appetite.

Hallucinogens

Hallucinogens cause changes in perception including disorientation, hallucinations, increased heart rate, sweating, tremors, and lack of coordination. Commonly known hallucinogens include LSD, PCP, MDMA, and Ketamine. Withdrawal has not been noted in hallucinogens.

Inhalants

Inhalants include a variety of substances that are taken by breathing them in (inhaling, but not smoking). The effects are varied, but most inhalants are depressants and slow the body's functioning. Other effects can include euphoria, hallucinations, dizziness, and lack of coordination. Inhalants can cause serious and permanent damage to many parts of the body and brain. Withdrawal has not been noted in inhalants.

Opioids

Opioids are often prescribed to treat pain and also create euphoric feelings in many people. Opioids slow down the body's heart rate and breathing and can induce drowsiness, nausea, and difficulty thinking. Oxycodone, hydrocodone, and heroin are all examples of opioids. Withdrawal from opioids is very unpleasant and involves depressed mood, nausea or vomiting, muscle cramps, sweating, fever, and difficulty sleeping. Withdrawal symptoms can be eased with medical assistance.

Sedatives

Sedatives are medications used to treat anxiety or sleep problems and have high rates of illegal or improper use. Drowsiness is a common effect of sedatives. They are central

nervous system depressants and slow thinking, heart rate, and breathing. Benzodiazepines and barbiturates are examples of sedative medications. Withdrawal from sedatives can include sweating, high pulse, nausea or vomiting, anxiety, hallucinations, or seizures. Withdrawal from sedatives can be dangerous, or even deadly. Medical assistance should always be a part of care when stopping use of sedatives in people who are physically dependent upon them.

Stimulants

Stimulants are often called "uppers" because they increase the body's functioning, including heart rate and breathing. People usually feel more alert and experience more energy as a result of stimulant use. Cocaine, amphetamines, and methamphetamines are all examples of stimulants. Symptoms of withdrawal from stimulants include fatigue, sleep problems, increase in appetite, or problems with movement.

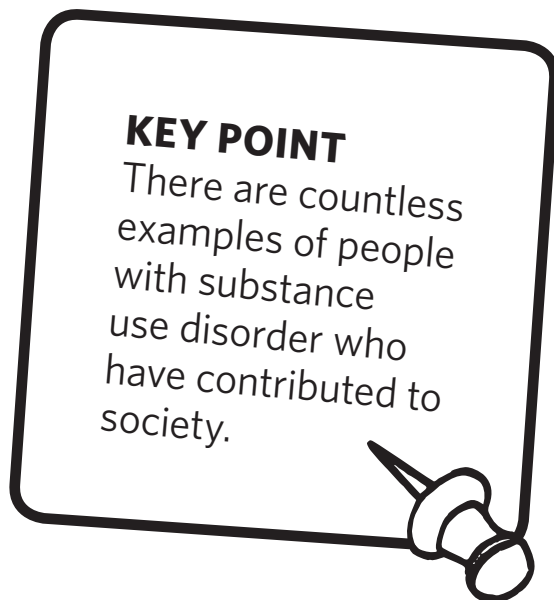


Let's Talk About It

What experience do you have with these substances?

Examples of people who have substance use disorders

People from all walks of life experience substance use disorder, regardless of economic class, where they live, or what their heritage is. The section below will introduce you to people who have struggled with substance use disorder.



Famous people who have had substance use disorders

Stephen King, one of the most famous authors of modern times, has struggled with multiple substances including marijuana, alcohol, Xanax, and cocaine.

Drew Barrymore is an actress who struggled with substance use disorders as a teen and was able to maintain her recovery and continue to have a successful career as an adult.

Charles Dickens (1812-1970) is known as one of the greatest authors and social critics of his time. His novels include *A Christmas Carol*, *Oliver Twist*, *A Tale of Two Cities*, and *Great Expectations*. He was a frequent opioid user and suffered from bouts of depression and probable bipolar disorder.

Jackson Pollock (1912-1956) is one of the most widely known painters, made famous by his approach to abstract art. He had problems with alcohol use most of his life.

Mary-Kate Olsen became famous as a child actor, and in adulthood has become a fashion designer. She struggled with an eating disorder and a stimulant use disorder.

Oscar De La Hoya is a boxing star who battled alcohol use disorder. He was eventually able to start talking about his disorder and has been in recovery after receiving treatment and engaging in self-help groups.

Other people with substance use disorders

Here are just a few other people who have had substance use disorders. They are not famous, but they are quietly leading productive, creative, and meaningful lives:

Brody loves animals and works at an animal shelter, taking care of cats and dogs and getting them ready for adoption. He spends lots of time with his family and especially loves hanging out with his nephew. His favorite time of day is the morning when he can drink coffee and watch the birds outside his window.

Amira is in school completing her master's degree in public health. She hopes one day to be involved in making policy that helps other people access health care services.

Roberto has been living in a sober house for almost a year and is working full time as a welder for specialty equipment. He is looking for his own house and likes spending time with his closest friend Jason, who is also in recovery. Roberto hopes to find someone and be in a relationship in the future.



Let's Talk About It

Do you know other people with substance use disorders?

If so, what are some examples of their personal strengths?



Home Practice

Practical Facts about Substance Use Disorder Diagnoses

Choose one of the following options to practice or make one up.

OPTION 1: Talk with someone you trust about the symptoms of substance use disorders. Get their perspective on which symptoms they've observed in you.

OPTION 2: If you are currently experiencing problems related to substance use, try keeping track of them over the next week. Then add them to the tables you filled out in today's session, and write down any dates you experienced problems.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

"You have to practice something to make it your own!"



Key Points • Topic 2

Practical Facts about Substance Use Disorder Diagnoses

Substance use disorders affect many aspects of a person's life.

Different substances have different effects on people, and some symptoms require medical care.

There are countless examples of people with substance use disorder who have contributed to society.

Topic 3

Taking Positive Steps to Manage High-risk Situations

Knowledge about substance use disorders is empowering and allows you to make decisions for yourself in your recovery. People in early recovery from substance use disorders are often faced with high-risk situations involving drugs or alcohol. Learning about these situations and taking positive steps to manage them can prevent relapse and help you to feel more secure in your recovery. In today's session we will discuss high-risk situations and ways to manage them.

This session will introduce two important subjects to help you manage situations that could put your recovery at risk:



Identifying triggers and high-risk situations



Managing high-risk situations

Each of these subjects will be described in more detail throughout this topic.

Identifying triggers and high-risk situations

When people decide to stop using substances, they often face situations where they used substances in the past, called **high-risk situations**. You can be most effective at handling high-risk situations if you plan ahead for how to deal with them.

These high-risk situations frequently “trigger” a desire to use substances. Intense desires to use are often called “cravings.” Cravings are often accompanied by powerful images and strong feelings associated with anticipated use.

A trigger can be external (occur outside of you), or internal (occur inside of you).

External Triggers

- People you used to use with
- Places where you used substances
- Things related to using substances, like a beer can, pipe, or lighter
- Situations or occasions in which you used, such as holidays, or significant events

Internal Triggers

- Thoughts (such as negative thoughts like “I am a bad person”)
- Emotions (including being angry, happy, anxious, or lonely)
- Physical experiences (such as pain or low energy)



Make it Your Own

Common High-risk Situations

Below is a list of high-risk situations that people commonly experience. Place an X next to the ones you have encountered in the past.

High-risk Situation	I have encountered in the past
Being offered substances by friends or family	
Being offered substances by a drug dealer	
Getting a paycheck, disability check, or having extra money to spend	
Not having anything to do, or being bored	
Cravings to use substances	
Social situations where people are using	
Feeling depressed	
Feeling tense, nervous, or anxious	
Having intrusive images, or memories of traumatic experiences	
Having distressing symptoms such as hallucinations	
Having an argument with a person close to you	
Seeing something on TV, or the Internet about drugs or alcohol	
Having difficulty sleeping	
Wanting to relax or have fun	



Make It Your Own

Strategies for Managing High-risk Situations

It's important to develop strategies to deal with high-risk situations so you don't return to using substances. Below is a checklist of strategies to cope with high-risk situations. Check off the ones that you have used successfully in the past, or that you might like to try.

KEY POINT

What you do makes a difference in your recovery. There are things you can do to manage high-risk situations effectively.

Strategy

Strategy I have used or would like to try

Avoid high-risk places (such as bars, parties, or routes home from work that you associate with using).

Make a plan to leave situations if you unexpectedly encounter alcohol or drugs.

Practice saying "no" to offers to use substances—from strangers and people you know.

Change your phone number to avoid contact with dealers, or friends who use.

Put any extra money you get in an account you can't access easily, or allow a person you trust to hold it for you.

Watch a funny movie when you feel anxious or depressed.

Make a schedule of things to do so that your days are busy.

Try doing fun new things during times you are at higher risk, like holidays or anniversaries.

Make a list or schedule of self-help or support groups in your area to attend when you are feeling at risk.

Tell someone you trust as soon as you feel a craving.

Copy the phone numbers of at least 5 supportive people to the favorite contacts list on your phone.

Use positive self-talk when you see something on TV or Internet about drugs or alcohol.

Add pleasant activities to your nighttime routine if you are having difficulty sleeping.

Make a list of fun activities you can enjoy with a supportive friend or family member.



Let's Talk About It ... Which strategies would you like to develop further, or try doing? Which strategy are you most interested in? What could you do in the coming week to get started on this strategy?



Home Practice

Taking Positive Steps to Manage High-risk Situations

Choose one of the following options to practice or make one up.

OPTION 1: Write about a high-risk situation you experienced in the past. Think about triggers you experienced and places, objects, emotions, or people that played a role in the risk.

OPTION 2: Try out one of the strategies for managing high-risk situations you identified in today's session. Ask someone you trust for help.

Make a plan for home practice this week:

What I will do

When

Where

With whom



"You have to practice something to make it your own!"

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



Key Point • Topic 3

Taking Positive Steps to Manage High-risk Situations

What you do makes a difference in your recovery. There are things you can do to manage high-risk situations effectively.

Topic 4

Dealing with Negative Attitudes and Beliefs about Substance Use Disorders (Stigma)

Just like with mental illnesses, people sometimes have negative beliefs and attitudes toward individuals with substance use disorders. This is called “stigma.” It’s important to recognize stigma because it can be a significant barrier to getting help for substance use disorder. This topic will help you respond in a positive manner when you experience stigma.

This session will introduce three important subjects to help you respond effectively to negative attitudes and beliefs about substance use disorder:



Understanding stigma



Responding to stigma



Dealing with shame

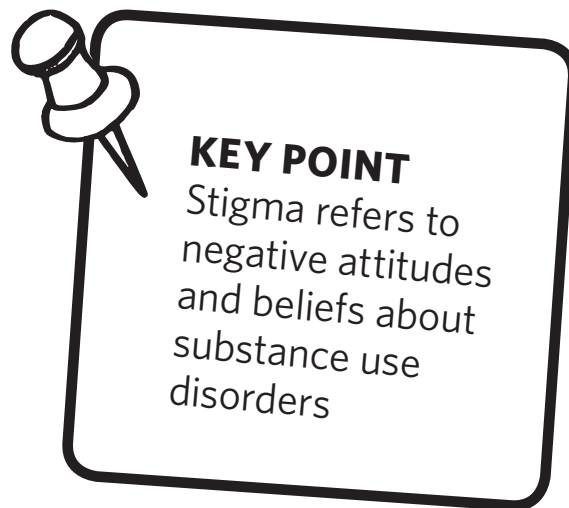
Each of these subjects will be described in more detail throughout this topic.

Understanding stigma

Stigma associated with addiction has a long and complicated history. Many people still mistakenly believe that substance use problems are the results of moral failures on the part of the person with the disorder, rather than a disease. People in recovery are often mistakenly blamed for their problems, and their inability to recover on their own. Sometimes stigma finds its way into the language of our culture. For example, terms such as “addict,” “junkie,” or “wino” are often used in television shows, movies, and books and can reinforce negative attitudes. Stigma can prevent people from talking about their problem, and

can contribute to the shame and guilt people in recovery from substance use disorders often feel. Their families may also experience these same negative reactions.

The laws that protect people with mental illness from discrimination also protect people with substance use disorders. The Americans with Disabilities Act (ADA) makes it illegal to discriminate against people with mental illnesses, substance use disorders, and other disabilities in the areas of employment, transportation, communication, or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.



Let's Talk About It

What negative things have you heard about people with substance use problems?

Have you ever experienced stigma because of your substance use problems?

Responding to stigma

Research has shown several effective ways to combat stigma around substance use disorders. One important strategy is to address self-stigma. This means challenging inaccurate beliefs that you may have about your own substance use, such as the belief that you can't recover from your substance use disorder.

Other effective strategies for reducing stigma around substance use disorders include educating the public, and sharing positive stories of people coping with addiction and getting into recovery. This means that sharing your own experiences, educating people in your life about substance use disorders and mental illness, and being an active member of your recovery community can reduce the stigma related to these disorders. Doing these things also helps other people get the help they need.

There are several organizations working to combat stigma, including: the National Institute of Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Substance Abuse and Mental Health Services Administration, and the American Society of Addiction Medicine. More information about the effects of stigma and how to combat it can be found in Module 2, Practical Facts about Mental Illness.



Let's Talk About It

Have you ever felt that your substance use is a sign that you failed morally?

Do you believe recovery is possible for you?



Make It Your Own

Responding to Stigma

Educating yourself and preparing to respond to stigma can be an important step toward empowerment in your recovery. Below is a list of materials you can access to help combat stigma. Place an X next to the ones you are interested in finding.

Materials

Materials I am
interested in finding



Public service announcements

YouTube videos of positive stories of recovery

Pamphlets or posters from government agencies about substance use

KEY POINT

The more you know about substance use disorders, the more prepared you are to address stigma.

Dealing with shame

Sometimes people with substance use problems blame themselves for not being able to stop using on their own. This contributes to “self-stigma.” Self-stigma about substance use problems is often reflected in feelings of guilt and shame for people in recovery. Shame can be a particularly hard feeling to experience because it often results from the belief that one is a bad person—and such beliefs can work against one’s own recovery.

It is important for you to challenge any beliefs you may have that lead to shameful feelings, such as having a substance use disorder means you are a bad person. Challenging these beliefs will help you focus your efforts on your recovery. It may help to consider this list of reasons these beliefs are incorrect:

- Vulnerability to substance use disorders is influenced by biological and other early environmental factors that people have no control over.
- People with a mental illness are more likely to develop substance use problems, and mental illnesses are not the person’s fault.
- Many people with substance use disorders succeed in getting into recovery and stopping their use, even after many years of addiction.

Strong feelings of shame and guilt can get in the way of recovery from substance use disorders because people want to avoid those feelings. Trying to avoid those negative feelings leads to not dealing with their substance use issues. Consider this quote:

“It’s not your fault that you were knocked down, but it is your responsibility to get back up again.”



Let’s Talk About It

Do you have feelings of guilt or shame about your substance use problems?

What thoughts about yourself have you had that led to those feelings?

Why do you think those thoughts or beliefs might be incorrect?

What do you think about the quote? Do you agree or disagree with it?



Make it Your Own

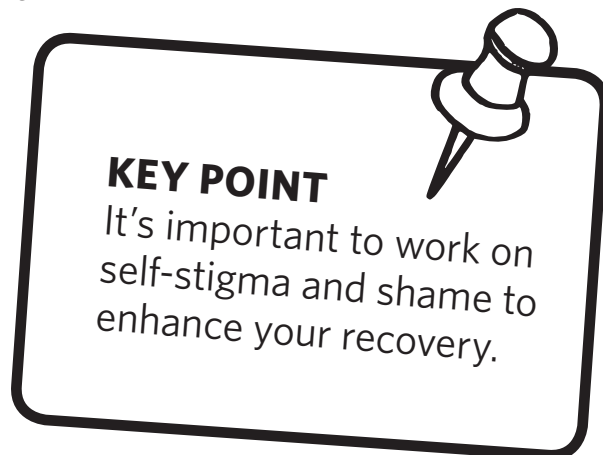
Changing My Thinking

Using strategies like challenging unhelpful blaming statements and replacing them with more accurate positive self-talk can help to combat self-stigma or thoughts of shame. Below is a table with some common examples of thoughts of shame along with some positive alternatives. Use the blank spaces to write in your own shameful and alternative positive thoughts.

Thoughts of Shame	Alternative Positive Thoughts
<i>I'm a failure.</i>	<i>I have had some setbacks, but I am still trying.</i>
<i>I can't stop using; I'm too stupid to figure it out.</i>	<i>All kinds of people have a difficult time stopping substance use, even doctors and lawyers.</i>



Let's Talk About It ... Have you ever thought you were a bad person for having problems with substance use? What helped you deal with this negative self-talk and shame? How can you use positive self-talk strategies in your daily life?





Recovery Corner

“I GREW UP IN A FAMILY where both of my parents drank and fought a lot. My father was also physically abusive to my mother, my little brother, and me. I never thought I would be like them when I grew up, but I started drinking when I was a teenager and loved how it made me feel. When I moved away from home and started working full time, I began using drugs as well. I developed a methamphetamine addiction. Meth made me feel like I was on top of the world, and it gave me an escape from depression problems I’d been having on and off for several years. My life soon became focused on buying and using as much meth as I could, and drinking to help me come down when I ran out of meth or needed some sleep. I kept losing jobs and my depression worsened, but that didn’t stop me from using.

One day, the police stopped my boyfriend and me because he was speeding. I had meth on me, so I was arrested. Instead of going to jail, the judge offered me the chance to enter a treatment program for my addiction and mood problems. While in the program, I decided to stop using meth because it had gotten me into a lot of trouble. At the time, though, I still thought I would be able to drink. My therapist said my best chance of recovery was to stop using everything, but I thought I knew better. I started drinking again as soon as I left the program. Everything spun out of control again, including my depression, and then I made a suicide attempt. Thank God I didn’t succeed.

When I got back into treatment, I knew I had to stop using—both drugs and alcohol. I knew I couldn’t control my use, and using only made my depression worse. It took me a bunch of times to get into recovery and stop using—but I finally did it. And being sober helped to get my depression under control. Now I can really live my life. I’ve been working for the past three years, and am in a loving relationship with someone who doesn’t use substances.”

— Lilly



Home Practice

Dealing with Negative Attitudes and Beliefs about Substance Use Disorders (Stigma)

"You have to practice something to make it your own!"

Choose one of the following options to practice or make one up.

OPTION 1: If you have experienced stigma, describe what happened and how it affected you. Write it down and consider sharing it with someone you trust.

OPTION 2: Choose one of the shameful thoughts from today's session and practice saying the alternative positive thought to yourself each day.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



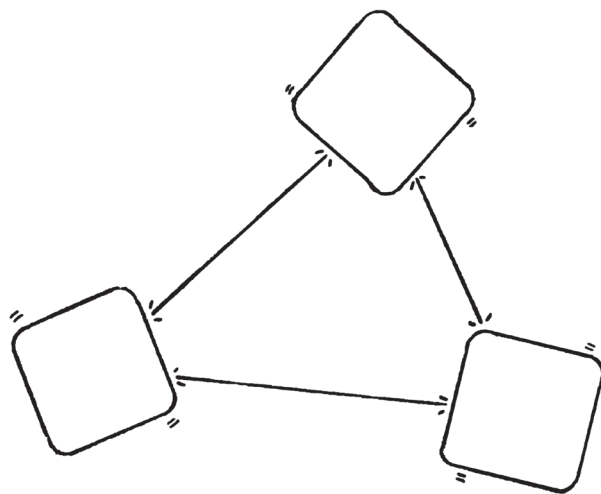
Key Points • Topic 4

Dealing with Negative Attitudes and Beliefs about Substance Use Disorders (Stigma)

Stigma refers to negative attitudes and beliefs about substance use disorders.

The more you know about substance use disorders, the more prepared you are to address stigma.

It's important to work on self-stigma and shame to enhance your recovery.



MODULE 4

The Stress-Vulnerability Model

Enhanced Illness Management and Recovery

“Learning about the stress-vulnerability model really helped me understand how both biology and stress contribute to mental health and substance use problems.”

— KENICA A., waitress, person in recovery
from schizophrenia and alcoholism

Questions to get us started:

What contributes to developing mental illness and substance use problems?

What makes mental illness and substance use problems better?

What makes them worse?

How do biology and stress affect mental illnesses and substance use?

You will have the opportunity to discuss these questions and more in this module about The Stress-Vulnerability Model.

We will cover **3 topics** in this Module:

Topic 1:

How do Biology and Stress Affect Mental Health and Substance Use?

Topic 2:

How do Mental Illnesses and Substance Use Interact with Each Other?

Topic 3:

Steps You Can Take to Improve Your Recovery

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

How Do Biology and Stress Affect Mental Health and Substance Use?

In this module we will learn about two important factors that can impact mental health and substance use: our biology, and the stress we experience in our lives. Learning how these factors combine to influence your mental health and substance use can help you understand that your illness is not your fault. It can also help you find the best strategies for improving your recovery.

We encourage you to work with your E-IMR practitioner, group members, friends, and family to use the tools you learn in this module to support your recovery. Practice during sessions can improve your understanding of the topics, and increase your ability to use coping strategies on your own.

In today's session we will learn how biology and stress contribute to developing mental illnesses and substance use problems. We will explore the following four subjects:

-  The role of biological factors in mental illness and substance use problems
-  How non-genetic factors contribute to biological vulnerability to mental illnesses and substance use problems
-  Does substance use cause mental illness?
-  How stress contributes to substance use and mental illness problems

Scientists do not yet understand why some people develop a mental illness and substance use problem while other people don't. They also can't predict who will have several episodes of symptoms and who will have only one or only a few episodes. One theory receiving strong support is called the "stress-vulnerability model." According to this theory, both stress and biological vulnerability contribute to symptoms, as shown in the following diagram:

The role of biological factors in mental illness and substance use problems

Being vulnerable to something means we have lower defense levels against it, or we are more likely to be impacted by it. For example, people with asthma are vulnerable to experiencing breathing problems on days with high smog levels. Sometimes vulnerabilities are passed down from our families.

The term “biological vulnerability” means there is an increased chance of developing a disorder. People are born with this vulnerability, or develop it very early in life. For example, some people have a biological vulnerability to develop asthma, or high blood pressure, or diabetes.

In a similar way, scientists think people can have biological vulnerabilities to develop mental illnesses and substance use problems.

For example, the chances of a person developing asthma or diabetes tend to be higher if a close relative also has the disorder. The chances of a person developing depression, bipolar disorder, or schizophrenia are higher if a close relative also has the disorder. In a similar way, the chances of a person developing a substance use problem are higher if a close relative has a substance use problem.



Let's Talk About It

Does anyone in your family have a mental illness?

Does anyone in your family have a drug or alcohol problem?

Does anyone in your family have both?



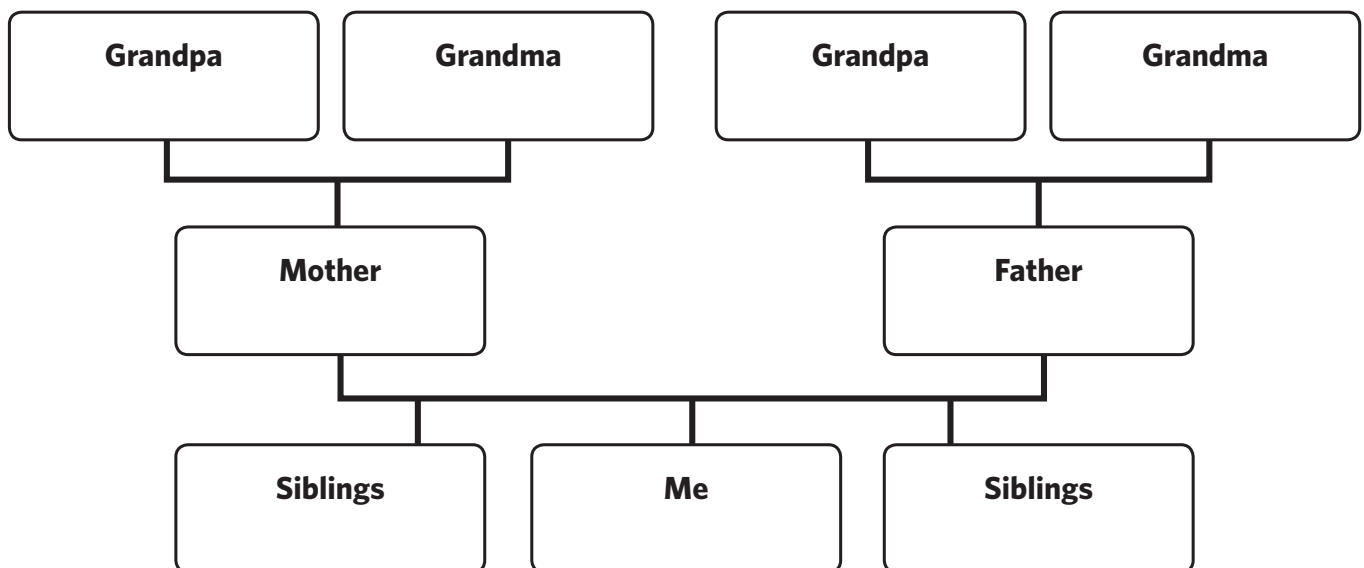
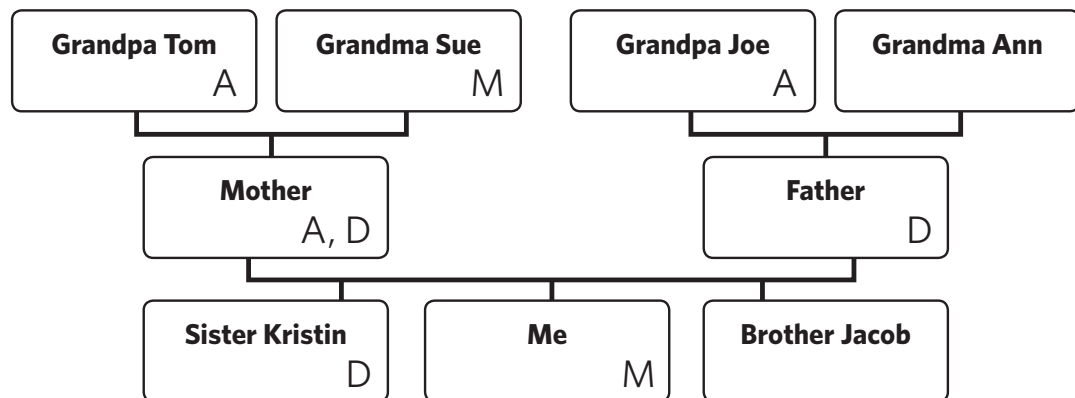
Make It Your Own

Your Genogram

A genogram is a picture used to show family relationships across several generations. Some people call it a family tree. You may find it helpful to do a genogram that shows which of your family members has had a substance use disorder, which has had a mental illness, and which has had both. It is common to grow up with people you are not related to biologically or with partial biological relatives like half siblings. If you have these family members on your genogram, you may want to add some extra labels to help you more closely explore your family connections. See the example below, followed by a blank genogram that you can complete for yourself. The following key explains the initials used:

M = Mental health problem **D** = Drug problem **A** = Alcohol problem

EXAMPLE:



How non-genetic factors contribute to biological vulnerability to mental illnesses and substance use problems

Genetics do not explain everything about the development of mental illnesses and substance use problems. For example, many people with a mental illness have no family history of psychiatric symptoms. And many people with a drug or alcohol problem have no relatives with substance use problems.

There is strong scientific evidence that non-genetic factors also make us vulnerable to developing substance use problems and mental illness. These factors may be physical, or they may be related to things we experience in life. For example, complications during pregnancy, or delivery (such as using forceps or the baby not getting enough oxygen) may be important early physical factors. Other examples have to do with the age or health of the parents. For example, the older the father is when the child is conceived, the greater the risk that the child may later develop schizophrenia.

Difficult childhood experiences have also been shown to increase the risk of developing a mental illness or drug or alcohol problem. For example, if a child under the age of 5 loses their mother, they are at an increased risk of developing a major depression. These experiences are often called “Adverse Childhood Experiences” or “ACEs.”

Examples of adverse childhood experiences include:

- emotional abuse
- sexual abuse
- physical abuse
- neglect
- poverty
- lack of adequate stimulation
- loss of a parent
- witnessing or being the victim of violence
- being the victim of bullying
- having early disruptions with primary caregivers, such as having multiple foster care placements.

Research is underway to better understand the role of adverse childhood experiences in developing symptoms, and how to help people who have had these experiences. If you have had adverse childhood experiences, it is important to discuss them with either your E-IMR practitioner or another member of your treatment team. They will help you figure out if additional therapy could be helpful.



Some people who have experienced severe adverse childhood experiences develop a psychiatric disorder called Post-Traumatic Stress Disorder (PTSD). You can learn more about PTSD in **Module 2, *Practical Facts about Mental Illness***, which contains a complete description of the symptoms and the treatment for the disorder.



Let's Talk About It

Have you experienced any of these examples of adverse childhood experiences?

If so, how do you think it affected you later in life?

Does substance use cause mental illness?

There is a lot of scientific debate about whether substance use can cause mental illnesses. Some studies have shown that people who used alcohol or other drugs have an earlier onset of mental illness. Studies have also shown that people who use cannabis as adolescents have a higher risk of developing schizophrenia. At present, scientists don't agree about whether these studies show that drug use causes mental illness, or is just associated with it. However, most scientists agree there is strong evidence that using substances can make mental health problems worse.

How stress contributes to substance use and mental illness problems

Scientists think stress plays an important part in mental illness and substance use problems. For example, stress can trigger the onset of mental illness symptoms or make them worse. Stress can also trigger the use or increased use of drugs and alcohol.

People experience stress in very different ways. In fact, what is stressful to one person may not be stressful at all to someone else. However, there are some situations that most people find stressful, such as:

- Having too much to do in too little time (such as being expected to complete several tasks in a short period of time)
- Not having any meaningful activities to do (such as sitting around all day with nothing to accomplish)
- Having high levels of conflict in interpersonal relationships (such as people often arguing, expressing angry feelings, or being very critical of each other)
- Major life changes (such as losing a loved one, moving away from home, starting a new job, getting married or divorced, or having a child)

- Financial or legal problems
- Being sick or fatigued
- Being the victim of a crime
- Experiencing poverty or poor living conditions



In **Module 5**, *Coping with Stress*, you will find helpful information about stress, including strategies for reducing some sources of stress, and coping with stress that you can't get rid of.



Let's Talk About It

Have there been times when you were under stress and you experienced more mental health symptoms, or your symptoms got worse?

Have there been times when you were under stress and you experienced more problems with drugs or alcohol use?



Home Practice

How do Biology and Stress Affect Mental Health and Substance Use?

"You have to practice something to make it your own!"

Choose one of the following options to practice or make one up.

OPTION 1:

Share your genogram with a family member or friend

OPTION 2:

Keep track of when you feel stress this week and whether you notice it affecting your mental illness, your substance use, or both. You can use a chart like the one on the following page.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

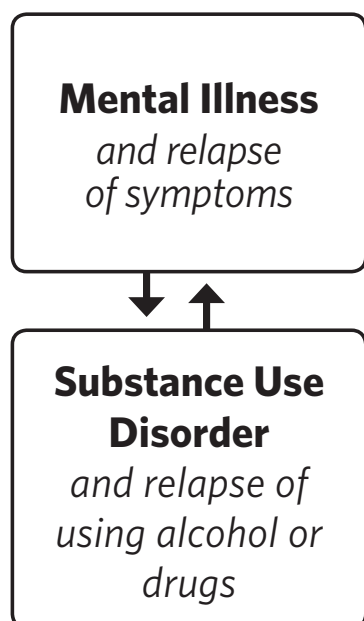
Keeping Track of Stress

	Stress I experienced	I noticed that it affected the symptoms of my mental illness	I noticed that it affected the symptoms of my substance use problem
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Topic 2

How do Mental Illnesses and Substance Use Interact with Each Other?

There is strong agreement among scientists that mental illness and substance use disorders interact with each other, with each disorder making the other one worse. For example, a relapse of one disorder can contribute to a relapse of the other disorder. Here is a diagram that illustrates this concept:



Using alcohol and other drugs is common in most societies today. Alcohol is legal almost everywhere, and cannabis is becoming legal in many places. Even in places where it's not legal, cannabis is often widely available. People often use substances socially, to celebrate things, or to deal with upsetting feelings. However, using substances can lead to problems, and interfere with people's ability to manage their lives. For people who also have a mental illness, drinking or using drugs can interfere with their ability to manage the symptoms of their mental illness. It can also cause relapses.

Mental health symptoms are also quite common, and they can also interfere with people's ability to manage their lives. For people who also have a substance use problem, mental illness can interfere with their ability to achieve and maintain sobriety.

This handout will help you understand how substance use problems and mental illness symptoms affect each other. You will learn more about the following three subjects:

-  How drug and alcohol problems impact mental illnesses
-  How mental illnesses impact substance use problems
-  Why it is important to maintain awareness of both mental illnesses and substance use problems

The impact of drug and alcohol problems on mental illnesses

Because problems with substance use and mental illness are so closely related (and so common), it is important to understand how they are connected. Understanding this connection will help you create a more effective plan for recovery. It can also be an important source of motivation for sticking to your plan, since problems in one area make the problems in the other area worse and harder to manage.

Using drugs and alcohol negatively impacts mental illnesses by:

- Making the symptoms worse
- Making it harder to follow through with treatment
- Creating stress (which makes symptoms worse)

How substance use impacts symptoms of mental illness

Using alcohol or other drugs causes changes in the way the brain functions. These substances can impact the areas of the brain that are associated with mental illness, or with making us vulnerable to developing a mental illness. That means alcohol or drug use can result in bringing back

mental health symptoms that had been under control, or it can worsen the symptoms you were already experiencing. For example, stimulants such as amphetamines can increase the neurotransmitter (brain chemical) dopamine, which is believed to contribute to psychotic symptoms such as hallucinations and delusions. Therefore, a person who takes stimulants increases their risk of these symptoms re-emerging (if they were in remission) or becoming more severe.

Examples of common symptoms of mental illness that can be made worse by using substances include depression, anxiety, hearing voices, seeing things, paranoia, suicidal thinking, intrusive memories of traumatic events, confused thinking, and manic symptoms. Sometimes increases in these symptoms can require special appointments with a medication prescriber, visits to the emergency room, or temporary psychiatric hospitalization.



Let's Talk About It

Can you think of a time when drinking or using drugs made mental health symptoms worse? What happened?

How substance use impacts mental health treatment

Sometimes when people use substances, their drinking or drug use becomes the most important part of their life, and they neglect other important things, including taking care of their mental illness. They may stop participating in treatment or give up other self-care behaviors. Substance use can lead people to reduce or stop engaging in activities related to managing their mental illness including:

- Taking medications regularly
- Attending therapy or medication treatment appointments
- Going to a rehabilitation program, such as supported employment
- Going to a local clubhouse or drop-in center
- Using healthy strategies to cope with stress or symptoms
- Getting social support from friends and family members who do not use
- Doing meaningful activities, like work and school
- Pursuing their goals



Let's Talk About It

Can you think of a time when drinking or using drugs interfered with your mental health treatment?

What happened?

How substance use impacts stress

Drinking or using drugs often results in people getting into risky situations, which endanger their safety and well-being. There are also negative social, legal, and financial consequences. These negative consequences can be very stressful, which can in turn lead to increased mental health symptoms and relapses. Here are some examples of ways that using drugs and alcohol can cause stress:

- Increased risk of accidents and injuries
- Getting into fights
- Being mugged
- Being physically or sexually assaulted
- Problems in relationships
- Not getting enough sleep and relaxation
- Losing housing
- Money problems
- Losing a job or having to drop out of school
- Difficulty taking care of one's children
- Health problems related to substance use (such as liver problems due to drinking, or infectious diseases related to drug injection)
- Engaging in sexually risky behaviors
- Legal problems



Let's Talk About It

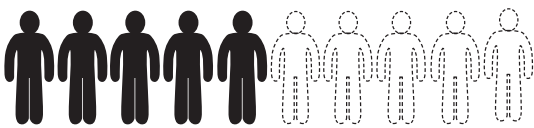
What are some of the stressful consequences you have experienced related to your drinking or use of drugs?

What happened?

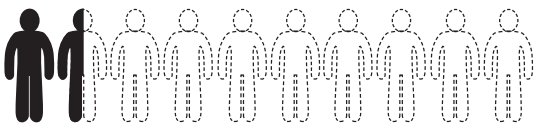
The impact of mental illnesses on substance use problems

Having a mental illness can make people more sensitive to the effects of substances. That is, even a small amount of alcohol or drugs can cause a problem for someone with a mental illness. For that reason, people with mental illnesses are at a higher risk for developing a drug or alcohol problem. Here is a chart that shows the differences in the lifetime rate of substance use disorders in people in the general population, compared to the rate in people who have a serious mental illness:

Lifetime Rates of Substance Use Disorder:



50% FOR PEOPLE WITH SERIOUS MENTAL ILLNESS



15% FOR PEOPLE WITHOUT SERIOUS MENTAL ILLNESS

The symptoms of mental illnesses can also affect people's use of substances and related problems. Here are some examples:

- People may try to use substances to cope with the distress they experience when mental health symptoms come back or increase
- Mental health symptoms may make it more difficult to take care of yourself and follow through with treatment
- Mental health symptoms are often upsetting, which can be very stressful to the people experiencing them
- Mental health symptoms can lead to problems which cause stress in the person's life

We will look at each of these examples below.

1. Using substances to cope with mental health symptoms

When people experience an increase in mental health symptoms it can be very distressing. Examples of symptoms that can be distressing or upsetting include depression, anxiety, sleep problems, hearing voices, or intrusive memories of traumatic events. People sometimes try using substances to cope with

Continued on next page...

these and other symptoms. This is sometimes called self-medication. Although using substances may offer some temporary relief, it usually worsens symptoms in the long run.



Let's Talk About It

Can you think of a time when you used alcohol or drugs to try to cope with mental health symptoms? What happened?

2. Difficulty taking care of oneself and following through with treatment

When mental health symptoms get worse, they can distract people from paying attention to important things in their lives. People may stop taking care of themselves as well as they did before, and reduce or stop actively participating in both mental health and substance use treatment. This can affect substance use because people often decrease or stop activities that help them stay sober when they are experiencing mental health symptoms. They may stop:

- Attending appointments that address substance use
- Attending programs that include substance use issues
- Attending Dual Recovery or AA or NA or other peer groups
- Taking substance use medications regularly



Let's Talk About It

Have your mental health symptoms ever gotten in the way of taking care of yourself, or following through with your substance use treatment? What happened?

3. Difficulty dealing with higher levels of stress

When people are experiencing mental health symptoms, it can be very stressful. Some common examples of symptoms that result in stress are anxiety, hearing voices, sleep problems, feeling paranoid, and having intrusive memories of traumatic events. As discussed earlier in this module, stress can make substance use problems worse, especially when people use substances as a way of trying to cope with stress. Although there is often a temporary relief from stress when people use substances, it usually worsens stress in the long run.



Let's Talk About It

Have your mental health symptoms caused stress for you? Did you try to cope with it by using substances? What happened?

Continued on next page...

4. Difficulty dealing with problems related to mental health symptoms

Increases in mental health symptoms can lead to problems in people's lives that they may try to cope with by using substances. Here are some examples:

- People who are depressed may stop eating or miss work.
- People who are experiencing a manic episode may make unwise decisions like spending money they don't have, or having intimate relationships with people they don't know.
- People who are hearing voices may find it hard to concentrate in class, and may do poorly on a test.
- People who are feeling paranoid may be fearful of leaving their house, even to get groceries they need.
- People who are having intrusive memories of traumatic events may find it hard to perform on their job.

The problems described above can lead to stressful situations, which people may try to cope with by using substances. That is, people who are abstinent may resume drinking or using drugs; people are using substances may drink more or use more drugs. This increased substance use can, in turn, make any of these life problems worse, and harder to manage.



Let's Talk About It

Have your mental health symptoms led to problems that caused stress?

What happened?

How did the stress affect your substance use?

Maintaining awareness of both mental illnesses and substance use problems

This topic has described how the symptoms of mental illnesses and substance use problems interact with each other. One of the most important messages to take from this is that it is very important to be aware of both disorders **and make sure you are paying enough attention to each disorder.**

You will get the best result if you pay attention to both mental health and substance use problems, pursue treatment for both, and take care of problems with each of them as soon as they come up.



Make It Your Own

Maintaining Awareness of Mental Illness and Substance Use Problems

Do you think you are paying enough attention to your mental health problems?

If not, what is one thing you could do improve on this?

Do you think you are paying enough attention to your substance use problems? If not, what is one step you could take to improve on this?



"You have to practice something to make it your own!"

Home Practice

How Do Biology and Stress Affect Mental Health and Substance Use?

Choose one of the following options to practice or make one up.

OPTION 1:

Make a plan to take action on the step you identified to improve your attention to your substance use problem.

OPTION 2:

Make a plan to take action on the step you identified to improve your attention to your mental health problem.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

Topic 3

Steps You Can Take to Improve Your Recovery

Now that you have learned more about how substance use problems and mental health impact one another, we will explore ways to use this knowledge to support your recovery. In this module, you will learn about six important steps you can take to improve your recovery:

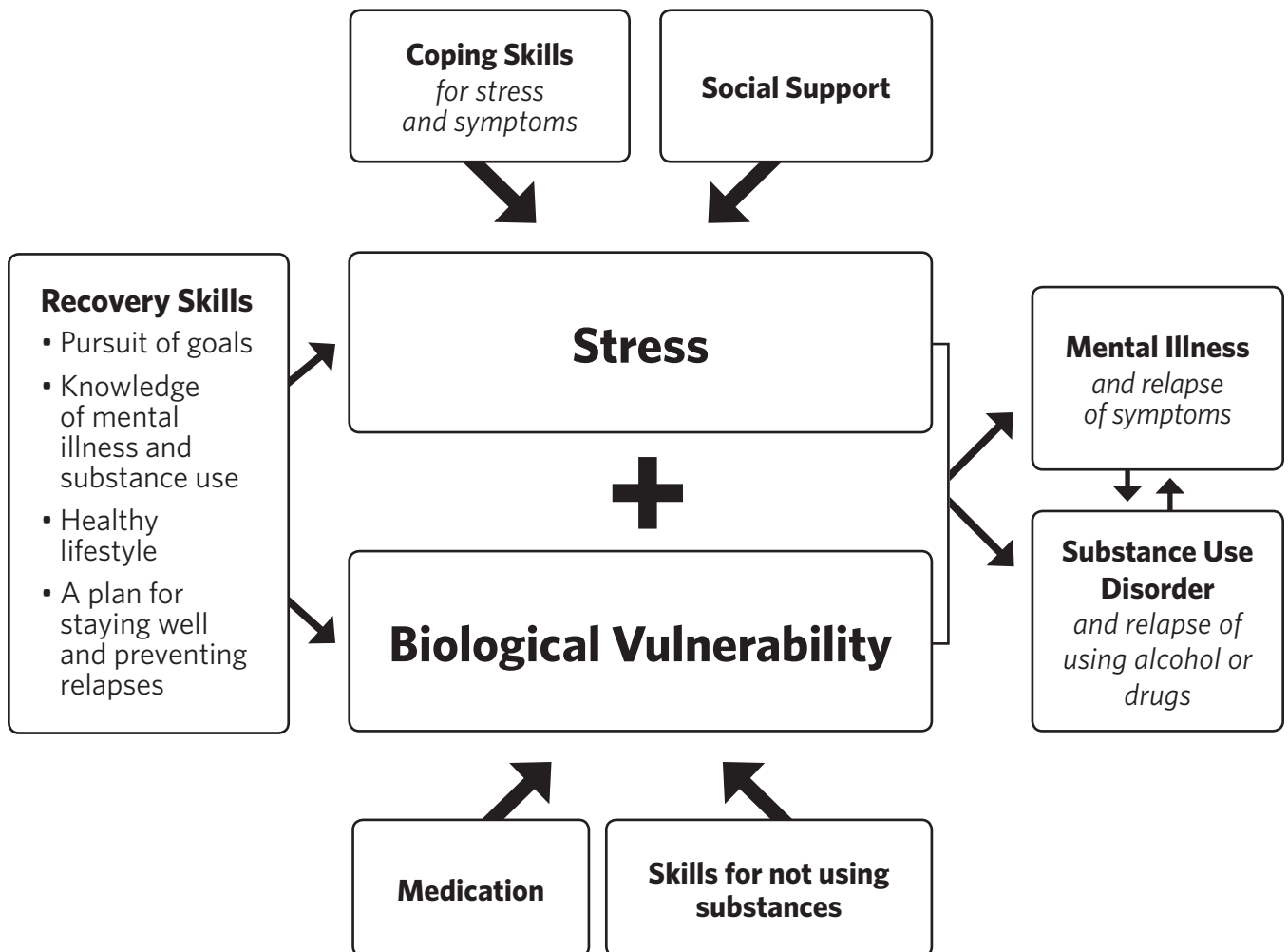
-  Taking medication
-  Using skills for maintaining abstinence from alcohol and drugs
-  Coping with stress
-  Getting social support
-  Using coping strategies for symptoms
-  Using recovery management skills

The diagram on the following page shows how The Stress-Vulnerability Model can be used to help you avoid relapses (or recurrences) of mental illness and substance use. In the diagram, the arrows pointing from one box to the other mean that the first box primarily affects the other. You will also see the diagram contains a box for each of the topics listed above, along with a depiction of the relationship between mental illness and substance use symptoms as described in Topic 2 of this module.

Each part of the diagram will be explained in more detail.

The Stress-Vulnerability Model

of Mental Illnesses and Substance Use Disorders



Medication

Taking medication

For many people, medication helps reduce the symptoms of mental illness AND helps to keep symptoms from coming back (prevent relapses). There are several different medications used to treat different mental illnesses. There are also helpful medications for substance use problems.

It is your decision whether to take medications. It is important to be aware of the benefits of the medications, and also the potential side effects. We encourage you to talk to your doctor or nurse about medications and bring up all your questions.



Module 7, Using Medication

Effectively, provides more specific information about medications and how to get the best results from them.



Let's Talk About It

Have medications helped you reduce symptoms of mental illness, or keep them from coming back?

Have you used substance use medications? Did they help you?

Skills for not using substances

Skills for maintaining abstinence from alcohol and drugs

Not using alcohol and other drugs (abstaining) helps to minimize the symptoms of mental illness and keep them from coming back. Alcohol and drugs affect neurotransmitters (brain chemicals) in the brain, which can cause symptoms to come back or get worse. Furthermore, the effects of substances on neurotransmitters in the brain can prevent people from getting the full benefits of medication on symptoms, because medications work by affecting these neurotransmitter systems. Using alcohol and drugs can also lead to legal, financial, and health problems, causing stress that can trigger symptoms.

For people who are abstinent from drinking or using drugs, a "slip," in which a person uses a small amount of a substance again, can lead to a full relapse of substance use problems and addiction. Therefore, trying to prevent slips of substance use can be important to preventing people from resuming their old habits.

Here are some examples of skills for maintaining abstinence:

- Developing a network of sober friends and family members
- Avoiding situations that put you at a high risk of using substances (e.g., going to places where you bought or used drugs in the past)
- Attending a peer recovery support group such as Alcoholics Anonymous (AA), Dual Recovery, or Narcotics Anonymous (NA)
- Doing fun activities that do not involve using substances

 **Module 3, *Practical Facts about Substance Use Disorder***, provides good information to help you learn these and other skills for maintaining abstinence from alcohol and drugs.

Coping Skills for Stress

Coping with stress

As we discussed in Topic 1, stress can cause the symptoms of mental illness to come back or get worse. Stress can also contribute to people relapsing back into drugs or alcohol, or increasing their use. Therefore, it is helpful for people to reduce the effects of stress in their lives. There are two main ways to reduce the negative effects of stress. One way is to address stressors that we have some control over, and reduce or eliminate them. The other way is to have effective coping strategies for dealing with stress so that it doesn't cause negative effects.

 **Module 5, *Coping with Stress***, provides more information about reducing sources of stress and coping strategies for managing stress more effectively.

Let's Talk About It

If you are currently abstinent, how do you think it has helped you reduce your mental illness symptoms or prevent relapses or hospitalizations?

If you are currently using substances, think of times in the past when you were not using. Can you identify any ways that your mental health symptoms were better during that time period?

Let's Talk About It

What is an example of something you have done to reduce stress in your life?

What is an example of a strategy you have used to cope with stress?

Social Support

Getting social support

Having people to talk to and do things with is important to everyone. Social support from friends and family members helps people enjoy their lives more and cope better 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 help relieve pressure.

Here are some other things that people in your support system can help you with:

- Supporting you and believing in your ability to achieve your goals
- Helping you take specific steps toward your goals
- Helping you solve problems that come up in your life
- Helping you monitor your mental health symptoms
- Supporting your goal of being abstinent from using alcohol or drugs
- Helping you avoid using alcohol or drugs
- Doing fun activities together that don't involve alcohol or drugs



Module 6, *Building Social Support*, provides more information about connecting with people and having rewarding relationships.



Let's Talk About It

What is an example of a supportive relationship in your life, either now or in the past?

What is an example of how a supportive relationship made a difference in your mental health, your physical health, or your use of alcohol or drugs?

What is an example of how social support can help people achieve or maintain abstinence from using substances?

Coping Skills for Symptoms

Using coping strategies for symptoms

For some people, the symptoms of mental illnesses become mild or go away with medication. Other people may experience symptoms that persist, or keep happening even when treated. These persistent symptoms can be distressing or interfere with their lives despite taking medication. Some examples of symptoms that can be persistent include: anxiety, depression, hearing voices or seeing things, feeling paranoid or suspicious of others, sleep problems, lack of motivation or drive, low stamina, and having lots of thoughts and memories about traumatic life experiences. However, people can learn good strategies for coping with these types of symptoms. Knowing effective ways of coping with symptoms can help people pursue their goals and enjoy their lives, in spite of experiencing some symptoms.

Sometimes people use alcohol or drugs to try to cope with troubling mental health symptoms. For example, people who have experienced traumatic events in their lives and who have posttraumatic stress disorder (PTSD) may drink in order to try to escape or reduce anxiety related to their traumatic memories, to calm

themselves, or to help them sleep better. Another example is people who hear voices (have hallucinations) and may drink alcohol or use cannabis in order to try to reduce the voices or make them feel less anxious when they hear them.

However, using substances to cope with mental health symptoms often makes the symptoms worse rather than better in the long run. It can also lead to or worsen problems with drugs and alcohol. Learning effective strategies for coping with symptoms and urges to use substances can avoid the “vicious cycle” of using substances to cope with problems and mental health symptoms, which brings temporary relief, but then worsens those problems or symptoms in the long run.



You will find helpful information about a variety of coping strategies in **Module 8**, *Coping with Problems and Symptoms*.



Let's Talk About It

What is an example of a coping strategy you have used for a symptom of mental illness?

What mental health symptoms have you used drugs or alcohol to try to cope with? Did it work? What happened in the short-run? What happened in the long-run?

Recovery Skills

Using recovery management skills

You can take an active role in your own recovery by developing your recovery management skills. These skills include:

- Identifying one or more personal recovery goals and working toward achieving those goals
- Learning practical information about mental illness and substance use disorders
- Developing a plan for staying well (sometimes called a relapse prevention plan) for preventing mental illness symptoms from returning and for preventing relapses of using alcohol or drugs

- Leading a healthy lifestyle, which includes regular exercise, good nutrition, getting enough sleep, and taking care of personal hygiene



Let's Talk About It

What do you think is the most important part of managing your recovery?

What is one of your recovery goals?
What steps have you accomplished toward reaching your recovery goal(s)?



Several E-IMR modules address the four major ways to take the lead in managing your recovery. See the table below for details:

Recovery Management Skill	Module where this skill is addressed
Pursuit of goals	Module 1 , <i>Recovery Strategies</i>
Knowledge of mental illness and substance use and their treatment	Module 2 , <i>Practical Facts about Mental Illness</i> Module 3 , <i>Practical Facts about Substance Use Disorders</i>
Having a plan for staying well and preventing relapses	Module 10 , <i>Developing a Plan for Staying Well</i>
Leading a healthy lifestyle	Module 9 , <i>Healthy Lifestyles</i>



Recovery Corner

“GROWING UP, IT WAS JUST MY MOM AND ME. She had bipolar disorder and was depressed a lot. When she stayed in bed, I would take care of things around the house and cook meals for us. I didn’t have much time to make friends and when I was 13 years old, I started buying alcohol along with the groceries. I would tell the store clerk it was for my mom, but it was for me. I started drinking a little every day because it helped me feel less lonely.

My mom died of a heart attack when I was 18 and I was left all alone. I began drinking heavily and became more and more isolated. I hardly ever left the house. It reminded me of how my mom had been. Finally, I realized how bad things were and I went to see my mom’s doctor—a psychiatrist. She told me I had bipolar disorder, like my mom had, and that it ran in families. However, she also told me I could live a very different life than my mother’s, and that there were lots of things I could do to manage the disorder effectively.

The visit with the psychiatrist gave me hope. I started taking medication for bipolar disorder and seeing a therapist. Although my bipolar disorder was better, I still had some mood problems. My therapist helped me see how my mood problems were related to my drinking, and how drinking made my symptoms worse—especially my depression. She also helped me develop better strategies for coping with my anxiety and depression, and for connecting with people. I’m now working at a part-time job and just started attending college.”

— Carlos



Home Practice

Steps You Can Take to Improve Your Recovery

Choose one of the following options to practice or make one up.

OPTION 1:

Use the Stress Vulnerability Model to identify the things you are doing effectively and the things that could use improvement.

OPTION 2:

Teach someone about the Stress Vulnerability Model. Ask them what things you are doing most effectively and what you could improve.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

"You have to practice something to make it your own!"

MODULE 5



Coping with Stress

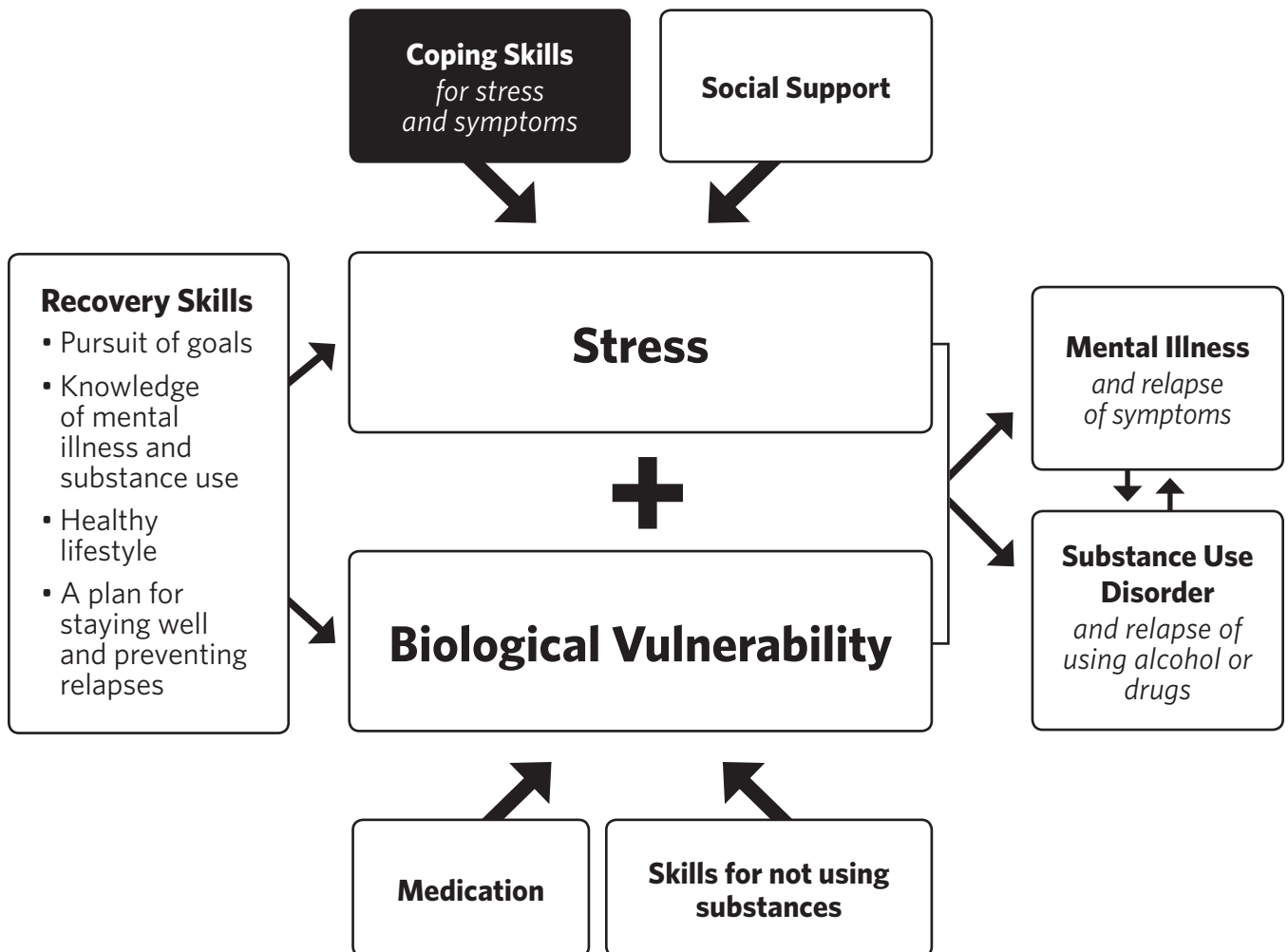
Enhanced Illness Management and Recovery

“Stress has been a major problem in my life. I didn’t realize that I could manage it until I started looking at the different strategies for coping with stress. I make sure to take time out of my week to do something creative with my kids. I also really like using breathing exercises when I am preparing for something stressful or am just feeling overwhelmed.”

— STACIA, mom, wife, friend, person in recovery
from co-occurring disorders

The Stress-Vulnerability Model

of Mental Illnesses and Substance Use Disorders



Questions to get us started:

What kinds of things make you feel stressed?

How do you know when you are under stress?

What has helped you deal with stress in the past?

What can you do to feel less stress?

You will have the opportunity to discuss these questions and more in this module about coping with stress.

We will cover **4 topics** in this Module:

Topic 1:

Learning What Contributes to Stress

Topic 2:

Identifying Signs of Stress

Topic 3:

Preventing and Coping with Stress

Topic 4:

Making a Plan to Prevent
and Cope with Stress

Reminder, set
an **Agenda:**

**Here is the format of each
Enhanced IMR session:**

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

Learning What Contributes to Stress

Learning effective ways to reduce and cope with stress can make a big difference in your enjoyment of daily life. It can also improve physical and mental wellbeing, and have a positive impact on the symptoms of mental illness and substance use. We will begin by learning more about stress. Then we'll look at situations and events that can cause stress, and learn strategies to help you identify it and cope with it when you are feeling stressed.

Finally, you will use what you learn to create your own Plan to Prevent and Cope with Stress. Each topic in this module corresponds to a section of the plan. Working with your E-IMR practitioner, fill in your plan as you read this module. (You will find a blank plan on page 11 of this module.)

In this module, you will:

1. Create your own Plan to Prevent and Cope with Stress.
2. Learn three relaxation techniques, and one mindfulness technique
3. Have the opportunity to practice the techniques you learn

We encourage you to try using these new tools with your E-IMR practitioner, or with fellow group members. Practice during sessions can improve your ability to use these coping strategies, and increase your confidence for using them on your own.

In today's session we will learn more about stress and what contributes to it by looking at the following subjects:



What is stress?



How does stress relate to mental illness and substance use?



What makes people feel stressed?

What is stress?

Stress is a natural part of everyone's life, and everyone experiences stress in some way. Stress can be described as a feeling of pressure, strain, or tension. It is common for people to use phrases like "under stress" or "stressed out" when they are having difficulties in a situation or event.

Here are some important facts about stress:

- Both positive and negative situations can cause stress
- Stress can make symptoms of mental illness or substance use disorders worse
- People can cope effectively with stress by learning skills and strategies

How does stress relate to mental illness and substance use?

Stress can have a big impact on mental illness and substance use disorder. According to the stress-vulnerability model, every person has strengths that help them handle stress better, and weaknesses that make it harder for them to cope. This model also shows that stress is related to developing symptoms of mental illness. Stress can also worsen symptoms, or lead to a relapse of mental illness symptoms.

KEY POINT

Stress is a feeling of pressure, strain, or tension that comes from dealing with challenging situations.

There is a similar relationship between stress and substance use disorder. Stress has been related to people developing substance use problems. Stress has also been linked to people having a relapse of their substance use. In addition, stress has been related to increased cravings and difficulties in cutting down or stopping substance use. Decreasing stress levels and using effective coping strategies to help manage it better can help you decrease symptoms, and lower the chances of having a relapse.

Keep in mind that stress is a natural part of everyone's life, and pursuing important personal goals and new challenges may be stressful. Being able to use coping strategies in stressful situations can make you feel more relaxed, and can also help you manage your symptoms.

What makes people feel stressed?

There are many kinds of stress, and different people experience stress differently. We will focus on two main kinds of stress: life events and daily hassles. The goal is to help you to figure out your own personal stressors, and to develop a plan for dealing with them when they come up.



Make It Your Own

Life Events

Life events are big stressors like moving, getting married, or experiencing the death of a loved one. Along with your E-IMR practitioner, review the Life Events Checklist below, and place an X next to the ones you have experienced in the last year. (This checklist will help you fill in Part A of your Plan to Prevent and Cope with Stress.)

I experienced this event



Life Event	
Moving	
Getting married	
Having a baby	
Divorce or separation	
Injury or illness	
New job	
Loss of job	
Major financial problem	
Injury or illness of a loved one	
Death of a loved one	
Victim of a crime	
Getting arrested	
New boyfriend/girlfriend	
Break up	
New responsibilities at home	
New responsibilities at work	
Losing housing	
Being hospitalized	
Going to detox	
Other:	



Let's Talk About It

How many life events did you identify?

How did the stressful events that you identified affect the symptoms of your mental illness, or changes in your substance use?

KEY POINT

Life events and daily hassles are both sources of stress



Make It Your Own

Daily Hassles

Daily hassles are the little stressors people experience every day like waiting in long lines, missing the bus, or dealing with an unpleasant person. Unlike life events, these things usually pop up in our day unexpectedly. To see how many daily hassles you have experienced in the last week, review the Daily Hassles Checklist below with your E-IMR practitioner and place an X next to the ones you have experienced. (This checklist will help you fill in Part A of your Plan to Prevent and Cope with Stress.)

Daily Hassle	I experienced this event
Waiting in a long line	
Missed the bus/train	
Forgot wallet/purse at home	
Argument at home	
Argument at work	
Dealing with an unpleasant person	
Getting stuck in traffic	
Too noisy at home	
Too noisy at work	
Messy kitchen/bathroom	
Household repair	
Not enough money to take care of needs	
Not enough money to do something for fun	
Crowded living situation	
Feeling rushed at home	
Feeling rushed at work	
Minor medical problems	
Having nothing to do	
Living in a dangerous neighborhood	
Other:	



Let's Talk About It

How many daily hassles did you identify in the last week?

How did the stressful events that you identified affect the symptoms of your mental illness, or changes in your substance use?

Relaxation strategies

Relaxation strategies can help you cope with stress, and reduce some of its negative impacts. Each topic of this module has Try it Out sections to help you explore a relaxation strategy that helps people reduce the effects of stress in their lives. You may choose to use some of these strategies to fill in Part E, Relaxation Strategies, of your plan to Prevent and Cope with Stress.

The relaxation strategy in this topic focuses on breathing. The goal of relaxed breathing is to slow down your breathing. This can slow down your heart rate, and make your body feel calm.



Try it Out

Relaxed Breathing

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill:

- ▷ Pick a word that helps you think of relaxation like “calm,” “peace,” or “relax.”
- ▷ Breathe in normally through your nose, and out slowly through your mouth.

- ▷ During your exhale, say the word you have chosen. Say it slowly so that you can feel your voice in your throat. “c-a-a-a-a-a-l-m.” Or you can say the word to yourself.
- ▷ Pause and count to four before taking your next breath in. (If four counts seems too long, you can try three or two.)
- ▷ Repeat the steps above ten to fifteen times.

STEP 2

Watch a demonstration of the skill and try it out: your E-IMR practitioner will demonstrate the steps of relaxed breathing for you. You and your practitioner can try it out together.

STEP 3

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: how the practice felt to you, what you did well, and how you might do it differently in the future.

STEP 4

Continue practice and feedback: Your E-IMR practitioner will help set up more opportunities to try it out if needed. After each practice, your practitioner will guide a review.

STEP 5

Try it out on your own: Plan when, where, and with whom you could practice this skill on your own. ■

Developing your plan to prevent and cope with stress

Now you have the chance to begin working on your own plan to prevent and cope with stress. The plan is divided into these five parts:

PART A:

Stressful Situations to be aware of (daily hassles and life events)

PART B:

Signs that I am under stress

PART C:

Healthy Strategies I can use to prevent stress

PART D:

Coping Strategies I can use to respond to stress

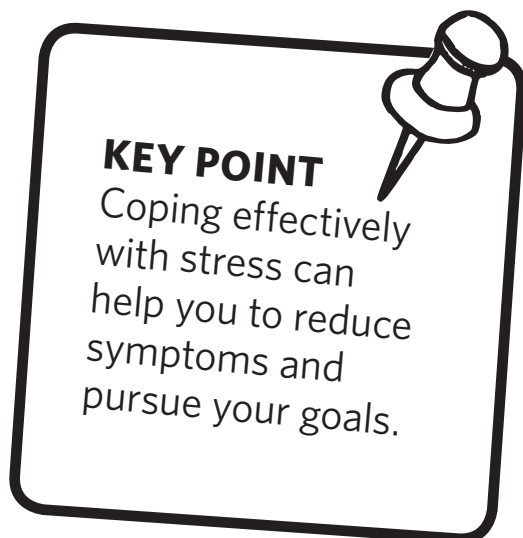
PART E:

Relaxation and Mindfulness Strategies I find helpful

Take some time to start your Plan now with your E-IMR practitioner. You can add what you have learned today about important life events and daily hassles that cause you the most stress and to Part A: Stressful Situations to be aware of (daily hassles and life events). Keep this form handy so that you can fill it in as we go through each section in this module.

 On the following page, you will find an example of how Robert completed “My Plan to Prevent and Cope with Stress.” Take some time to review Robert’s plan and how he completed Parts A through E.

After Robert’s plan, you will find a two-page form that you can use to complete your own plan for preventing and coping with stress. Take some time now to start completing your plan with your E-IMR practitioner. On Part A, “Stressful Situations To Be Aware Of” you can add what you have learned today about life events and daily hassles. Keep this form handy throughout this module so that you can fill it in as you go through each topic.



Use this example as a reference to help you finalize
Plan for Preventing and Coping with Stress

EXAMPLE:

Robert's Plan to Prevent and Cope with Stress

PART A: Stressful situations

Daily Hassles or Life Events to be aware of:

1. *When my bus is late*
2. *I lost my driver's license and I don't have enough money to get it back.*

Additional Stressful Situations to be aware of:

1. *When I get really busy at work*

PART B: Signs

Signs that I am under stress including physical, emotional, cognitive, or behavioral signs:

1. *I clench my jaw and my heart beats really fast.*
2. *I have a hard time focusing at work and I feel worried.*
3. *I smoke a lot of cigarettes.*

PART C: Healthy strategies

Healthy Strategies I can use to prevent stress, such as an exercise routine, cooking with more fruits and vegetables, regular check-ups with my doctor, or regularly scheduled activities for fun:

1. *Writing in my journal daily.*
2. *Practicing positive self-talk every morning.*
3. *Walking 3-4 times a week around the block.*

PART D: Coping strategies

Coping Strategies I can use to respond to stress including responding to daily hassles or life events such as talking to a supportive person or positive self-talk:

1. *Talking to my practitioner about my worries.*
2. *Using the nicotine gum when I notice I am smoking a lot.*
3. *Starting a savings account to help get my license back and save for unexpected things.*

PART E: Relaxation and mindfulness strategies

Relaxation Strategies I find helpful, such as relaxed breathing, muscle relaxation imagining a peaceful scene, or meditation:

1. *Practicing muscle relaxation to relieve the tension*
2. *Using relaxed breathing when I notice that I am feeling stressed*

Plan to Prevent and Cope with Stress

NAME _____ DATE _____

Use this form to create your own Plan for Preventing and Coping with Stress. As you complete the activities in Topics 1–4 of this Module, record your answers in the corresponding sections below.

PART A:

Stressful Situations to be aware of:

1. _____
2. _____
3. _____

Additional Stressful Situations to be aware of:

1. _____
2. _____

PART B:

Sign that I am under stress including physical, emotional, cognitive, or behavioral signs

1. _____
2. _____
3. _____

PART C:

Healthy Strategies I can use to prevent stress, such as an exercise routine, cooking with more fruits and vegetables, regular check-ups with my doctor, or regularly scheduled activities for fun:

1. _____
2. _____
3. _____

PART D:

Coping Strategies including responding to daily hassles or life events such as talking to a supportive person or positive self-talk or getting some exercise:

1. _____
2. _____
3. _____

PART E:

Relaxation strategies and mindfulness, such as relaxed breathing, muscle relaxation imagining a peaceful scene, or meditation:

1. _____
2. _____
3. _____



Home Practice

Learning what contributes to stress

Choose one of the following options to practice or make one up.

OPTION 1: Track your daily hassles over the next week to identify which events are stressful, how often these hassles happen, and how stressed you feel when they happen.

OPTION 2: Practice the relaxed breathing exercise over the next week. If possible, practice with another person and talk about your experiences.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



KEY POINTS • Topic 1

Learning What Contributes to Stress

Stress is a feeling of pressure, strain, or tension that comes from dealing with challenging situations

Life events and daily hassles are both sources of stress

Coping effectively with stress can help you to reduce symptoms and pursue your goals

Topic 2

Identifying Signs of Stress

Learning to identify signs of stress is the first step in coping with it better. Everyone feels stress differently, so it is important to know how it feels for you. This knowledge will help you fill out Part B (signs that I am under stress) of your Plan, so be sure to have your form handy.

In today's session we will explore five key aspects of identifying signs of stress:

-  The mind body connection
-  Signs of stress in the body
-  Signs of stress in the mind (thoughts and feelings)
-  Signs of stress in behavior
-  Developing your Plan to Prevent and Cope with Stress

KEY POINT

Three common responses to stress: Fight, Flight, or Freeze

The mind body connection

The mind and the body are connected. When people are under stress, it affects them physically, emotionally, and behaviorally. It also affects their thinking and concentration.

There are three common ways that your body responds to stress when experiencing a perceived threat: FIGHT, FLIGHT, OR FREEZE. Think about how you and your body have responded to stress in the past. After you read the following scenario, decide which of the reactions listed below it best describes how you usually respond to a stressful event:

You are walking down a dark street alone. You hear a loud noise, and when you turn around you see a threatening-looking stranger. How do you react? Do you:

- ☐ Feel flushed, feel your heart racing, and feel yourself prepare for a fight? Maybe you want to yell at the stranger, but you don't actually do it?
- ☐ Feel like your heart is going to stop, begin sweating, and feel an intense urge to run? Like you are ready for flight?
- ☐ Freeze, hold your breath, become very aware of all that is around you, and hope that the person doesn't notice you? Maybe you feel like there is no chance of escape?



Let's Talk About It

Think about a stressful event that you have experienced in the past, what type of stress was it?

Did you respond to that stressful event with a flight, fight, or freeze response?

What else did you notice about your response to this stressful event?

What were you thinking?

How you were feeling?

Signs of stress in the body

Signs of stress in the body are often the ones people notice most easily, such as sweating or a rapid heartbeat. Other important physical signs like headaches or trouble sleeping may not be as easy for people to recognize as being connected to stress. Knowing about signs of stress in the body can help you monitor, and then manage your stress level better.



Make It Your Own

Physical Signs of Stress

See the list of common physical signs of stress to the right. Put an X next to the ones you have experienced, and a note about what was it you were stressed about. (This checklist will help you fill in Part B, Signs that I am Under Stress, or your Plan to Prevent and Cope with Stress.)

Physical Sign of Stress	I have noticed this sign	What I was stressed about
Headache	☒	
Difficulty falling asleep	☐	
Increased need for sleep	☐	
Sweating or feeling hot	☐	
Rapid heartbeat	☐	
Trembling or shaking	☐	
Back pain	☐	
Change in appetite	☐	
Clenching fists	☐	
Jaw clenching	☐	
Shaking	☐	
Stomachache	☐	
Dry mouth	☐	
Other physical signs:	☐	

Signs of stress in the mind (thoughts and feelings)

People can notice signs of stress in their feelings, sometimes called emotional signs of stress. Other signs can be related to thinking and concentration, also known as the cognitive signs of stress.



KEY POINT

Stressful situations are often known to have an effect on a person's emotions and it is also true that stress can have an effect on a person's thinking.

Make It Your Own

Signs of Stress in Thinking and Feelings

Below is a list of common cognitive and emotional signs of stress. Put an X next to the ones you have experienced, and a note about what was it you were stressed about. (This checklist will help you fill in Part B of your Plan to Prevent and Cope with Stress.)

Cognitive or Emotional Signs of Stress	I have noticed this sign	What I was stressed about
Problems concentrating		
Slow thinking		
Difficulty completing tasks		
Forgetfulness		
Irritability		
Anxiousness		
Feeling sad or tearful		
Feeling worried		
Other cognitive or emotional signs:		

Signs of stress in behavior

Some signs of stress can be noticed in your behaviors or actions.



KEY POINT

People often change their behavior in response to stressful situations.

Make It Your Own

Signs of Stress in Behavior

Below is a list of common behavioral signs of stress, put an X next to the ones you have experienced, and a note about what was it you were stressed about. (This checklist will help you fill in Part B of your Plan to Prevent and Cope with Stress.)

Behavioral Signs of Stress	I have noticed this sign	What I was stressed about
Accident proneness		
Using alcohol or drugs or wanting to use		
Pacing		
Difficulty sitting still		
Arguing or Fighting		
Being late		
Taking risks		
Poor eating habits		
Biting nails		
Other behavioral signs:		



Let's Talk About It

Looking at the checklists above, what did you identify as your signs of stress?

What signs of stress have you noticed in the past week?

Are there any other signs of stress that you have noticed besides the ones listed in the checklists on the previous pages. You can list them below:

Relaxation Strategies

Relaxation strategies can help you cope with stress, and reduce some of its negative impacts. The strategy in this topic is "Muscle Relaxation." The goal of this exercise is to gently stretch your muscles to reduce stiffness and

tension. The practice starts at your shoulders and works down to your feet. You can practice this while sitting in a chair. If you are uncomfortable, try to change your position and move in a way that will not cause pain.



Try it Out

Muscle Relaxation

Practicing makes you feel more confident, and it can help you achieve your goals.

STEP 1

Review the steps of the skill:

- **Shoulder shrugs:** lift both shoulders in a shrugging motion. Try to touch your ears with your shoulders. Hold your shoulders up for a moment. Feel the tension. Let your shoulders drop down after each shrug. Feel the relaxation. Repeat three to five times.
- **Overhead arm stretches.** Raise both arms straight above your head. Interlace your fingers, like you're making a basket, with your palms face down (toward the floor). Stretch your arms toward the ceiling. Hold the position for a moment. Feel the

Continued on next page...

tension. Then keeping your fingers interlaced, rotate your palms to face upward (toward the ceiling). Stretch toward the ceiling. Hold the position for a moment. Feel the tension. Repeat three to five times. Notice the feeling of relaxation when you return your arms to your sides.

- **Stomach muscle relaxation:** Pull your stomach muscles toward your back as tightly 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. Focus on the release from the tension. Notice the heavy, yet comfortable sensation in your stomach. Repeat three to five times.
- **Knee raises:** Reach down and grab your right knee with one or both hands. Pull your knee up toward 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. Then do the same with your left knee. Notice the tension when you are holding up your knee and the release when you lower it. Repeat the sequence three to five times.
- **Foot and ankle rolls:** Lift your feet and stretch your legs out. Rotate your ankles and feet three to five times in one direction, then three to five times in the other direction. Notice the tension when you are

rotating your ankles, and the release when you have completed the rolls and have returned your feet to the floor.

STEP 2

Watch a demonstration of the skill and Try it out: your E-IMR practitioner will demonstrate the steps of muscle relaxation for you. You and your practitioner can try it out together.

STEP 3

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: how the practice felt to you, what you did well, and how you might do it differently in the future.

STEP 4

Continue practice and feedback: Your E-IMR practitioner will help set up more opportunities to try it out if needed. After each practice, your practitioner will guide a review.

STEP 5

Try it out on your own: Plan when, where, and with whom you could practice this skill on your own.



Home Practice

Identifying Signs of Stress

Choose one of the following options to practice or make one up.

OPTION 1: Find time over the next week to practice muscle relaxation when you are not feeling stress. Then when you are feeling stress, you will be prepared!

OPTION 2: Review the signs of stress checklists you filled out in this session and write down any additional signs you notice.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

.....
When

.....
Where

.....
The step you I will work on

.....
With whom



KEY POINTS • Topic 2

Identifying Signs of Stress

There are three common responses to stress; Fight, Flight, or Freeze.

When people are under stress, the signs often show up in the body.

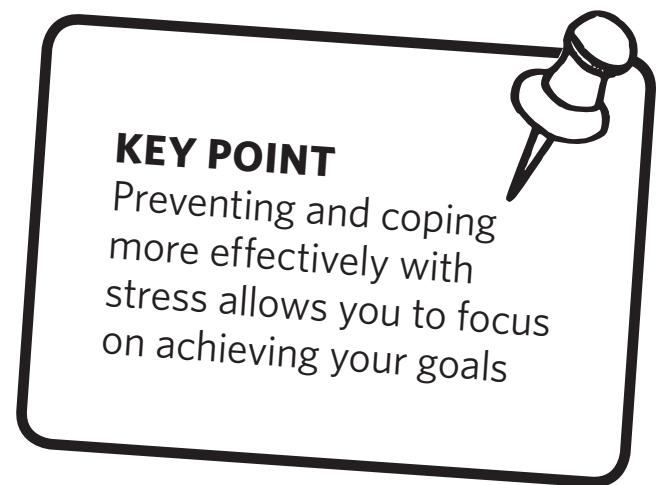
Stressful situations are often known to have an effect on a person's emotions and it is also true that stress can have an effect on a person's thinking.

People often change their behavior in response to stressful situations.

Topic 3

Preventing and Coping with Stress

Now that you have learned more about what stress is and how to recognize it in yourself, it's time to look at ways to manage it more effectively. There are two main helpful strategies for managing stress. The first type of strategy is aimed at preventing stress. The second type is aimed at reducing stress. The strategies you explore in today's session will help you fill in Part C (Healthy Strategies I can use to respond to stress) of your Plan to Prevent and Cope with Stress, so be sure to have it handy.



Today's session will focus on:



Strategies for preventing and coping with stress



Developing your Plan to Prevent and Cope with Stress



Make It Your Own

Strategies to Prevent and Cope with Stress

You can use many different strategies to prevent stress, or cope more with it more effectively. The table below lists some common strategies that people have used to deal with stress. Review each strategy with your E-IMR practitioner, and discuss whether or not you have tried it, how helpful it was, or if you would like to try that strategy in the future.

I would like to make a plan to use this strategy

Strategy	Example of using this strategy	
Being aware of your common stressors helps you better avoid stressful situations.	If you notice that you are more easily stressed by other people in the mornings, you may want to schedule your errands for the afternoon.	
Scheduling time for fun and relaxation helps improve your mood and allows you to better cope with stress.	Doing something you enjoy such as taking a nature walk, going to a movie, or playing music is like filling up your gas tank with coping fuel.	
Developing a support system ensures you have people to turn to when stress is high.	Spending time with people such as family members, friends, peers, or members of your religious or spiritual group helps you become more mentally and physically healthy. Try making a plan for getting together with a friend or family member every week.	
Taking care of your health helps you avoid stress caused by physical illness or untreated health problems.	Eating well, exercising regularly, getting enough sleep, and avoiding alcohol and drugs are all ways to prevent and cope with stress more effectively.	
Talking about your feelings or writing them down in a journal keeps them from building up and causing more stress.	Holding in negative feelings can be very stressful. Talking to a supportive person about your feelings gives you an outlet to share what you are going through. Talking about positive feelings can also help you feel positive longer. Some people find it helpful to keep a journal of their thoughts and feelings.	

more strategies on next page...

I would like to make a plan to use this strategy

continued from previous page

Using positive self talk reminds you about your strengths and helps you focus on the positive things you have in your life	Give yourself credit for the good things you do and for your talents. As you face challenges, try saying things like “This is hard, but I can do it,” or “Taking this one step at a time works for me.”	
Maintaining a sense of humor can help reduce stress and make life happier.	Laughter can relieve stress. Make a list of things that make you laugh such as a joke book, watching funny YouTube videos, or reading a cartoon. Try a suggestion from your list the next time you feel stressed. Try to pick something from that list every day.	
Practicing your communication skills can help you prevent stress caused by conflict, or cope with it when it happens.	Make a point of expressing positive feelings to someone every day. Look for opportunities to make requests in a positive way, and to listen to others.	
Engaging in spiritual or religious practice helps many people find meaning and calmness.	For some people this means attending a religious service. For other people it means going for a walk in nature. Make a plan to do something that feels spiritual to you every week.	
Getting regular exercise and doing something physical can help you feel better in both mind and body.	Find a physical activity you enjoy and do it regularly—perhaps three times a week. Consider finding an exercise buddy, so you will engage in the activity more often.	
Getting creative is a helpful way to avoid or deal with stress by having an outlet to express yourself.	Playing music, listening to music from your favorite playlist, drawing, painting, or doing crafts are all ways to be creative. Other ideas include gardening, woodworking, knitting, or participating in other hobbies.	
Practicing yoga, meditation, or mindfulness can help build the ability to notice what is going on in our minds and bodies.	If you are new to yoga, meditation, or mindfulness, look for beginner classes. You can try out different types of approaches to find what works best for you.	
Other helpful strategies:		



Make It Your Own

Planning to Prevent and Cope with Stress

Here you can start a plan using one of the strategies to prevent and cope with stress.

How could using a coping strategy for stress help you achieve your goals?

Which coping with stress strategy from the table would you like to try?

Make a list of things you might need to do before trying the strategy, such as buying art supplies to begin painting, or purchasing a journal to begin writing down your feelings, or looking online to locate a yoga or meditation class. **Use the lines below to make your list:**

Try out the coping strategy with your practitioner.

How did that go? Would you like to try it again?

Make a plan to try out your strategy before the next session:

Where you could practice the strategy.

When you could practice the strategy

Who could practice the strategy with you.

Relaxation strategies

Relaxation strategies can help you cope with stress, and reduce some of its negative impacts. The strategy here is “imaging a peaceful scene.” The goal of this exercise is to shift your mind away from stress and picture yourself in a more relaxed and calm situation.



Try it Out

Imagining a peaceful scene

Practicing makes people feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill:

▷ Choose a scene that you find peaceful, calming, and restful. If you would like some help choosing, here are some options;

- Lying on the beach
- Taking a walk in the woods
- Sitting on a park bench
- Walking a mountain path
- Looking out over a city from the top of a building

- Being on a farm with animals
- Eating your favorite meal

After choosing a scene, imagine as many details about it as possible using all of your senses: sight, smell, hearing, touch, and taste.

What does the scene look like?

Is it light or dark? What colors and shapes do you see? What types of plants and trees are there? Are there animals? What buildings do you see? Are there vehicles?

What sounds do you hear in your scene?

Can you hear water or waves? Are there birds chirping or other animal noises? Can you hear the breeze? Are there other people talking?

What can you feel using your sense of touch?

Are you sitting on something soft or hard? Can you feel the air on your skin? Can you feel the sun shining on your face?

What smells are in your peaceful scene?

Does the ocean smell of fish and salt? Do you smell the moss in the woods or flowers in the meadow? The smell of hay on the farm? Is there food cooking somewhere in your scene?

Continued on next page...

What do you taste?

Can you imagine the taste of your favorite meal? Does being on the beach taste of salt?

Try to let any other thoughts that come up pass on in your scene, like a leaf floating down a stream or a cloud drifting by in the sky. Don't fight these thoughts. Just notice them and let them go, returning your attention to the details of your scene.

Try to focus on the scene for 5 minutes.

STEP 2

Watch a demonstration of the skill and try it out: your E-IMR practitioner will demonstrate the steps of imagining a peaceful scene for you. You and your practitioner can try it out together.

STEP 3

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: how the practice felt to you, what you did well, and how you might do it differently in the future.

STEP 4

Continue practice and feedback: Your E-IMR practitioner will help set up more opportunities to try it out if needed. After each practice, your practitioner will guide a review.

STEP 5

Try it out on your own: Plan when, where, and with whom you could practice this skill on your own.

KEY POINT

Using relaxed breathing, muscle relaxation, and imagining a peaceful scene can help you prevent and cope with stress.



Home Practice

Preventing and Coping with Stress

Choose one of the following options to practice or make one up.

OPTION 1:

Practice the strategy to prevent and cope with stress you planned during today's session.

OPTION 2:

Practice a relaxation strategy. Imagine a peaceful scene, and then describe it to a friend.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step you I will work on

With whom

"You have to practice something to make it your own!"



KEY POINTS • Topic 3

Preventing and Coping with Stress

Preventing and coping more effectively with stress allows you to focus on achieving your goals

Using relaxed breathing, muscle relaxation, and imagining a peaceful scene can help you prevent and cope with stress

Topic 4

Making a Plan to Prevent and Cope with Stress

The final topic of this module will help you complete Part E of your Plan to Prevent and Cope with Stress. Part E involves listing the relaxation and mindfulness strategies that you can use to deal with stress. This topic includes a mindfulness strategy called “sitting meditation that you may want add to Part E.

In today’s session we will cover the following three subjects helpful in coping with stress:



Sitting meditation



Success stories for coping with stress



Completing Your Plan for Preventing and Coping with Stress

Relaxation strategies

Relaxation strategies can help you cope with stress, and reduce some of its negative impacts. The strategy in Topic 4 is “sitting mindfulness.” It helps you turn your attention inward and develop a stronger, clearer, and calmer mind. Sitting meditation is an ancient practice still used today. Give it a try to see if it works for you. The goal of this exercise is to shift your focus to your breath and your current state of being. This is a simple exercise, but it can be challenging at times, especially when you begin. Be patient and gentle with yourself. There is a reason we call it practice!



Try it Out

Sitting meditation

Practicing makes you feel more confident, and it can help you achieve your goals.

STEP 1

Review the steps of the skill:

- ▷ Find a comfortable seat with both feet on the floor. Try to sit so that you are not leaning on the back of your seat if it has one. Sit up straight, but not stiffly. Allow your arms to rest at your sides or in your lap.

Continued on next page...

- ▷ Your eyes can be closed or open with a soft gaze. Relax the muscles in your face and jaw, allowing your mouth to open a little bit and your tongue to fall away from the roof of your mouth.
- ▷ Allow yourself to notice how your body feels in this posture.
- ▷ Now shift your attention to your breath. As you allow the breath to flow in through your mouth or your nose, notice how it feels. Don't try to change the breath, simply experience the sensations that breathing creates in your body.

You will notice thoughts coming into your mind, taking your focus from the breath. This is common. Our brains are supposed to do this. Noticing that this happens is what meditation is all about!

When thoughts come into your mind, allow yourself to be curious about them before letting them go and refocusing your attention on your breath. Try to label these thoughts by saying (silently in your mind) "I am having a thought" before letting it go.

It can also help to label emotions and stress in this way by saying (silently in your mind) "stress is present" before allowing the feeling to pass and refocusing on your breath.

Practice sitting meditation as long as you like. It is often helpful to start

with short meditations of two to five minutes and gradually increase the time as you become more comfortable. There are many free apps with meditation timers to help you keep track of your meditation practice.

STEP 2

Watch a demonstration of the skill and try it out: your E-IMR practitioner will demonstrate the steps of relaxed breathing for you. You and your practitioner can try it out together.

STEP 3

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: how the practice felt to you, what you did well, and how you might do it differently in the future.

STEP 4

Continue practice and feedback: Your E-IMR practitioner will help set up more opportunities to try it out if needed. After each practice, your practitioner will guide a review.

STEP 5

Try it out on your own: Plan when, where, and with whom you could practice this skill on your own.

Success stories for coping with stress

Everyone experiences stress in different ways and everyone finds different coping strategies helpful. Having a personal plan to cope with stress is very important. You have been working on your Plan to Prevent and Cope with Stress already during this module. To help you complete your Plan, here are some examples from other people that describe stressful situations and how they cope with them. Their stories may help you think about ways to update or strengthen your plan to cope with stress.

ANTWON

"Recently I've been under stress because my mother has been ill. In the past I would go out with my friends to smoke weed. But now I am determined not to smoke weed anymore. I like visiting my mother every day, but it makes me feel tense. I talk to my sister on the phone every night and it helps a lot. I also try to do something relaxing in the evening to take my mind off Mom's illness such as going to a self-help meeting at my church. If it's not too dark, I take a walk in the neighborhood. Or, I might read a travel magazine or watch a nature show on TV. It helps me feel more calm and fall asleep more easily."

STEPHANIE

"I feel tense when there is a lot of noise. I try to avoid those kinds of situations. But there are times when it's unavoidable, like at my apartment. I have roommates, and sometimes they watch television shows or make noise when they are cooking dinner. I like my roommates, and I don't think they are being excessive. Noise is just part of having roommates.

It helps me to take a break and go to my room. I like to use my headphones and listen to music or a relaxation CD. It drowns out the noise from the apartment and takes me to a quieter place. Sometimes I imagine a peaceful scene, like taking a ride in a canoe. Later I feel like going out to join my roommates in whatever they're doing."

LEE

"For me, it's very stressful to rush to get somewhere on time. I start to feel anxious and irritable. Sometimes I even get a craving to smoke marijuana, too. I try to plan ahead as much as possible and allow myself plenty of time. On the nights before I go to work, I lay out my clothing for the next day. I get up at least an hour before I have to leave the house to catch the bus and practice sitting meditation. When I feel a craving and then practice sitting meditation, I notice that the craving passes after a few minutes. Then I

Continued on next page...

don't feel anxious. I can relax on my way to work and start the day feeling fresh. Every night when I get home, I do some muscle relaxation to wind down from my day.

Of course, I can't plan for everything. Sometimes there's bad traffic on the way to work. When I feel myself starting to get irritable, I do some relaxed breathing to slow myself down. Sometimes I also use positive self-talk. I tell myself, I have an excellent record at work of arriving on time and doing my job well.



Let's Talk About It

What things in the stories are similar to yours?

What coping strategies could you use to manage stressful situations like the ones in the stories?

Completing your plan to prevent and cope with stress

In each topic of this module you have tried a different relaxation strategy or a mindfulness strategy. Think about which of these strategies were helpful for you and work together with your E-IMR practitioner to complete the final section of your plan, Part E: Relaxation and Mindfulness Strategies on page 174.

Your Plan is almost complete. Now is the time to look over each section to see if it contains everything you want. Use the example of Robert's Plan found on on page 172 to help you as you review your Plan. Discussing this example with your E-IMR practitioner alongside your own Plan will help ensure you haven't left anything out.



Let's Talk About It

Which stressors in the example plan are like yours? Which are different?

What did you like about this example plan?

What things would you change in this plan?

KEY POINT

Everyone has different sources of stress and coping strategies that work for them





Recovery Corner

“I’M A PEER SPECIALIST AND WORK for a substance abuse program where most of the people have co-occurring disorders. I have been diagnosed with bipolar disorder, and am in recovery from cocaine and alcohol addiction.

When I stopped drinking and using cocaine, I knew I wanted to help other people like me. I needed a year of sobriety before I could enroll in a peer specialist program, and that first year of recovery was very stressful. It’s hard to stay on track if you don’t have effective strategies for dealing with stress. Fortunately, I had a sober support network that helped and encouraged me. I achieved one year of sobriety, and enrolled in a peer specialist program for my certification.

In my work, I share my recovery story with people who come to the treatment program. My main job is to help people develop an aftercare plan that will give them the best shot at staying sober. I love my job, but there can be a lot of stress. Every day I take a walk and play with my cat, which helps reduce my stress. Talking about things with another colleague who has had experiences similar to mine is one of the best ways of coping with stress. Having someone to talk to when I’m having a bad day allows me to cope with my stress, and continue to do a good job at work. Helping people get into recovery is an incredibly rewarding experience for me. I’m glad I have good strategies for coping with the stress involved in my work. ”

— Samantha



Home Practice

Making a Plan to Prevent and Cope with Stress

Choose one of the following options to practice or make one up.

OPTION 1:

Share your Plan to Prevent and Cope with Stress with a supportive person over the next week.

OPTION 2:

Practice sitting meditation for two to five minutes each day over the next week. Find a quiet part of your day and a place where you can practice.

Make a plan for home practice this week:

What I will do

When

Where

With whom



"You have to practice something to make it your own!"

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

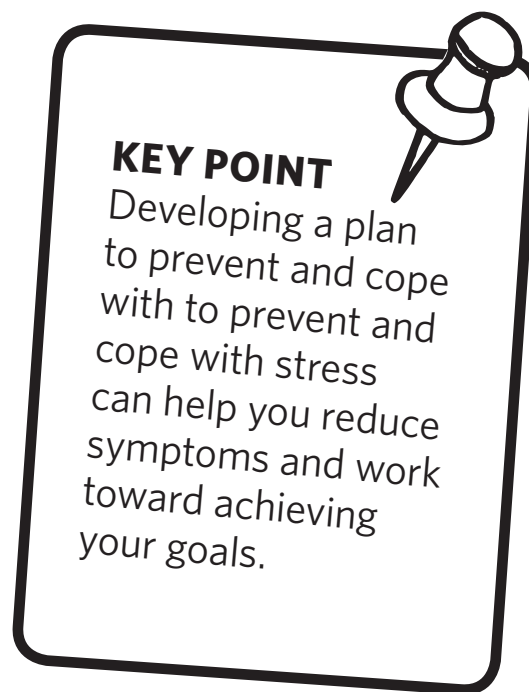
To complete this step, I will use the following plan:

When

Where

The step you I will work on

With whom



Make It Your Own

Review your Plan to Prevent and Cope with Stress

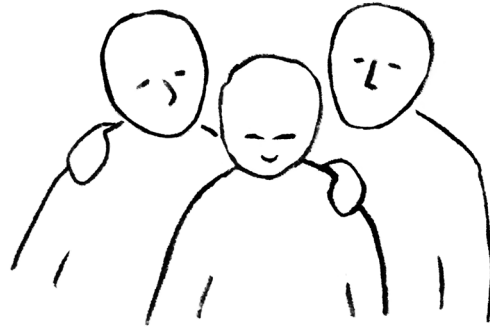
Now that you have filled in most of your Plan to Prevent and Cope with Stress, take a moment to review it with your E-IMR practitioner. Is there anything you would like to update, expand, or change? Is there any new information you can add to your Plan? Also think about a family member or a supportive person you could share it with. Take some time now to finish anything left on your Plan.



KEY POINTS • Topic 4 Making a Plan to Prevent and Cope with Stress

Everyone has different sources of stress and coping strategies that work for them.

Developing a plan to prevent and cope with stress can help you reduce symptoms and work toward achieving your goals.



MODULE 6

Building Social Support

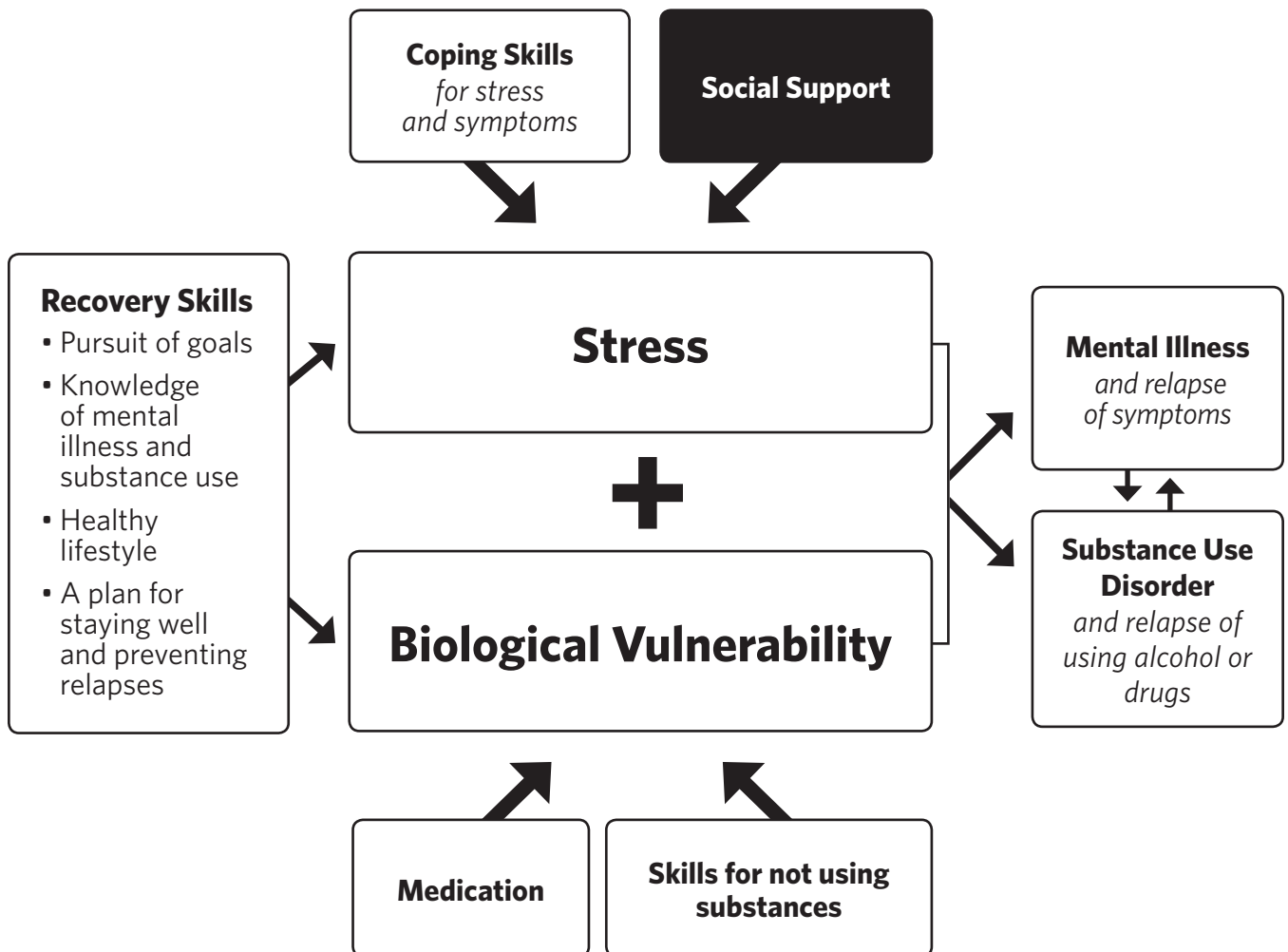
Enhanced Illness Management and Recovery

“My friends and family have been really supportive in my recovery from mental illness and drug use. With their help, I have been able to make good decisions about mental health treatment and keep my commitment to stop using drugs. And I help them, too. It’s a two-way street.”

— MARY A., college student in recovery from depression and substance use disorder

The Stress-Vulnerability Model

of Mental Illnesses and Substance Use Disorders



Questions to get us started:

How do you get more people in your life?

How do you connect with people and get closer to them?

How do you find people who will support your mental health and your decision to stop using substances?

How do you hang out with people and have fun without using alcohol and other drugs?

We will cover **4 topics** in this Module:

Topic 1:

Connecting with People
and Starting Conversations

Topic 2:

Having Enjoyable Conversations

Topic 3:

Developing a Support Network

Topic 4:

Getting Closer to People

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

Connecting with People and Starting Conversations

Creating healthy sober relationships is an important part of the recovery process. Good conversation skills can help you build social support, and make daily life more enjoyable. They can also help you connect with new people and reconnect with people you have not seen for a while.

This session will introduce two good subjects for increasing your social support:



Talking to people you see on a regular basis



Reconnecting with people
(old friends and family members)

Each of these subjects will be described in more detail throughout this topic. We encourage you to try them with your E-IMR practitioner, or with other group members. Practicing conversations during sessions can improve your social skills and increase your confidence for having similar conversations on your own.

Talking with people you see on a regular basis

Most of us see other people as we go about our daily lives. We may not be in the habit of talking to them. However, talking regularly with people is a good way to build your conversation skills, and it can lead to more conversations in the future.

You may find people you can talk to in any of these situations:

- At home
- As you go about your business (for example, at a store, coffee shop, or restaurant)
- In a class
- In programs or groups you attend
- At work
- While volunteering
- At your place of worship



Let's Talk About It:

Where do you usually see other people?

Who are they?

When is the last time you talked with one of these people?



Make It Your Own

Connecting with People and Starting Conversations

Practicing makes people feel confident. It's common to worry that you have nothing to talk about when trying to start a conversation. It can help to have some topics in mind. The following list shows common topics other people have used to start conversations. Which topics have you used before? Which would you like to try? Write your answers and ideas in the space below.

Conversation Topic	I have used this before	I would like to try using this
Weather		
Sports		
Food		
Work		
Pets		
Music		
TV shows		
Compliment (not too personal)		
Current activity or business		
Other		



Let's Talk About It

What do you think are good topics to start a conversation?

Which topics from the example list do you already use to start conversations?

Which topics give you more ideas about how to start a conversation?



Try it Out

Starting a Conversation

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill

- ▷ Look at the person and smile.
- ▷ Greet the person, saying something like “Hi,” or “Hello.”
- ▷ Ask a simple question like “How’s it going?” Or, bring up a simple topic like sports, or the weather.
- ▷ Keep the exchange light and brief.

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps?
How effective do you think I was?

STEP 4

Try it out

Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

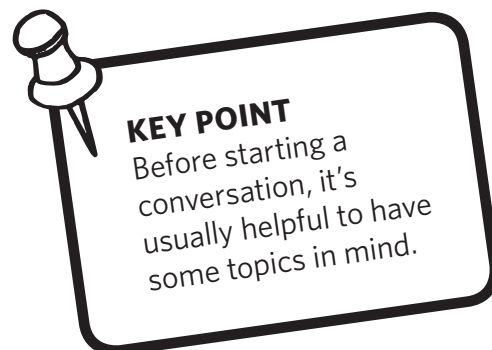
Continue practice and feedback

Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own

Plan with whom, when, and where you could practice this skill on your own.



Reconnecting with people

For many people, building social support involves reconnecting with friends and family. We'll talk about reconnecting with friends first. Then we'll talk about ways to reconnect with family members.

Reconnecting with friends

To get started, decide who you would like to contact and how you'd like to reach them. There are several ways to contact people. You could:

- Send an e-mail
- Send a message on Facebook
- Send a text
- Use Instagram or Snapchat
- Make a phone call

Next, it can help to plan a few topics you can talk about or include in your message, such as:

- Things you have in common, (like other friends, hobbies, or interests)
- Remembering activities you used to do together (like taking a class together, working at the same place, playing or watching sports, listening to music or going to concerts, celebrating holidays, playing

video games, watching movies or television shows, or attending religious services)

- Telling the person what you are doing now (without getting too personal)
- Asking the person what they are doing now (without getting too personal)

When contacting a friend you want to reconnect with, it helps to identify yourself and let them know why you are getting in touch. For example, you could say something like, "Hi. This is Ben. We haven't talked in a while, and I just wanted to catch up a little."

Depending on how the conversation goes, suggest getting in touch again, or possibly getting together to do something casual, like getting a cup of coffee.



Let's Talk About It

Who is an old friend you might like to contact?

What did you used to do together?

What did you have in common?



Try it Out

Re-connecting with a Friend

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill

Before you reach out to the person, decide how you would like to do it, such as by e-mail, Facebook, text, or phone.

Then use the following steps:

- ▷ Identify yourself and give a short reason for contacting them, such as "I just wanted to catch up a bit."
- ▷ Bring up an easy topic to talk about, such as one from the list in this section of the module.
- ▷ If the exchange goes well, suggest a way to keep the connection going, such as contacting each other again or meeting for coffee.

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration.

The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out

Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback

Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own

Plan with whom, when, and where you could practice this skill on your own. ◻

KEY POINT

Re-connecting with family members and old friends can be a good way to increase your social network.

Reconnecting with family members

Reconnecting with family members is like reconnecting with old friends, with a few differences. For example, you usually know family members better and have more history together. You need to be prepared to talk more about what you have been doing, and be willing to talk about gaps in time when you were not in touch.

You might not have been in contact because of something unpleasant that happened in the past. You might still be upset or embarrassed about this event, or think that your relatives are bothered by it. There is no “right” or “wrong” way to approach these types of family issues. The approach depends on the individual, the situation, and the family relationship. However, with a few simple tips, reconnecting with a family member often goes quite smoothly.



Let's Talk About It

Which family members would you like to reconnect with?

Is there anything that's held you back from contacting these family members earlier?

PROBLEM SOLVING Here are some possible ways to deal with unpleasant events in the past:

If the event was minor or has been worked out already, you may not need to discuss it in detail. You may not need to discuss it at all. You may choose to briefly acknowledge the event, and then move on to the positive things you have done recently. You may also express your desire to reconnect.

If you think the event was significant, or could make it difficult for you to talk with your relative, you may want to address it directly. For example, you may have: lost your temper (such as calling someone a name); done something embarrassing while drunk, high, or because of symptoms of your illness; or you may have frightened someone. It can be helpful to briefly acknowledge your past behavior and the upset feelings it may have caused, apologize for it, and then tell the family member about some positive changes you have been making in your life recently.

If you have known your family member for a long time, and he or she knows that you have had mental health and/or substance use problems, you may want to speak directly about this. You may want to tell your relative that you are getting treatment and have made a lot of changes in your life.



Try it Out

Re-connecting with Family

Practicing makes you feel more confident, and it can help you achieve your goals.

STEP 1

Review the steps of the skill

Before you reach out to the family member, decide how you would like to do it, such as by e-mail, Facebook, text, or phone. Then use the following steps:

- ▷ Identify yourself and give a short reason for contacting them, such as, “I haven’t been in touch for a while and I just wanted to catch up.”
- ▷ If necessary, apologize for unpleasant events in the past.
- ▷ Tell the family member that you would like to let them know what you have been doing, and to hear how things have been going for them.
- ▷ If the exchange goes well, suggest a way to keep the connection going, such as contacting each other again or getting together.

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

KEY POINT

Talking to people you see on a regular basis can help you increase your confidence and your conversation skills.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration.

STEP 4

Try it out

Now is your chance to try out the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

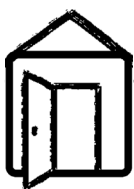
Continue practice and feedback

Your E-IMR practitioner will help set up more situations to try it out if needed.

STEP 7

Try it out on your own

Plan with whom, when, and where you could practice this skill on your own. ◼



Home Practice

Connecting with People and Starting Conversations

"You have to practice something to make it your own!"

Choose one of the following options to practice or make one up.

OPTION 1:

Start a conversation with someone you see on a regular basis.

OPTION 2:

Take a step to reconnect with an old friend or family member.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



KEY POINTS • Topic 1

Connecting with People and Starting Conversations

Talking to people you see on a regular basis can help you increase your confidence and your conversation skills.

Before starting a conversation, it's usually helpful to have some topics in mind.

Re-connecting with family members and old friends can be a good way to increase your social network.

Topic 2

Having Enjoyable Conversations

The last topic covered the basic steps for starting conversations with people. This topic provides suggestions to keep a good conversation going. This is one of the best ways to get to know a person better.

This session will introduce two good subjects for keeping a conversation going:



Listening and asking questions



Giving information, with a comfortable level of disclosure

Listening and asking questions

Being able to show the other person you are listening to them is an important skill for having good conversations. You can show the other person you are listening by using the following steps:

- Look at the person
- Nod your head

- Say “uh-huh” or “OK” or “I see”
- Repeat back the person’s main point, or make a comment about what the person just said

EXAMPLE *When Maria told Ben about her tough day at work, Ben made eye contact with her, nodded his head, and said “I see” as she told her story. When Maria reached a natural stopping point, Ben showed Maria that he understood her point by saying, “From what you said, it sounds like your boss asked you to do a lot more than usual. That must have been stressful.”*

Asking questions is another useful strategy for having rewarding conversations. This shows you are interested and want to understand the other person’s point-of-view. Here are some examples of questions that can keep a conversation going:

“You said you liked playing card games. Which ones do you like?”

“You mentioned you were feeling happy today. What happened to make you feel happy?”

“So, you’re going to start community college next semester. What classes do you want to take?”

“You said you are going to be extra busy today. What do you have to do?”

Giving information

Another way to move a conversation forward is to give the other person information about something. For example, you might add something about the topic, share your opinion, or tell the person about your experiences or feelings related to the topic. Here are some examples of sharing information:

"You were just talking about eating more healthy meals. I saw a good show about that on the Cooking Channel this week."

"I saw the movie you just mentioned. I especially liked the action scenes in the desert."

"I'm sorry you had a rough day. I can relate. I had a few problems myself today."

"Your weekend sounds like it was fun, especially going for a bike ride. On Saturday I went for a walk in the park and saw all the flowers that are starting to bloom."

Sharing personal information

Deciding how much to tell someone can be difficult. If you share too much too soon, the other person may feel overwhelmed and pull away. Sharing personal information is called disclosure. If you disclose too little about yourself over time, it may be difficult to build a close relationship.

KEY POINT

You can decide how much personal information to share with someone based on how well you know them already.

It can be helpful to think about the different types of relationships you have, and the different levels of sharing (or disclosure) in those relationships. Then you can think about whether you would like to keep the same level of disclosure, or take a step toward sharing more about yourself and getting closer.

Low level of sharing or disclosure

A low level of sharing, or disclosure, involves telling things about yourself that are not highly personal, such as your tastes or preferences for things like food, movies, television, books, websites, and games. Most people use a low level of disclosure when they first meet someone, or when they know someone on a very casual basis (like waiting at the same bus stop). They may also use a low level of disclosure when they know someone on a professional or business basis (for example, the checkout person at the grocery store).

EXAMPLE OF LOW DISCLOSURE:

Justin was just getting to know someone in his class named Isaac. They talked about their homework assignments and other classes they had taken in the same subject.

Medium level of disclosure

Most people gradually increase their level of disclosure as they spend more time together. At a medium level of disclosure, people might discuss slightly more personal things about themselves. For example, they might share information about their job, where they live, what they like to do in their spare time, opinions about news events, and their likes and dislikes.

EXAMPLE OF MEDIUM DISCLOSURE:

When Justin got to know his classmate Isaac a little better, he told him about which teachers he liked best, some challenges he had faced in doing homework, things that made him laugh in class, and what level he had reached in his favorite video game. Justin also told Isaac a little about past problems he had in school, such as having trouble concentrating.

High level of disclosure

After people get to know each other pretty well, they often feel comfortable telling more personal information about themselves. For example, they might share information such as feelings, their hopes and dreams, difficult experiences they have gone through, or current worries or concerns. It is natural to go to a higher level of disclosure if you have spent a lot of time with someone, and they have shared personal things with you.

KEY POINT

It's usually best to increase your level of disclosure with someone gradually, starting off with a low level of disclosure.



EXAMPLE OF HIGH DISCLOSURE:

After Justin got to know Isaac well, he told him about his experience with mental illness and his problems using drugs. "There was a time when I was worried about a lot of things that don't make sense now, like thinking that everyone was against me, even when they weren't. I was also smoking a lot of marijuana at the time, because I thought it helped me relax. But it got to be a real problem, so I don't do that anymore. Things are a lot better for me now."



Let's Talk About It

Can you think of specific people you have different levels of disclosure with? What do you talk about?

LOW LEVEL OF DISCLOSURE:

MEDIUM LEVEL OF DISCLOSURE:

HIGH LEVEL OF DISCLOSURE:



Try It Out

Having Enjoyable Conversations

Practicing makes you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill

- ▷ Greet the person.
- ▷ Ask a question, or bring up a topic you think will interest them.
- ▷ Listen to the person. Show that you hear them by nodding your head, or saying “uh-uh,” or “I see.”
- ▷ Give some information about yourself at a comfortable level of disclosure.
- ▷ End on a positive note by saying something like, “I’ve really enjoyed talking with you, but I have to go now.”

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think the role-play was?

STEP 4

Try it out

Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback

Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

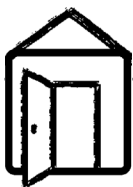
Try it out on your own

Plan with whom, when, and where you could practice this skill on your own. ◻

KEY POINTS

After you start a conversation, you can keep it going by listening to the other person and asking them questions. This helps you get to know them better.

It is also important to let the other person get to know you better.



Home Practice

Having Enjoyable Conversations

Choose one of the following options to practice or make one up.

OPTION 1:

Practice having an enjoyable conversation with someone you don't know very well using a low level of disclosure.

OPTION 2:

Practice having an enjoyable conversation with someone you feel close to already, like a friend or family member. Use a medium or high level of disclosure.

Make a plan for home practice this week:

What I will do

When

Where

With whom



"You have to practice something to make it your own!"

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



KEY POINTS • Topic 2

Having Enjoyable Conversations

After you start a conversation, you can keep it going by listening to the other person and asking them questions. This helps you get to know them better.

It is also important to let the other person get to know you better.

You can decide how much personal information to share with someone based on how well you know them already.

It's usually best to increase your level of disclosure with someone gradually, starting off with a low level of disclosure.

Topic 3

Developing a Support Network

When you decide to make an important change in your life, it helps to get the support of people who care about you. Having people in your life who are supportive gives you someone to talk to and rely on. If you are in the process of cutting down or stopping drinking or using drugs, it can be especially helpful to have people in your life who support your decision.

This session will introduce five good subjects for increasing your network of support friends and family members:

-  Identifying people who can provide support
-  Finding additional people you share interests with
-  Using meaningful roles in your life to meet new supportive people
-  Finding fun things to do without alcohol or other drugs
-  Learning strategies for responding to offers to drink or use drugs

Identifying people who can provide support

To overcome problems with alcohol or other drugs, it is helpful to spend time with people who do not use substances. They are less likely to tempt you to drink or use drugs. People who are in recovery from substance use problems, and are not currently drinking or using drugs, may be especially supportive because they often have had similar experiences and have similar goals.



KEY POINT Other supportive people can understand what you have been through and often share similar goals.

People working on sobriety say they have found support from the following people:

- ☐ Friend
- ☐ Partner or spouse
- ☐ Member of their place of worship
- ☐ Member of a local peer support group or agency
- ☐ Someone who attends the same treatment program
- ☐ Member of a self-help group for drug or alcohol problems, such as Alcoholics Anonymous, Narcotics Anonymous, Dual Recovery, or Smart Recovery



Make It Your Own

People I Know Who Do Not Use Alcohol or Drugs

Spending more time with people who do not drink or use drugs makes it easier to reduce or stop using substances. Use the chart below to write the names of people you know who do not use substances. After each name, mark how often you spend time with them. Think about whether you would like to spend more time with them.

Name	How often do I spend time with this person? <i>(Daily, weekly, monthly yearly, or less than yearly.)</i>	I would like to spend more time with this person: Yes or No



Let's Talk About It

Who did you select as supportive people that you would like to spend more time with? Why did you select them?

Finding people you share interests with

You can often find people who don't use alcohol or drugs with similar interests at local clubs, special interest groups, or places of worship. Look up your interests online. Keep your eye out for flyers and announcements posted in public places such as the library, the YMCA, or the grocery store. You can also ask friends, family members, and other people who attend treatment programs with you. Let them know your interest (for example, taking nature hikes, playing music with others, or learning a foreign language). Ask them if they know someone with similar interests, or know of any organizations or clubs that share this interest.

KEY POINT

A support network is an important part of recovery for many people.

Using meaningful roles in your life to meet new supportive people

Your job, school, or volunteer work may give you natural opportunities to meet people. You can also join organizations, such as hiking groups or church groups that offer chances to spend time with other people in the course of their activities. Taking time to get to know

people at work or school can help you make friends who don't use alcohol or drugs. Here are some things you can do to connect with supportive people:

Stop to talk. Make a point of talking with people before or after groups, classes, church activities, work, or volunteering.

Spend time with others during breaks.

Spend lunch or dinner breaks with others. Invite people to sit with you at meal times. Invite someone to go out to lunch or pick up a sandwich together.

Share a ride. Join a car pool, ride the bus or subway together, or walk to and from classes or work together.

Volunteer at your place of worship or somewhere else that is related to your interests. Many places need volunteers to help with their activities.



Let's Talk About It

What meaningful roles do you have in your life? What people have you gotten to know this way? What did you do to get to know these people?

Finding fun things to do without alcohol or drugs

When people stop using alcohol or drugs, they sometimes have difficulty finding other interesting or fun things to do with their time. In the past, drinking and using drugs took up a lot of their time, and gave them something to do. It's important to find new activities to do when you are not using alcohol or drugs.



Make It Your Own

Social Activities I'd Like to Try

The following list gives examples of fun activities that involve spending time with other people. Put a check by the activities that interest you or add some new activities.

- ☐ Taking an adult education class
- ☐ Attending a worship service
- ☐ Going out to eat
- ☐ Visiting a museum
- ☐ Listening to music
- ☐ Learning to play an instrument
- ☐ Taking a dance class
- ☐ Playing cards or a board game
- ☐ Running, biking, swimming
- ☐ Taking a yoga, tai-chi, martial arts or meditation class

- ☐ Making crafts, pottery, jewelry
- ☐ Stargazing
- ☐ Drawing painting or photography
- ☐ Playing outside games
(like badminton, tennis, volleyball)
- ☐ Volunteering
- ☐ Knitting or crocheting
- ☐ Watching movies
- ☐ Taking a writing class
- ☐ Weight lifting, aerobic exercise
- ☐ Hiking, taking walks
- ☐ Cooking or baking
- ☐ Playing computer games
- ☐ Playing a team sport
(like basketball, soccer, football, softball, or bowling)
- ☐ Doing jigsaw puzzles, crossword puzzles or word games (like Sudoku)
- ☐ Going to sports events
- ☐ Writing poetry, stories, journaling
- ☐ Going fishing
- ☐ Playing catch or Frisbee
- ☐ Reading, joining a book club
- ☐ Bird watching
- ☐ _____
- ☐ _____
- ☐ _____



Let's Talk About It

Which activities did you check that you might want to try?

What other activities would you like to add to this list?



Make It Your Own

Developing a Support Network

Make a plan for increasing your support network, by doing at least one of the following things:

- Spend more time with people you already know who don't use alcohol or drugs
- Spend time with new people you share an interest with
- Use a meaningful role to meet new people who don't use alcohol at your job, school, or volunteering
- Find fun activities you can enjoy that do not involve drugs or alcohol

Include these details in your plan:

What do you plan to do to increase your network of people who don't use alcohol or drugs? Be specific.

When and where do you plan to do it?

Would you like someone to assist you? If so, who and how?

KEY POINT

Fun activities are a great way to build your support network.

Strategies for responding to offers to drink or use drugs

It is very helpful when you decide to stop using substances to spend more time with people who do not use substances, and to find fun things to do that do not involve alcohol or drugs. However, it's not always possible to

completely avoid contact with people who drink or use drugs. Furthermore, they may offer substances to you, or may ask you to join them in using. It's very important to be able to confidently turn down offers to drink or use drugs.

Refusing offers to drink or use drugs from strangers

For offers from drug dealers or people who aren't your friends, it usually works to keep the interaction brief and avoid discussion or debate.



Try it Out

Refusing Offers to Drink or Use Drugs from Dealers and Strangers

Practicing makes you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill

- ▷ Decline in a firm voice.
- ▷ Avoid making excuses for saying "no."
- ▷ Repeat the refusal if needed.
- ▷ Leave the situation as soon as possible.

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out

Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback

Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own

Plan with whom, when, and where you could practice this skill on your own. **Q**

Refusing offers to drink or use drugs from friends or family

When a friend or family member offers you alcohol or drugs, you may want to say a little more when you say “no.” For example, you may want to give them a reason why you don’t want to drink or use drugs, and you may want to suggest an alternative activity.



Try it Out

Refusing Offers to Drink or Use Drugs from Friends or Family

Practicing makes you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill

- ▷ Decline in a firm voice.
- ▷ Tell them about the importance of your sobriety and ask them to respect it.
- ▷ Suggest an alternative activity.
- ▷ If they keep insisting, explain that you find the situation stressful and that you need to leave.

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration.

STEP 4

Try it out

Now is your chance to try out the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do better.

STEP 6

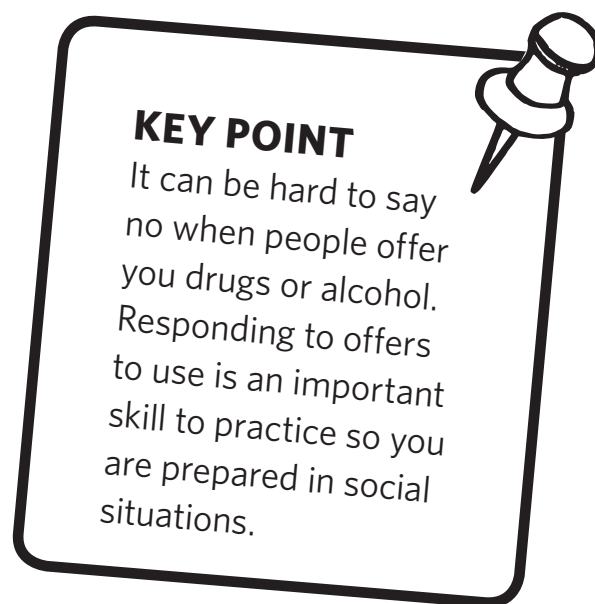
Continue practice and feedback

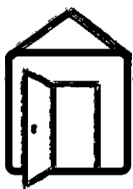
Your E-IMR practitioner will help set up more situations to try it out if needed.

STEP 7

Try it out on your own

Plan with whom, when, and where you could practice this skill on your own. ◻





*"You have
to practice
something to
make it your
own!"*

Home Practice

Developing a Support Network

Choose one of the following options to practice or make one up.

OPTION 1:

Build your sober network by carrying out the plan you made in one of the "Make It Your Own" in this topic.

OPTION 2:

Practice your skills for refusing offers to drink or use drugs, either in a real situation that comes up, or by doing a role-play with a supportive person.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



KEY POINTS • Topic 3

Developing a Support Network

A sober network is an important part of recovery for many people.

Other sober people can understand what you have been through and often share similar goals.

Fun activities are a great way to build your sober network.

It can be hard to say no when people offer you drugs or alcohol. Responding to offers to use is an important skill to practice so you are prepared in social situations.

Topic 4

Getting Closer to People

Getting closer to people is an important goal for many people. For example, almost everyone wants to have good relationships with friends, family members, and romantic partners. The most rewarding relationships are the ones where each person cares about the other person's point of view, and their health and happiness.

This session will introduce five good subjects for getting closer to people:



Looking for good qualities in a relationship



Expressing positive feelings and giving compliments



Finding out what makes a person happy



Compromising and sometimes giving in



Helping a person in a time of need

Looking for good qualities in a relationship

We are all individual people, and everyone has their own types of people they enjoy spending time with. These are the qualities that many people tend to look for in friends and close relationships:

- Honesty
 - Understanding
 - Support and encouragement
 - Safety
 - Sharing with each other
(*not just one person who gives and one person who receives*)
 - Common interests
-

Although there are lots of individual differences, many people who are working on sobriety say that they look for some additional qualities in their close relationships.

People in recovery often say they are looking for someone who:

- Has stopped using alcohol or drugs themselves
- Encourages healthy habits
- Is empathic about other people's struggles
- Supports treatment and attending recovery groups and self-help groups



Let's Talk About It

Which of the qualities listed on the previous page are most important to you?

What do you think is important to look for in a relationship when a person is working on their sobriety?

Are there some other qualities that are important to you?

How is the above list of qualities people in recovery look for in friends the same or different from the qualities you are looking for?

Can you think of a friend, family member, or someone else you are close to that has these qualities?

Expressing positive feelings and giving compliments

When you feel comfortable with another person, and have gotten to know them pretty well, you may want to get closer to them. Letting a person know how you feel about them can

help. This can include expressing and showing affection, but it is not limited to that. For example, you can tell people that you admire certain qualities they have, or that you appreciate specific things they do.

Here are some examples of compliments:

"I like your shirt. It's a great color."

"You have a friendly smile. I like seeing you smile."

"Thank you for listening. It makes me feel good to talk to you."

"Thanks for bringing me a cup of coffee. I really appreciate it."

It is also important to accept compliments from others. That keeps the communication going both ways.

EXAMPLE *If someone says, "I really like your shirt," avoid saying things like, "This old thing? It's nothing special." Get in the habit of saying "thank you" for compliments. For example, you can say, "I'm glad you like this shirt. Thanks for the compliment."*



Let's Talk About It

Who would you like to give a compliment to, or express positive feelings to?

What would you like to say to them?



Try it Out

Expressing Positive Emotions

Practicing makes you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill

- ▷ Pick a person to share a positive feeling.
- ▷ Decide on something you would like to say.
- ▷ Identify things to help continue the conversation.
- ▷ Make eye contact.
- ▷ End on a positive note.

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out

Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback

Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own

Plan with whom, when, and where you could practice this skill on your own. ▣



KEY POINT

The most rewarding relationships are usually the ones where each person cares about the other person's point of view, and their health and happiness.



Try it Out

Giving Compliments

STEP 1

Review the steps of the skill

- ▷ Decide on a person you would like to give a compliment.
- ▷ Be ready with something you like about this person. Or, look for a casual compliment to give, such as, "Those are great shoes."
- ▷ If the person gives you a compliment, practice accepting the compliment well, such as by saying, "Thank you. It's so nice of you to notice my new haircut."

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration.

STEP 4

Try it out

Now is your chance to try out the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback on role-play

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback

Your E-IMR practitioner will help set up more situations to try it out if needed.

STEP 7

Try it out on your own

Plan with whom, when, and where you could practice this skill on your own. ◻



KEY POINTS

If you are close to someone, it's important to be aware when they are in need of support or assistance of some kind, and to help them in their time of need.

In getting closer to someone, it's important to express your positive feelings to them and to say and do things that make the other person happy.

Finding out what makes a person happy

Getting to know someone better involves figuring out what makes him or her happy. Make a habit of asking questions about what other people enjoy. Find out about their likes and dislikes. When you do something together, talk about the experience and ask questions, such as:

"What did you like about the group today?"

"What was your favorite part of the movie we just watched?"

"Would you be interested in taking a walk in this park again?"

"What did you like about the place we had lunch?"

You can also ask the person about his or her opinions on a variety of subjects. Here are some examples:

"What's your favorite show to watch?"

"Do you think our city's baseball team has a chance of winning the series?"

"What kind of music do you like best?"

"What's your favorite dinner?"



Make It Your Own

It is important to make time for doing things that make someone happy. Once you find out what the person enjoys, you can plan activities that you both enjoy. Below is a checklist with ideas to get you started. Place a check mark next to the ones you would like to try.

- ☐ If you both like the outdoors, plan to go on a walk together
- ☐ If you both like movies, pick out a movie you can both enjoy
- ☐ If you both like art, plan a trip to the art museum, or look at an art book together
- ☐ If you both like music, listen to a CD together, or plan to go to a concert
- ☐ If the person has a favorite dish, you can make it for dinner
- ☐ If the person enjoys listening to rock music, you can turn the radio to the rock station, or find rock music on the Internet
- ☐ If the person has a good sense of humor, you can tell them a funny story or a joke
- ☐ If the person likes plants, you can give them a potted plant or a bouquet

Compromising and sometimes giving in

In close relationships, people don't always agree. If you have different ideas about something, try to compromise. In a compromise, both people get some of what they want, but they usually have to give up something.

The goal of compromising is to find a solution that is acceptable to both people. For example, you may both want to watch a movie, but one of you wants to see an action movie and the other wants to see a comedy. You may be able to find an action movie that also has some comedy. Or, you may decide to see an action movie one weekend and a comedy the next weekend.

Compromising

Here are some examples of things people sometimes compromise on:

- When to schedule getting together
- Where to go for lunch
- Which movie or show to watch
- Who cooks dinner and who washes the dishes

There may also be times when you give in to what the other person wants in order to make him or her happy. For example, the person you are close to may want to attend a relative's birthday party and you don't. You may decide to go in order to make them happy.

It's not a good idea for one person to give in to the other person all the time. It's also not good to give in when the issue involves safety or something you have very strong feelings about. For people in sobriety, it is also important not to give in when pressured to drink or use drugs.

Giving In

Here are some examples of times it might be reasonable to give in:

- Watching a sports game because it includes someone's favorite team
- Taking the person's dog for a walk
- Going to a concert of someone's favorite musical group
- Going to someone's favorite restaurant

Not Giving In

Here are some examples of times it would not be reasonable to give in:

- Accepting a ride from someone who has been drinking or using drugs
- Doing anything that makes you feel unsafe
- Saying yes to a drink to avoid looking rude
- Going along with something that is against your values, like someone using hate speech or taunting another person



Let's Talk About It

What are some situations you can think of where it is a good idea to compromise?

What are some situations when you think it is not a good idea to compromise?

KEY POINT

In a close relationship, if you have different ideas about something, it's helpful to try compromising so each person gets something of what they want.

Helping a person in a time of need

Everyone needs help and support at some times in their life. Sometimes people need emotional help, like when they have lost a loved one or had a disappointment. Sometimes they need practical help, like packing when they are going to move to a new apartment. The more people help each other, the closer they usually become.

Here are some examples of helping in a time of need:

- If the person is sick, bring medicine or food
- If the person has car trouble, offer a ride or help figure out the bus schedule
- If the person has a bad day, offer to listen
- If the person has an extra busy schedule, offer to do a chore or an errand

- If the person is struggling with a problem, help figure out some possible solutions



Let's Talk About It

When have you helped someone in need? What are some examples you can think of to help someone in a time of need?

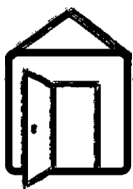


Recovery Corner

“HAVING A STRONG SUPPORT SYSTEM has played an important role in helping me deal with my mental health and substance use issues. I was always a very shy person, even before I began to have problems with anxiety, depression, and alcohol. After I began to have these problems, anxiety about being around other people kept me from going to Alcoholics Anonymous (AA) meetings or other self-help groups—or anywhere large groups of people met. Even when I was in my 30’s, I was afraid of meeting new people, and I felt embarrassed telling anyone about my fears. I had tried before, but I never knew what to say, and would always break off conversations early—before I ever got a chance to learn about the other person.

One day, my therapist asked me if I had found a sponsor in AA. I decided to tell her the truth about my anxiety around people, and I was amazed when she said she could help me learn how to talk more comfortably with others. We practiced how to start conversations, and then I tried starting them on my own. The more we practiced and the more I tried talking with people on my own, the better I got, and the better I felt with other people. Now, I have an AA sponsor and several friends. I’m not lonely any more. I learned that it doesn’t matter how old you are, you can still learn how to talk to people at any age, and make meaningful connections. In fact, I now have a girlfriend! Being able to talk to people has changed my life. **”**

— Isaac



Home Practice

Getting Closer to People

Choose one of the following options to practice or make one up.

OPTION 1:

Identify someone you would like to be closer to. If they are in need, do something to help them out. If not, do something to make them happy.

OPTION 2:

Practice giving compliments and sharing positive emotions with someone in your life.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

With whom

The step I will work on

KEY POINTS • Topic 4

Getting Closer to People



The most rewarding relationships are usually the ones where each person cares about the other person's point of view, and their health and happiness.

In getting closer to someone, it's important to express your positive feelings to them and to say and do things that make the other person happy.

In a close relationship, if you have different ideas about something, it's helpful to try compromising so each person gets something of what they want.

If you are close to someone, it's important to be aware when they are in need of support or assistance of some kind, and to help them in their time of need.



MODULE 7

Using Medications Effectively

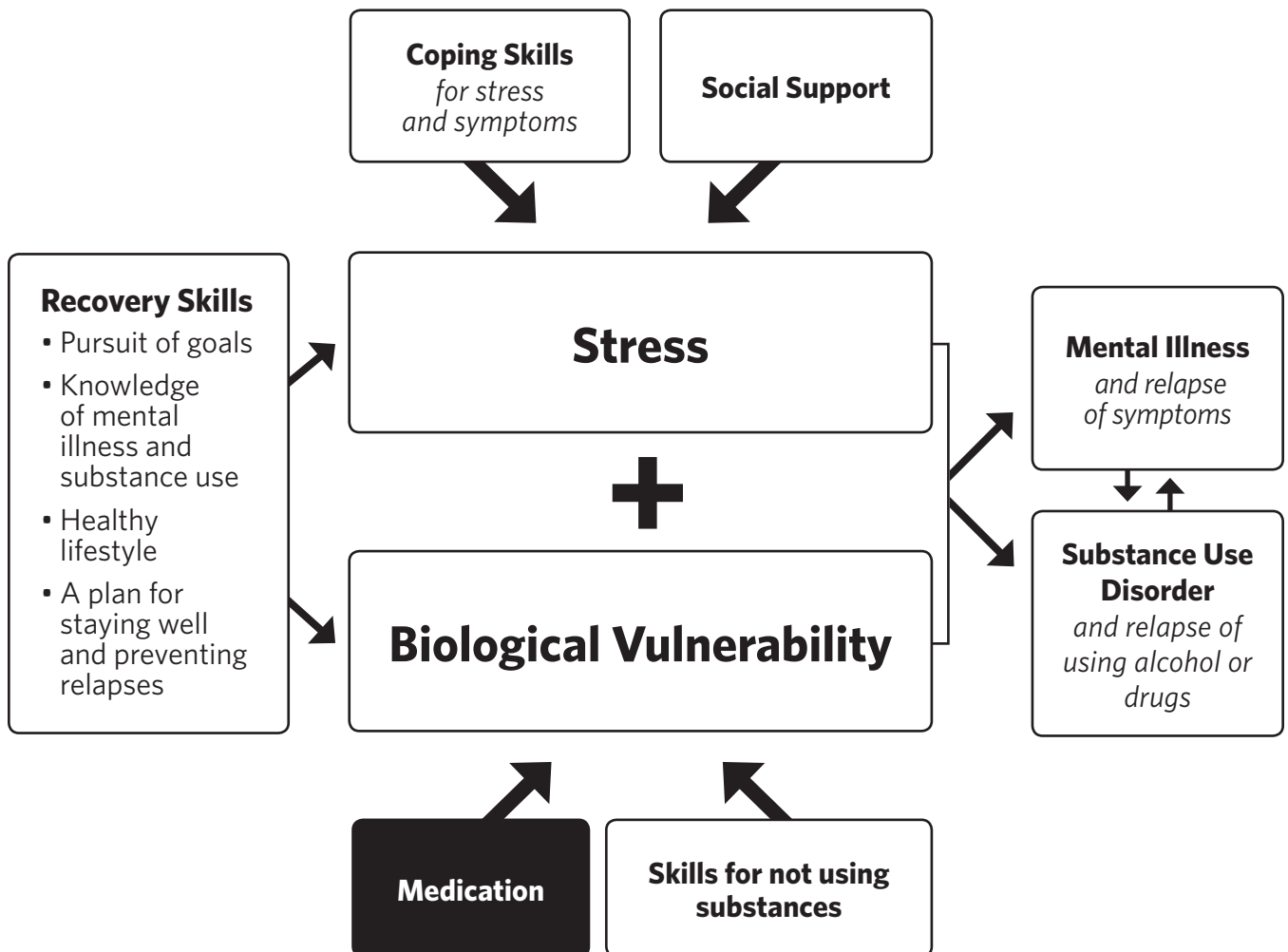
Enhanced Illness Management and Recovery

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

— DAVID K., *artist, writer, floral designer, person in recovery*

The Stress-Vulnerability Model

of Mental Illnesses and Substance Use Disorders



Questions to get us started:

What do you know about the medications you are taking for your recovery?

What do you think about the medications you are taking?

What concerns do you have about the medications you are taking?

How do you talk to your prescriber about your experiences with medication?

We will cover **4 topics** in this Module:

Topic 1:

The Role of Medications

Topic 2:

Identifying and Responding to Medication Side Effects

Topic 3:

Talking to Your Prescriber

Topic 4:

Getting the Best Results from Your Medication

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

The Role of Medications

Medications can be an important part of the recovery process. They often help ease the symptoms of mental illness and substance use disorders. They can also help prevent future relapse or hospitalization.

In this module, we will discuss medications that can help recovery from mental illness and substance use disorders. We will examine the medications you are taking so that you understand them better. We'll also look at ways to identify and cope with side effects. Finally, we will use what you've learned to help you practice talking to your prescriber so you can get the best results from the medications you take.

People who choose to take medications often find that they:

- Have symptoms that are less intense or less frequent
- Achieve their goals with fewer setbacks
- Have fewer relapses or hospitalizations

This session will introduce four subjects to increase your understanding of the medications you take to support your recovery:

- 💡 Learning about your medications
- 💡 Names of medications: generic vs. name brand
- 💡 How medications are taken
- 💡 Talking to your prescriber to understand your medications

KEY POINT

Medications are an important tool in treating both mental illnesses and substance use disorders.



Continued on next page...

Each of these subjects will be described in detail throughout this session. We encourage you to discuss these subjects with your E-IMR practitioner, or with other group members. Talking about subjects can improve your understanding and your confidence for using the information in your life.



Let's Talk About It

What experience do you have with using medications to support your recovery?

What medications were helpful?

What medications were not helpful?

Learning about your medications

There are many ways to learn about your medications:

- Read your pill bottle
- Ask your prescriber
- Talk to a pharmacist
- Look it up on a reliable website (such as Medline Plus)

Names of medications: generic vs. name brand

Medications often have several names. When they are first developed, they are given a name based on their chemical structure, which is then shortened to a generic name. Then, when the medication is sold to the public, it is given a brand name. This can be confusing because the same medication can have many different names.

Even more confusing, some medications can have similar names, but be used to treat very different illnesses. For example: Not many people would recognize the generic name "fluoxetine," but its brand name, "Prozac" is widely known. And, while Prozac is widely recognized, it sounds a bit similar to "Prilosec," which is a name brand drug used to treat entirely different types of health conditions.



Make It Your Own

Medication List

List your medications below. What do you know about how they work? What would you like to learn about them? As you complete your list, discuss your answers with your E-IMR practitioner.

[illegible]



Make It Your Own

Classes of Medications

While there are thousands of different medications for mental health and substance use disorders, they all fit into five general classes. The list below presents the five general classes of medications, along with a brief description of their effects. Discuss the list with your E-IMR practitioner and note the benefits you experienced from the medication. The Appendix at the end of this module contains more detailed information about medications. We encourage you to check out the ones that apply to you.

Medication Class	Effects	Benefits I Experienced
Antidepressant Medications	Reduce the symptoms of depression: ▪ Low mood ▪ Low energy ▪ Concentration problems ▪ Sleep problems ▪ Appetite changes Prevent relapses of major depression Reduce the symptoms of anxiety: ▪ Feeling nervous or tense ▪ Severe worry ▪ Avoiding situations causing anxiety ▪ Sleep problems ▪ Obsessive-compulsive behaviors such as repeated checking	
Antianxiety and Sedative Medications	Reduce the symptoms of anxiety: ▪ Worry ▪ Nervousness and panic ▪ Racing thoughts ▪ Irritability ▪ Tension and restlessness Reduce problems associated with sleep: ▪ Falling asleep ▪ Staying asleep	

continued on next page...

continued from previous page

Mood Stabilizing Medications	Reduce symptoms of mania: ▪ Decreased need for sleep ▪ Feeling “high” for no reason ▪ Irritability ▪ Unrealistic or “grandiose” plans or beliefs about oneself ▪ Racing thoughts or rapid speech ▪ Increased goal-directed behavior ▪ Involvement in activities with high risk of negative consequences Prevent relapses of mania (or hypomania)	
Antipsychotic Medications	Reduce symptoms of psychosis: ▪ Hearing voices ▪ Seeing or feeling things that aren't there ▪ Paranoia ▪ Worrisome thoughts ▪ Thinking problems Prevent relapses of psychosis or mania (or hypomania) Reduce symptoms of mania (see above)	
Substance Use Disorder Medications	Reduce cravings for alcohol or drugs Prevent relapses of using substances	

KEY POINT

Medications can reduce symptoms, prevent relapses and hospitalizations, and help people make progress toward their recovery goals.

How medications are taken

Medications can be taken in different ways. Often, medications are available in more than one form.

- **Oral medication** is taken by swallowing it, such as a pill or a liquid.
- **Injection medication** is delivered with a syringe (by getting a shot).
- **Sublingual medication** is held under the tongue until it dissolves (such as a film or a pill).

Long-acting medications last for periods of time ranging from two weeks to several months. Several medications are available in a long-acting form. Taking medication in this way can be helpful for people who forget to take their medication, or who are reminded of something unpleasant when they take medication.



Let's Talk About It

What have you learned about the classes of medications?

Share the top 2 or 3 benefits you have gotten from your medications.

Which medications do you want to learn more about?

KEY POINT

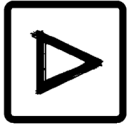
Different medications treat different illnesses and can be taken in different ways.



Talking to your prescriber to understand your medications

It can be difficult to talk to your prescriber about taking medication. Prescribers often don't have much time to discuss things in an appointment, so it is up to you to make them aware of your needs. When your prescriber isn't available, it can be helpful to talk to the nurse working with your prescriber.

Ask questions until you are confident that you know how to take your medications correctly. Combining medications with other substances can change how they work in your body. Certain combinations are dangerous. Make sure to ask about the effects of taking your medications with alcohol or drugs—or combining them with other medications, including those available over-the-counter.



Try it Out

Talking To Your Prescriber To Understand Your Medication

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill before you reach out to your prescriber, decide what is important to say. Then use the following steps:

- ▷ Explain why you would like to talk about your medication.
- ▷ Tell the prescriber which medications you want to talk about, how often you take them, and how they affect you.
- ▷ Ask the prescriber your questions (including “What is this medication for?” or “Does this medication interact with alcohol or drugs?”) or raise any concerns that you have about medication.

STEP 2

Watch a demonstration of the skill. Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

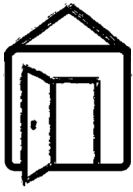
Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own. ■



Home Practice

The Role of Medications

Choose one of the following options to practice or make one up.

OPTION 1: Using the Medication List you made in this session, research at least one of your medications. Use the Appendix in this module, or a website like Medline Plus.

OPTION 2: Make an appointment with your prescriber. Use the skills you tried out in this session to ask medication questions.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

With whom

The step I will work on



KEY POINTS • Topic 1

The Role of Medications

Medications are an important tool in treating both mental illnesses and substance use disorders.

Medications can reduce symptoms, prevent relapses and hospitalizations, and help people make progress toward their recovery goals.

Different medications treat different illnesses and can be taken in different ways.

Topic 2

Identifying and Responding to Medication Side Effects

In Topic 2, we'll continue learning about medications. We'll learn to identify possible side effects that are associated with psychiatric and substance use disorder medications. We'll also learn what to do if you experience side effects, and how to talk to your doctor about them.

This session will introduce three subjects to increase your understanding of the medications you take to support your recovery:

-  Identifying medication side effects
-  What to do when you have a side effect
-  Coping strategies for common side effects

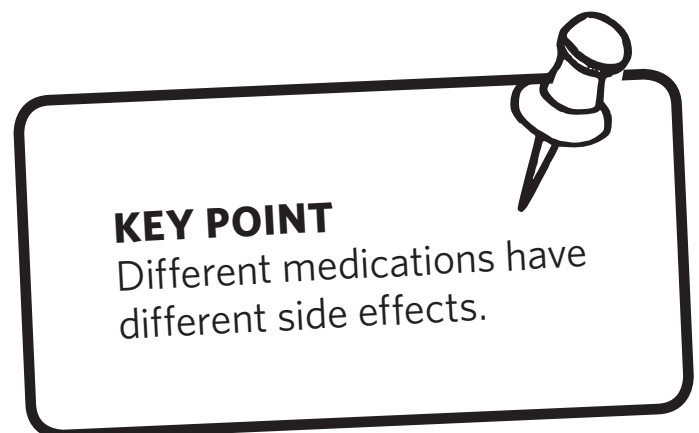
Each of these subjects will be described in detail throughout this session. We encourage you to discuss these

subjects with your E-IMR practitioner, or with other group members. Talking about these subjects can improve your understanding and your confidence for using the information in your life.

Identifying medication side effects

Your reaction to medications can vary depending on several different factors. You may have a few side effects, or no side effects—or you may have significant side effects compared to another person. Factors that may affect how you react to medication include:

- Weight
- Age
- Sex
- Metabolic rate
- Other medications you may be taking





Make It Your Own

Medication Side Effects

The table below describes common medication side effects. Discuss this list with your E-IMR practitioner and place an X next to side effects you have experienced. Also, write down what has helped you cope with side effects in the past.

Common side effect of medication	I had this side effect 	What helped you cope with this side effect?
Drowsiness		
Increased appetite and weight gain		
Restlessness		
Muscle stiffness		
Dizziness		
Sensitivity to the sun		
Shakiness or tremors		
Dry mouth		
Constipation		
Sexual side effects		
Trouble sleeping		
Nausea		
Other side effects you have experienced:		

What to do when you have a side effect

When you notice side effects, contact your prescriber. Don't stop your medications until you consult with your prescriber. Try using the steps below when you experience side effects:

- Make a list of the side effects you are concerned about and contact your prescriber.
- Discuss your side effects with your prescriber including how often they happen, how they bother you, and what strategies you have tried.
- Try out the strategy or strategies suggested by your prescriber, which may include:
 - Waiting to let your body adjust to the medication
 - Trying a coping strategy to reduce discomfort or counteract the side effect
 - Changing the dose
 - Adding a medication to treat the side effect
 - Switching to a different medication
- Keep trying strategies and talking with your prescriber until you find something that works.



Try it Out

Talking To Your Prescriber About Side Effects

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill:

Make an appointment to talk to your prescriber about your medications. Then use the following steps:

- ▷ Identify a side effect you are concerned about.
- ▷ Tell the prescriber about the side effect including:
 - When it happens. How often it happens. How it bothers you.
 - What strategies you have used? How helpful have these strategies been?
- ▷ Ask your prescriber to help you address your concerns about the side effect.
- ▷ Come up with a plan.
- ▷ Thank your prescriber for his or her assistance.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own.

Coping strategies for common side effects

Sometimes your prescriber can help you reduce your side effects, but they may not be able to prevent them entirely. When this happens, it can be helpful to try other strategies to minimize the side effect's impact on your life. The table below lists strategies for coping with common side effects.

Side Effect	Strategy
Drowsiness	Schedule a brief nap during the day. Get some mild outdoor exercise, such as walking. Ask your doctor about taking medication in the evening or at bedtime, instead of during the day. Drink water.
Increased appetite and weight gain	Emphasize healthy foods in your diet, such as fruits, vegetables, and grains. Drink water. Cut down on sodas, desserts, and fast foods. Eat smaller portions. Exercise regularly. Go on a diet with a friend or join a weight-loss program.
Restlessness	Find a vigorous activity that you enjoy, such as jogging, skating, aerobics, sports, gardening, swimming, or bicycling. Contact your doctor if you are taking an antipsychotic medication.
Muscle stiffness	Contact your doctor. This side effect should be addressed with medications and not tolerated. Try muscle stretching, stiffness exercises, yoga, or isometrics exercises.
Dizziness	Get up slowly from a sitting or lying-down position.

continued on next page...

continued from previous page

Sensitivity to the sun	Stay in the shade, use sunscreen, and wear protective clothing. Avoid going out at the brightest time of day.
Shakiness or tremors	Avoid filling cups and glasses to the brim.
Dry mouth	Chew sugarless gum, suck on sugarless hard candy, or take frequent sips of water. Ask your doctor or dentist about over-the-counter remedies for dry mouth, including special toothpastes, moisturizing sprays, and saliva substitutes.
Constipation	Drink 6–8 glasses of water daily. Eat high-fiber foods such as bran cereals, whole-grain breads, fruits, and vegetables. Exercise daily.
Sexual side effects	Talk to your doctor about strategies related to the particular problem you are experiencing.
Trouble sleeping	Avoid caffeinated drinks late in the day. Get physical activity or exercise daily.
Nausea	Eat smaller portions of food more frequently. Drink more water. Suck on sugarless hard candy.
Other side effects you have experienced:	

KEY POINT

There are many ways to cope with side effects.



Home Practice

Identify and Respond to Medication Side Effects

Choose one of the following options to practice or make one up.

OPTION 1: Make an appointment to talk to your prescriber about side effects. Prepare by using the “Try it Out” session from this module.

OPTION 2: With input from your prescriber, try out a strategy for coping with side effects (such as avoiding caffeinated drinks later in the day to help sleeplessness).

Make a plan for home practice this week:

What I will do

When

Where

With whom

“You have to practice something to make it your own!”



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



Key Points • Topic 2

Identifying and Responding to Medication Side Effects

Different medications have different side effects.

There are many ways to cope with side effects.

- Drowsiness
- Increased appetite and weight gain
- Restlessness
- Muscle stiffness
- Dizziness
- Sensitivity to the sun
- Shakiness or tremors
- Dry mouth
- Constipation
- Sexual side effects
- Trouble sleeping
- Nausea
- Other side effects you have experienced

Topic 3

Talking to Your Prescriber

Being able to communicate with your prescriber is very important when you are making decisions about your medication. Doctors, nurse practitioners, and physician assistants may prescribe medications. These care providers are experts, and they are experienced in helping people find effective medications.

Earlier in this module, we discussed talking to your doctor to understand your medications and address side effects. This session will introduce four more important subjects to help you talk to your prescriber:

-  Evaluating the benefits (pros) and possible drawbacks (cons) of taking medications
-  Choosing subjects to discuss with your prescriber
-  Understanding interactions between medications and substance use
-  Preparing to talk to your prescriber

Evaluating the benefits (pros) and possible drawbacks (cons) of taking medications

Once you understand what your medications are for and how to use them correctly, it can be helpful to talk to your prescriber about the benefits they provide—or what their drawbacks may be. Weighing the pros and cons of a medication can help you make an informed decision about its use.



Let's Talk About It

Which medication benefits are important to help you achieve your goals?

Are there drawbacks of taking medication that are important to you? What are they?

What else would you like to ask your prescriber?

Pros And Cons Of Taking Medication

Example: Drowsiness

KEY POINT
Medications can have both pros and cons. It is important to talk about both of these with your practitioner and your prescriber.



Choosing topics to discuss with your prescriber

One of the best ways to work with your prescriber is be actively involved. You can ask as many questions as needed to learn as much information as you can about your medications. You can ask about taking medications, switching medications, or any other questions you have. Consider the examples below:

- How will this medication benefit me? What will it help me with?
- How long does it take the medication to work? How long before I feel benefits from this medication?
- What side effects might I experience from this medication? Are there side effects if I use this medication long-term?
- What can I do if I have side effects?
- Other questions you may have:

KEY POINT

Your prescriber wants to know about your experiences with medication and wants to answer your questions.

Understanding interactions between medications and substance use

Some medications are dangerous to take when you are using alcohol or drugs. One example is drinking alcohol while taking benzodiazepines like Xanax. This is dangerous because both the medication and alcohol slow down your central nervous system functioning. In extreme cases, it can cause your heart to stop beating. In many cases, it is not dangerous to take medications while using alcohol or drugs and prescribers recommend that you continue to take your medications. It is important to know if your medications have dangerous interactions with alcohol or drugs.



Let's Talk About It

What do you know about interactions between drugs and alcohol and your medications?

What do you think you should do if you are taking a medication that interacts with alcohol or drugs?



Make It Your Own

Preparing to talk to your prescriber

It can be helpful to identify questions you'd like to ask your prescriber and prepare them to ask in your next appointment with him or her. You can begin by making a list of questions and then practicing the conversation with your E-IMR practitioner.

Take a moment to write down questions you would like to ask your prescriber. Discuss them with your E-IMR practitioner as you go.

Questions I would like to ask my prescriber:



Try it Out

Asking Your Prescriber Questions About Your Medication

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill: Make an appointment to talk to your prescriber about your medications. Then use the following steps:

- ▷ Ask your prescriber your list of questions.
- ▷ Ask the prescriber to help you address your questions.
- ▷ Thank the prescriber for his or her assistance.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own.



*"You have
to practice
something to
make it your
own!"*

Home Practice

Talking to Your Prescriber

Choose one of the following options to practice or make one up.

OPTION 1:

Make an appointment with your prescriber to ask questions about taking medication. Practice with someone ahead of time to increase your confidence.

OPTION 2:

Identify a medication that has helped you. List the benefits and drawbacks someone considering that medication should know. Design an advertisement that shows both the benefits and drawbacks.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



Key Points • Topic 3

Talking to Your Prescriber

Medications can have both pros and cons. It is important to talk about both of these with your practitioner and your prescriber.

Your prescriber wants to know about your experiences with medications and wants to answer your questions.

Topic 4

Getting the Best Results from Your Medication

There are many things involved in getting the most benefit from your medication and reducing the drawbacks. It can take a long time for people to find what works best, so don't get discouraged if you don't figure it out right away. Topic 4 will discuss strategies you can use to maximize the benefits of your medication—including how to simplify your medication routine and how to remember to take your medications.

This session will introduce three important subjects to help you get the best results from your medication:



Simplifying your medication routine



Remembering to take your medication



Strategies for getting the best results from your medication

Simplifying your medication routine

If you are taking medication several times a day, it can make it more difficult to keep track of all of your doses. Consider talking to your prescriber about simplifying your medication routine—such as by taking all your medications at the same time in the evening.

As mentioned in Topic 1, some medications are available in a long-acting form. There are several benefits of taking a long-lasting injectable medication, including not having to remember daily doses and feeling better results because the medication is provided at a steady level in the bloodstream.

If you are considering talking to your prescriber about simplifying your medication routine, it can be helpful to make a list of the challenges your current medication routine presents. You can also use this list to practice talking to your prescriber before your appointment.

Try it Out

Talking To Your Prescriber About Simplifying Your Medication Routine

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill: Before you talk to your prescriber, identify questions that you would like to ask about simplifying your medication routine.

Then use the following steps:

- ▷ Make a plan to ask the prescriber your questions.
- ▷ Ask the prescriber to help you address your questions.
- ▷ Thank the prescriber for his or her assistance.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration
Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

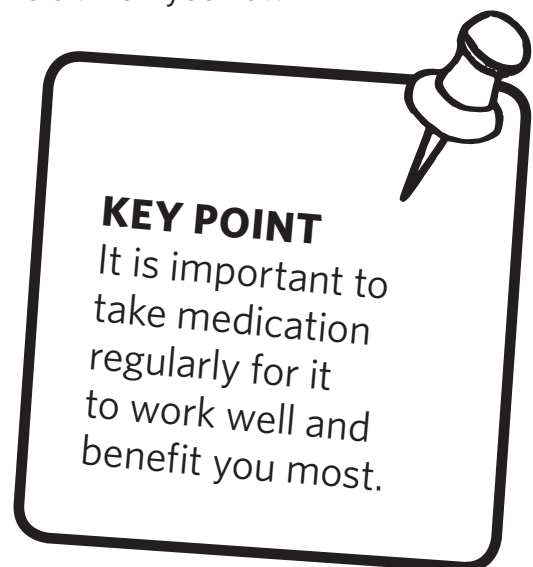
Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own.



Remembering to take your medication

Remembering to take your medication can be difficult. However, there are strategies that you can use to make taking medication part of your daily routine. Once you have talked to your prescriber about simplifying your medication schedule, consider trying these strategies:

- Pair taking medication with part of your daily routine (such as brushing your teeth)
- Use cues and reminders (such as storing your toothbrush near your pill containers)
- Use pill organizers
- Keep the benefits in mind (consider posting a list of benefits)



Using cues and reminders (behavioral tailoring)

There are different ways to help you change your behavior so that you can remember to take your medication. Here are some examples:

- Take medication at the same time every day. (This also helps keep a steady level of medication in your bloodstream.)
- Take medication at the same time as another daily activity such as brushing your teeth, showering, drinking coffee, eating breakfast, or getting ready for work.
- Use a calendar.
- Post a note to yourself.
- Keep the pill bottle next to an item in your daily routine, such as your coffee cup.
- Ask a supportive person or family member to help you remember.
- Set an alarm on your cell phone.

Using pill organizers

A pillbox organizes medication into daily doses. This allows you to see which medications you are supposed to take each day, and gives you a good way of seeing whether or not you've taken a dose. Many people find it helpful to keep track of their medications using a pillbox.

Posting a list of benefits

Many people find it helpful to remind themselves of the reasons that they are taking medication. Consider posting the list of medication benefits you made in Topic 3 where you will see it regularly.



Make It Your Own

Strategies for Getting the Best Results from Your Medication

The table below contains a list of strategies that can help you get the best results from your medication. As you read the list, discuss it with your E-IMR practitioner, and place an X next to any strategies you use, or would like to use. Also, note how you plan to use any new strategies you select.

Strategy	I have used this strategy 	I would like to try this strategy
Talk to your prescriber to simplify your medication routine		
Switch to long-acting injectable forms		
Take medication at the same time every day		
Take medication at the same time as another daily activity		
Use a cue or reminder (calendar, note, reminder, support person)		
Use a pill organizer		
Remind yourself of the benefits of taking medication		
Other:		



Make It Your Own

Using a Medication Strategy

KEY POINT

It sometimes takes patience and time to find the right medications. With the help of supportive people in your life, you can get the best results from your medication.

Identifying and planning how to use a specific medication strategy can help you get the best results from your medication. You can practice setting up your strategy with your E-IMR practitioner, or other group members so you are prepared when you use the strategy at home. Use the following steps to help you practice the skill.

Identify a strategy that you would like to use from the Strategies for Getting the Best Results from Your Medication chart.

Make a plan to put the strategy into action. For example, if you want to try using a pill organizer, where might you purchase it? Who could help you organize the medication in your organizer? If you are setting up an alarm on your cell phone, how can you test it out to make sure it's loud enough for you to hear?

Practice an element of the plan with your E-IMR practitioner or someone you trust. For example, practice what you would like to say to your prescriber, or set up your cell phone reminder and test it out, or start a list of medication benefits and decide where you can post it so you will see it. Make a note about how and when you will practice:

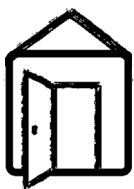


Recovery Corner

“**TAKING MEDICATIONS** is an important part of my recovery. Before medications, my life was hell. I was constantly distracted by voices in my head, and thinking the TV or radio were talking to me. I often drank or smoked pot to deal with the voices and paranoia. Even after I started using medication, I still resisted it—I didn’t think I needed meds, so I’d stop taking them. Then I’d have a relapse, and sometimes a hospitalization. Eventually, I decided that medication was an important tool for being able to live my life.

I have friends with the same diagnosis as me who don’t take medication. They don’t like the side effects or how it makes them feel, but they also have more problems with symptoms and relapses. Everyone has the right to make their own choice about whether or not to take medication. For me, without medication, my voices were so loud they took over everything else, and I couldn’t accomplish anything. I worked with my psychiatrist to find the best medication with the fewest side effects possible, and I’m happy with what we’ve chosen. Now that I don’t hear voices or have delusions, I’m no longer interested in drinking or getting high. I’m free to work on my goals and live my life.”

— David



Home Practice

Getting the Best Results from Your Medications

Choose one of the following options to practice or make one up.

OPTION 1:

Use a strategy for taking medication such as talking to your prescriber about simplifying your medication routine using a pillbox, or creating a reminder.

OPTION 2:

Create a small card to you carry with you that lists medication benefits. Keep the card in a place you can easily find it, such as your wallet, purse, or nightstand.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

"You have to practice something to make it your own!"



Key Points • Topic 4

Getting the Best Results from Your Medication

It is important to take medication regularly for it to work well and benefit you most.

Fitting medications into your routine can help you remember to take them.

It sometimes takes patience and time to find the right medications. With the help of supportive people in your life, you can get the best results from your medication.

Appendix – Part 1

Antidepressant Medications

Antidepressant medications are effective for the treatment of depression, anxiety, and other disorders, such as posttraumatic stress disorder (PTSD).

Depression

Antidepressants can reduce symptoms of depression, including:

- Feelings of sadness or hopelessness
- Feelings of worthlessness or guilt
- Low-energy or agitation
- Loss of pleasure and interest in things
- Difficulty starting and following through on activities
- Changes in appetite and weight
- Concentration problems
- Sleep problems
- Thoughts of death or suicide
- Decrease in self-care

After depression symptoms have been reduced or are no longer present, antidepressant medications can prevent relapses of depression and hospitalization.

Some people take antidepressants for short periods of time to ease symptoms of depression. Others, who have many episodes of depression, find that taking medication over the long-term is more helpful. People do not have to take larger amounts of antidepressant medication over time to get the same benefits. Thus, these medications are not addictive.

Anxiety, posttraumatic stress disorder (PTSD), and other disorders

Antidepressant medications are also effective for the treatment of other disorders, including anxiety, posttraumatic stress disorder (PTSD), chronic pain conditions, or to assist with smoking cessation.

Some antidepressants can reduce anxiety. These are effective in the treatment of anxiety disorders, such as:

- Generalized anxiety disorder
- Obsessive-compulsive disorder
- Panic disorder
- Social anxiety disorder

Types of antidepressants and how they work

Antidepressants work by changing the availability and balance of chemicals in the brain that are called neurotransmitters. Different medications re-balance chemicals in the brain in different ways. They also have effects in other parts of the body, called side effects. Although different types of antidepressants have different side effects, they seem to have a similar overall impact on depression. Therefore, people usually choose antidepressants based on avoiding the side effects that would be the biggest problem for them.

There are several types of antidepressants. The most well-known antidepressants are selective serotonin reuptake inhibitors (SSRIs). These work by increasing the availability of the neurotransmitter called serotonin. Another group of antidepressants affects a neurotransmitter called norepinephrine, along with serotonin. These are called serotonin-norepinephrine reuptake inhibitors (SNRIs). Another type of antidepressant alters serotonin and norepinephrine levels in a different way than SNRIs do. Other types alter another neurotransmitter called dopamine. Monoamine oxidase inhibitors (MAOIs) work by inhibiting the production of an enzyme that breaks down neurotransmitters in the brain.

Common side effects of antidepressants

- Nausea
- Increased appetite/weight gain
- Reduced sexual interest or function
- Fatigue/drowsiness
- Insomnia

When to call your doctor right away:

Sometimes, people can have serious side effects from antidepressants that require immediate treatment. Call your prescriber right away if you experience an irregular heartbeat, or if your side effects become too difficult to manage. It is important to keep taking your medication until after you speak to your prescriber. Discontinuing these medications suddenly can lead to additional discomfort or return of symptoms. Talk with your doctor to help identify the best options for your specific needs.

Antidepressant medications

Brand Name	Generic Name
Anafranil	clomipramine
Celexa	citalopram hydrobromide
Cymbalta	duloxetine
Desyrel	trazodone
Effexor	venlafaxine
Elavil	amitriptyline
Emsam	selegiline
Lexapro	escitalopram oxalate
Ludiomil	maprotiline
Luvox	fluvoxamine
Marplan	isocarboxazid
Nardil	phenelzine
Norpramin	desipramine
Pamelor, Aventyl	nortriptyline
Paxil	paroxetine
Prozac	fluoxetine
Serzone	nefazadone
Sinequan, Adapin	doxepin
Tofranil	imipramine
Vivactil	protriptyline
Wellbutrin	bupropion
Zoloft	sertraline
Vibrid	vortioxetine
	trintillex

Appendix – Part 2

Substance Use Disorder Medications

There are several different medications used to treat substance use disorders, and they work in different ways. Some of these medications can ease the effects of withdrawal, some reduce cravings to help people reduce their substance use and quit, and others are meant to prevent relapse. The medications listed below are grouped into three categories: aversion, craving reduction, and replacement therapies. While some common side effects have been included, they vary widely, even between drugs in the same category. It is always best to ask your prescriber about the side effects of specific medications.

Types of substance use disorder medications

- **Aversion medications** give the user an unpleasant reaction to a substance, meant to counteract the typical pleasure one experiences when using it. This helps discourage cravings. The most commonly used medication in this category is Antabuse.

Common side effects include: sleep problems, metallic taste in mouth, numbness in hands or feet, slowed thinking, and impaired memory.

- **Craving reduction medications** typically act on the neurotransmitters in the brain to lessen the cravings a person has for drugs or alcohol, and to help them control the urge to use the substance. Topamax is an example of a medication that works by reducing craving.

Common side effects include: nausea, sleep problems, breathing problems, slowed thinking, sedation, and diarrhea.

- **Replacement medications** act on the same parts of the brain as the substance being replaced. These medications often work by eliminating the cravings for the substance and/or preventing the substance from having an effect once it is ingested. Methadone is an example of a replacement medication that has been used to successfully treat opioid use disorder for decades and Suboxone is a newer replacement medication.

Common side effects include: nervousness, sleep problems, weakness, drowsiness, dry mouth, nausea, vomiting, diarrhea, constipation, loss of appetite, and sex related problems.

When to call your doctor right

away: Trouble breathing, confusion, chest pain, dizziness, fainting, or fast heartbeat should be addressed with medical care right away. Questions about taking these medications should always be discussed with your prescriber. If your side effects become too difficult to manage, it is important to keep taking your medication until after you speak to your prescriber. Discontinuing these medications suddenly can lead to additional discomfort.

Substance use disorder medications

Brand name	Generic name
Revia	Naltrexone
Disulfiram	Antabuse
Topamax	Topiramate
Kemstro, Gablofen, Lioresal	Baclofen
Campral	Acamprosate
Suboxone, Subutex	Buprenorphine
Methadose, Diskets, Dolophine	Methadone

Appendix – Part 3

Mood Stabilizers

Mood stabilizers are medications prescribed primarily to reduce mood swings between mania and depression in bipolar disorder. Symptoms of depression are described in Part 1 of this Appendix. Common symptoms of mania include:

- Decreased need for sleep
- Feeling euphoria (“high” for no reason)
- Irritability
- Unrealistic or “grandiose” plans or beliefs about oneself
- Racing thoughts or rapid speech
- Increased goal-directed behavior
- Involvement in activities with high risk of negative consequences

After a person is no longer experiencing mania symptoms, mood-stabilizing medications can prevent relapses of symptoms, and hospitalizations. Most mood stabilizers are effective in managing manic symptoms, while others are effective for managing both mania and depression.

Types of mood stabilizers

The first mood stabilizer discovered was lithium. Another class of drugs, called anticonvulsants, has also been effective in reducing mood swings associated with bipolar disorder. Anticonvulsant medications were first discovered for the treatment of seizures— and they continue to carry the name. Antipsychotic medications are also effective at reducing manic symptoms and preventing relapses of mania. Lithium and another drug called clozapine are specifically helpful in reducing suicidal ideation and behavior.

Common side effects of mood stabilizers

Lithium

- Drowsiness
- Dry mouth, increased thirst, urination
- Hand tremors
- Nausea, vomiting, loss of appetite, stomach pain
- Changes in skin or hair
- Cold feelings or discoloration in fingers or toes
- Feeling uneasy
- Loss of interest in sex, impotence
- Kidney damage
- Thyroid suppression

Anticonvulsants

- Dizziness
- Drowsiness, fatigue
- Nausea
- Rash
- Tremors
- Weight gain

Antipsychotics

- Blurred vision
- Dry mouth
- Drowsiness
- Muscle spasms or tremors
- Weight gain

It is important to note that some drugs and some side effects may require special monitoring. For example, your doctor may test your blood to determine the amount of medication in your bloodstream, or may monitor your heartbeat using special equipment.

When to call your doctor right away:

Trouble breathing, swelling of your face, lips, tongue, or throat, hives, a rash, fever, or swollen glands, sores on the mucous membranes of the mouth, nose, genitals, and eyelids, confusion, and slurred speech are all conditions that require immediate medical attention. If your side effects become too difficult to manage, it is important to keep taking your medication until after you speak to your prescriber. Discontinuing these medications suddenly can lead to life threatening withdrawal symptoms.

Mood stabilizing medications

Brand name	Generic name
Eskalith, Lithobid	lithium carbonate
Tegretol	carbamazepine
Depakote, Depakene	valproic acid
Lamictal	lamotrigine
Seroquel	quetiapine
Latuda	lurasidone

Appendix – Part 4

Antipsychotic Medications

Antipsychotic medications are effective at reducing symptoms of psychosis that can occur in many different psychiatric disorders, including schizophrenia, bipolar disorder, and major depression. In addition, these medications can be effective at preventing relapses of psychotic symptoms and hospitalization. Common symptoms treated by antipsychotics include:

- Hallucinations (seeing or hearing something that isn't there)
- Delusions (unrealistic beliefs)
- Thought disorder
- Mania
- Extreme mood swings

Types of antipsychotic medications

There are two broad types of antipsychotic medications, referred to as first-generation medications and second-generation medications. Second-generation antipsychotic medications are also known to be effective mood stabilizers. The second-generation antipsychotics have been used more frequently in recent years because they are less likely to cause movement disorder side effects than the first-generation medications.

Both types of medications are believed to work by making changes in the brain chemicals (neurotransmitters) that regulate thoughts, feelings, perceptions, and behaviors.

Common side effects of antipsychotic medications

- Blurred vision
- Dry mouth
- Drowsiness
- Muscle spasms or tremors
- Weight gain
- Movement disorders (only with first generation antipsychotics)
- Sexual side effects

Clozapine is a second-generation antipsychotic medication usually used to help people who haven't had success controlling symptoms using other medications. It is somewhat different from other second-generation medications and does require frequent monitoring by a physician using blood samples. However, there is some evidence that it helps with substance abuse, aggression, and suicidality.

Common side effects of clozapine

- Weight gain
- Tremor, dizziness, spinning sensation
- Headache, drowsiness
- Nausea, constipation
- Dry mouth, or increased salivation
- Blurred vision
- Fast heart rate, increased sweating
- Low levels of white blood cells (rare)

When to call your doctor right away:

These medications can affect your heart and you should contact your prescriber if you experience irregular heartbeat, or if you have any concerns about your heart or blood vessels. Agranulocytopenia (low levels of white blood cells) is a rare, but serious condition. If you experience high fever, chills, exhaustion or weakness, or mouth sores, it is essential to obtain medical care as soon as possible.

Antipsychotic medications

Brand name	Generic name
Abilify, Maintenna, Aristada	aripiprazole
Moban	molindone
Clozaril, Fazaclo	clozapine
Fanapt	iliperidone
Geodon, Zeldox	ziprasidone
Haldol	haloperidol
Latuda	lurasidone
Mellaril	thioridazine
Navane	thiothixene
Prolixin	fluphenazine
Risperdal	risperidone
Saphris	asenapine
Seroquel	quetiapine
Stelazine	trifluoperazine
Thorazine	chlorpromazine
Trilafon	perphenazine
Zyprexa	olanzapine
Vraylar	cariprazine
Invega, Sustenna, Trinza	paliperidone
Rexalti	brexpiprazole

Appendix – Part 5

Antianxiety and Sedative Medications

Antianxiety medications reduce the intensity of anxiety or stimulation that people feel. Sedative medications are used to help people sleep, and to assist in treating sleep disorders. Some medications discussed in this fact sheet are used to address both conditions, while others are specific only to anxiety, or sleep.

In comparison to most other classes of psychiatric medications, these medications have rapid effects, and they also wear off quickly. Also in contrast to other medications, antianxiety medications can lead to physical dependence and can be addictive. Caution should be used when taking these medications, and their use should be carefully monitored with the help of a prescriber.

Types of antianxiety and sedative medications

Benzodiazepines are commonly used for decreasing anxiety and promoting sleep. They are also used to reduce the symptoms of alcohol withdrawal, and to treat muscle spasms. These medications work by indirectly slowing brain activity through areas that use the brain chemical (neurotransmitter) called GABA. There are differences between specific benzodiazepine medications in how quickly they act, and how long their effects last. Your prescriber can share more information about the differences between benzodiazepines.

Other medications help with sleep, but have no effects on anxiety. These medications include the popular sleep medication Ambien (zolpidem), along with hypnotics and medications affecting the neurotransmitter GABA. Antihistamines, which were originally designed to treat allergies, are sedating and are sometimes used to help sleep. Medications which contain or mimic melatonin, a neurotransmitter related to sleep, are available both over-the-counter and by prescription. Consultation with a prescriber or pharmacist is highly recommended when taking over-the-counter supplements.

Common side effects of antianxiety and sedative medications

- Drowsiness
- Dizziness
- Poor balance or coordination
- Slurred speech
- Trouble concentrating
- Memory problems
- Confusion
- Stomach upset
- Headache
- Blurred vision
- Increased risk for dementia

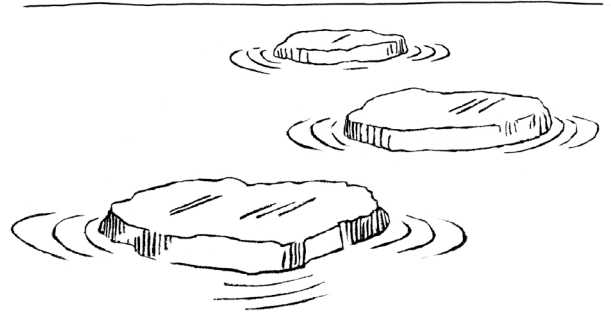
When to call your doctor right away:

Mixing these medications with alcohol, painkillers, or other antianxiety or sleeping medications can heighten their effects in a dangerous way by slowing down breathing and heart rates. Questions about taking these medications should always be discussed with your prescriber. If your side effects become too difficult to manage, it is important to keep taking your medication until after you speak to your prescriber. Discontinuing these medications suddenly can lead to life threatening withdrawal symptoms. If you are concerned that you or someone else needs medical attention because

of mixing medications or overdose, you should go immediately and directly to a hospital emergency department.

Antianxiety and sedative medications

Brand Name	Generic Name
Ativan	lorazepam
Benadryl	diphenhydramine
Buspar	buspirone
Centrax	prazepam
Dalmane	flurazepam
Halcion	triazolam
Klonopin	clonazepam
Librium	chlordiazepoxide
Noctec	chloral hydrate
Restoril	temazepam
Serax	oxazepam
Valium	diazepam
Xanax	alprazolam
Atarax, Vistaril	hydroxyzine
Ambien	zolpidem
	melatonin
Lunesta	eszopiclone
Rozerem	ramelteon
Sonata	zaleplon
Silenor	doxepine



MODULE 8

Coping with Problems and Symptoms

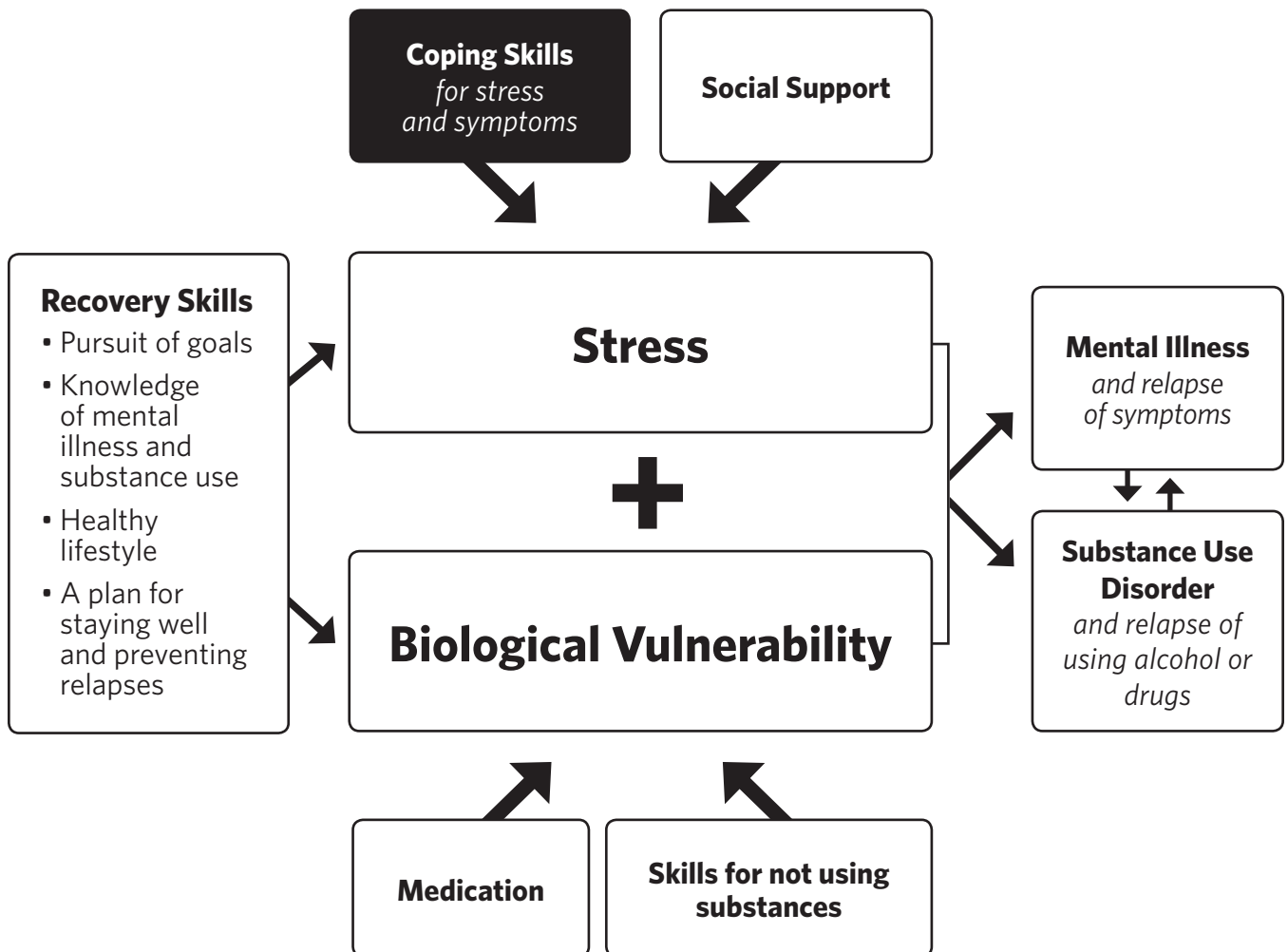
Enhanced Illness Management and Recovery

“Problems are a natural part of life for everyone. If I recognize problems that come up and work on solving them, it’s a lot less stressful. Learning positive ways to cope with anxiety and hearing voices has kept me from going back to drinking. Drinking never really worked.”

— LETICIA .G, *retail clerk in recovery from schizophrenia and alcohol use disorder*

The Stress-Vulnerability Model

of Mental Illnesses and Substance Use Disorders



Questions to get us started:

What helps people solve problems?

What are some of the symptoms that bother you?

What coping strategies do you use for dealing with the symptoms that bother you?

Which problems and symptoms would you like to develop new coping strategies for?

We will cover **6 topics** in this Module:

Topic 1:

Solving Problems

Topic 2:

Identifying Symptoms that Bother You

Topic 3:

Coping by Using Positive Self-talk and Exercise

Topic 4:

Coping by Talking to a Supportive Person and Using Relaxation Techniques

Topic 5:

Coping by Using Distraction and Behavioral Activation

Topic 6:

Additional Coping Strategies for Specific Symptoms

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

Solving Problems

Everyone experiences problems. No one has a completely smooth path. In fact, we should probably expect problems, rather than be surprised by them. However, if we don't work on solving problems, they can cause a lot of stress. And stress can lead to mental health symptoms getting worse, and to increased problems with drinking or taking drugs. Therefore, it's best to directly address problems rather than avoid them. This Module will help you identify problems and symptoms that bother you, and will present a wide variety of strategies to cope with them. We will begin by exploring problem solving techniques.

This session will introduce three subjects related to solving problems:

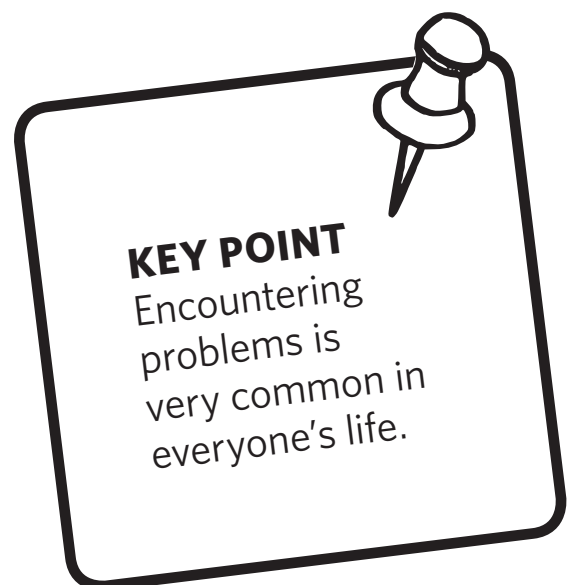
-  A review of the step-by-step method of problem solving
-  An example of step-by-step problem solving
-  Identifying problems you can work on

Each of these ideas will be described in more detail throughout this topic. We encourage you to try them with your E-IMR practitioner, or with other group members. Practicing skills during sessions can increase your confidence for using them on your own.

A review of the step-by-step method of problem solving

Many people find it useful to follow a step-by-step method of solving problems. You learned about the 6-step method of problem solving in Module 1, Recovery Strategies. You may have been using this method to solve problems as you progressed through E-IMR.

Because step-by-step problem-solving is helpful in so many situations, we are going to review it here.



As a reminder, here are the steps of problem solving:

STEP 1

Define the problem you would like to solve. Be as specific as possible.

STEP 2

Brainstorm ideas for solving the problem. List at least three possible solutions. Get other people's ideas whenever possible. At this stage, don't evaluate the solutions, or decide on the one you definitely want to use.

STEP 3

Every solution has advantages ("pro's") and disadvantages ("con's.") Evaluate each solution and identify the pro's and con's associated with it. Start with the "pro's."

STEP 4

Choose the best solution for solving the problem. Be as practical as possible.

STEP 5

Plan the steps for carrying out the solution. Think about "what, where, when, and who."

STEP 6

Set a date for evaluating how well your plan is working. Focus on the positive first: What has been accomplished? What went well? Then look at whether the problem has been solved. If it has not been solved, decide whether to revise your plan or try a new one.

KEY POINT

The step-by-step problem solving method can help people solve problems and find solutions for challenges as they work towards their goals.

An example of step-by-step problem solving

Martina was looking for a job and gave out her cell phone number to prospective employers. She often missed their calls, however, because her cell phone ran out of power. She used the step-by-step method of solving problems to figure out how she could keep her cell phone charged. Here is the way she used problem-solving to come up with a potential solution.

STEP 1: Define the problem.

I keep running out of power on my cell phone when I am away from home.

STEP 2: Brainstorm ideas for solving the problem.

- a. *Put a note on my door or mirror to remind myself to charge the phone before I go out.*
- b. *Take a charger with me.*
- c. *Make charging my cell phone part of my daily routine.*

STEP 3: Evaluate the pro's and con's of each solution.

- a. *Pro's about putting a note on the door or mirror: it would help me remember to charge the phone before I go out.*

Con's: I am usually in a hurry by the time I get to the door.

- b. *Pro's about taking a charger with me: I could plug in the charger when I am away from home.*

Con's: Sometimes there is not an electrical outlet available (like on the bus).

- c. *Pro's about charging my phone as part of my daily routine: I would have power on my phone every day; it's easier to remember things that are routine (like brushing my teeth before going to bed, or having coffee in the morning).*

Con's: It may take a little extra time every day.

STEP 4: Choose the best solution.

Charging my phone every day as part of my routine.

STEP 5: Plan the steps for carrying out the solution. Think about "what, where, when, and who."

1. *What you're going to do: Charge my phone when I am going to bed at night.*
2. *Where you're going to do it: I will keep my charger on the bedside table next to my lamp.*
3. *When you're going to do it: Just before I turn off the lamp, I will plug my cell phone into the charger. I will get started tonight.*
4. *Who can help you with this: I don't think I need anyone's help on this.*

STEP 6: Set a date for evaluating how well your plan is working:

One week from today I will ask myself how many times this week I was able to charge my phone at night. I will give myself credit for these times. Then I will ask myself if my plan is working. If I didn't miss any calls, it's a sign my plan is working. If I miss a call, it's a sign my plan isn't working perfectly, and I will consider revising my plan.



Let's Talk About It

What do you think are the advantages of going through the problem in a step-by-step way like Martina did?

How well do you think Martina's plan will work to solve the problem of her cell phone running out of power?

Identifying problems you can work on

You will now have the opportunity to use the step-by-step problem solving method. There are many types of problems that you might benefit from addressing. Review this list of common problems; and discuss whether you might like to work on any of them.

- ☐ Finding a fun activity I can do without drinking or using drugs
- ☐ Learning to cook a main dish for dinner
- ☐ Saving money for the holidays
- ☐ Cleaning up my room
- ☐ Not losing my keys
- ☐ Finding a Dual Recovery Anonymous meeting that I like attending



Make It Your Own

Identifying a Problem for the Step-by-Step Method of Problem Solving

Write down a few problems that you are currently having:

1. _____
2. _____
3. _____
4. _____

Pick one that you would like to try solving using the step-by-step method of problem solving. Put a star next to the problem you choose from your list.



Home Practice

Solving Problems

"You have to practice something to make it your own!"

Use the step-by-step method of problem solving to address the problem you identified in the Make it Your Own section of this topic. You can use the blank Step-by-Step Problem Solving Worksheet on the next page.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

.....
When

.....
Where

.....
The step I will work on

.....
With whom

Step-by-Step Problem Solving Worksheet

STEP 1. Define the problem as specifically and simply as possible.

STEP 2. List at least three possible solutions to the problem. Don't evaluate them yet.

a. _____

b. _____

c. _____

STEP 3. For each possible solution, list one advantage (pro) and one disadvantage (con).

Possible solution	Advantage/pro	Advantage/con
a.		
b.		
c.		

STEP 4. Choose the best solution or combination of solutions. What has the most chance of succeeding? _____

STEP 5. Plan the steps for carrying out the solution. Think about who, what, when, and where.

a. _____

b. _____

c. _____

d. _____

e. _____

STEP 6. Set a date to follow up. _____

When you follow-up give yourself credit for what you have done. Decide whether the problem has been solved. If not, decide whether to revise the plan or try another one. Record your answer here.



Key Points • Topic 1

Solving Problems

Encountering problems is very common in everyone's life.

The step-by-step problem solving method can help people solve problems and find solutions for challenges as they work towards their goals.

Topic 2

Identifying Symptoms that Bother You

For many people, recovery from mental illness and substance use problems includes learning how to cope with problematic symptoms. The good news is that there are lots of things you can do to cope with these types of symptoms. In this module, you will learn several strategies that can help you cope with your symptoms more effectively, and enable you to work toward your personal goals and enjoy a quality life.

This session will introduce two important subjects to help you get started with developing strategies to cope with symptoms:



Identifying problematic symptoms



Assessing problematic symptoms

Each of these ideas will be described in more detail throughout this topic. We encourage you to try them with your E-IMR practitioner, or with other group members. Practicing skills during sessions can increase your confidence for using them on your own.

Identifying problematic symptoms

Before going further, it's important learn the difference between symptoms that are warning signs of a relapse of mental illness, and symptoms that may simply be ongoing and manageable. Warning signs of relapse are new symptoms that occur a few days or weeks before a relapse of mental illness symptoms, or a worsening in persistent symptoms that occurs right before a relapse. Identifying and recognizing your own warning signs of relapse is part of developing a personal plan to stay well and prevent relapses and hospitalizations. This plan usually involves contacting your treatment team and working with them to prevent a possible relapse. More information about developing a plan for preventing relapses is provided in Module 10, Developing a Plan for Staying Well.

People may also experience symptoms that are distressing or interfere with their lives, but that are not warning signs of relapse. For example, some people experience persistent symptoms, or symptoms that fluctuate (go up and down) in severity, despite taking medications or using other treatment methods. People may also experience symptoms that are distressing, or interfere with their lives during and after

a relapse of symptoms. These symptoms often gradually become less severe over a period ranging from several weeks to several months, and may stop altogether. However, until those symptoms improve, they can be very troubling. Learning effective strategies for coping with these types of symptoms can reduce your distress and the interference caused by these symptoms in your life.



Make It Your Own

Assessing Problematic Symptoms

The checklist below lists examples of common distressing or troublesome symptoms. Review the examples and check off the ones you have experienced. Use the scale to rate how distressing they were or are to you.

1	2	3	4	5
No distress	A little distress	Moderate distress	Quite a bit of distress	Extreme distress

Symptom	Examples of this symptom	I experience this symptom fairly often (yes or no)	If yes, how distressing is this symptom? (1-5)
Depression	Feeling sad, hopeless, or guilty; difficulty sleeping; appetite problems; lack of pleasure; thoughts about death or hurting yourself		
Anxiety and tension	Feeling worried, fearful, agitated, panicky, racing heart, rapid breathing; avoiding things that make you feel anxious		
Hallucinations	Hearing a voice when no one is speaking; seeing, smelling, or tasting things that are not there		

Symptom	Examples of this symptom	I experience this symptom fairly often <i>(yes or no)</i>	If yes, how distressing is this symptom? <i>(1-5)</i>
Paranoia or other worrisome thoughts	Believing that people are talking about you or are against you; thinking someone on the radio or television is talking about you or directly to you; believing that you see special signs meant just for you in random places		
Sleep problems	Difficulty falling asleep, staying asleep or waking up early; sleeping too much; feeling tired despite sleeping		
Nightmares	Repeated bad dreams that may be related to a traumatic event		
Low stamina/low energy	Lack of energy; getting tired easily (lack of stamina); feeling slowed down; difficulty finishing something that you start		
Concentration problems	Losing track of conversations; having difficulty focusing on reading or watching something; “spacing out” or losing concentration easily		
Cravings	Strong desire or urge for using drugs or alcohol		
Flashbacks or intrusive memories of traumatic events	Unexpected and distressing memories of a traumatic event, suddenly feeling like the traumatic event is happening to you again		
Overarousal, restless, or agitated feelings	Feeling jumpy and being easily startled by minor things; feeling super-alert and never letting your guard down; feeling angry often or being easily provoked		



Let’s Talk About It Which symptoms did you check off? Which symptoms cause you the most distress, or interfere the most with your life? What is an example of a recent situation when one of these symptoms interfered with doing something you wanted or needed to do?



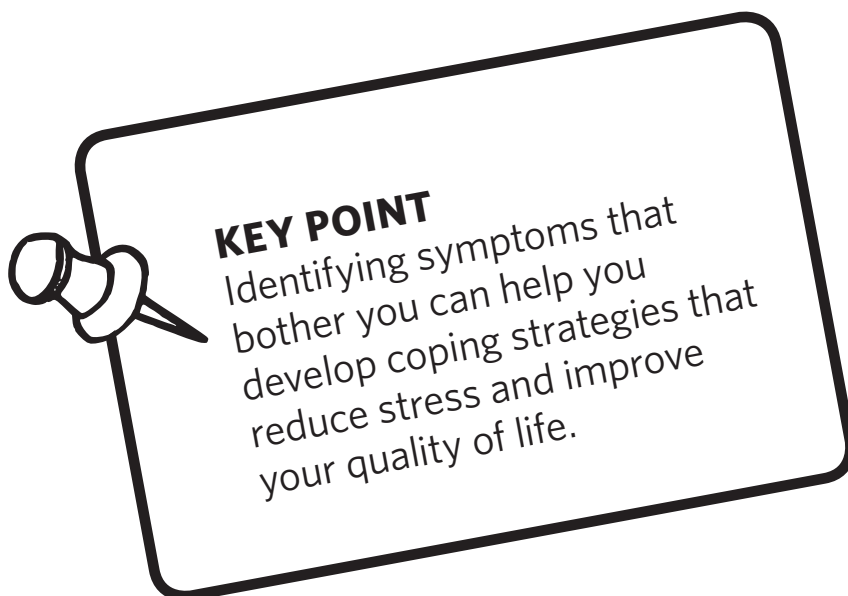
Make It Your Own

Identifying Symptoms to Address with Coping Strategies

Based on the Assessing Problematic Symptoms checklist, and your answers to the questions in the Let's Talk About It section above, which symptoms would you like to improve your coping strategies for?

1. _____
2. _____
3. _____
4. _____

Keep these symptoms in mind as you learn coping strategies in topics 2-6 of this Module.





Home Practice

Identifying Symptoms that Bother You

Choose one of the following options to practice or make one up.

OPTION 1: Use the Tracking Problematic Symptoms chart on the next page to keep track of symptoms you experience this week, and how much they distress you.

OPTION 2: Show your Assessing Problematic Symptoms checklist to a supportive person. Share how these symptoms have interfered with things you want to accomplish.

Make a plan for home practice this week:

What I will do

When

Where

With whom



"You have to practice something to make it your own!"

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

Tracking Problematic Symptoms

Place an X for each day that you experience a symptom. Next to the X, use a number from 1 to 5 to rate how much distress this symptom caused you. Use the following rating scale:

1	2	3	4	5
No distress	A little distress	Moderate distress	Quite a bit of distress	Extreme distress

	Days of the week <i>(rate distress from 1-5 using the scale above)</i>						
Problematic Symptom	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Depression							
Anxiety and tension							
Hallucinations							
Paranoia or other worrisome thoughts							
Sleep problems							
Nightmares							
Low stamina/low energy							
Concentration problems							
Cravings							
Flashbacks or intrusive memories of traumatic event							
Over arousal or restless or agitated feelings							



Key Points • Topic 2

Identifying Symptoms that Bother You

Identifying symptoms that bother you can help you develop coping strategies that reduce stress and improve your quality of life.

Topic 3

Coping by Using Positive Self-Talk and Exercise

The next four topics of this module will help you learn and practice several good strategies for coping with ongoing symptoms and problems. These techniques include using positive self-talk, exercise, relaxation, talking to a supportive person, using distraction, and “faking it until you make it,”—using new behaviors intentionally, while you are making the long-term changes you want to see.

This session will introduce two important coping strategies to help you cope with ongoing problems and symptoms:

 Using positive self-talk

 Exercise

Each of these coping strategies will be described in more detail throughout this topic. We encourage you to try them with your E-IMR practitioner, or with other group members. Practicing skills during sessions can increase your confidence for using them on your own.

Using positive self-talk

When people feel distressed or down on themselves, they often have a lot of negative self-talk, such as “I’m no good,” or “I have no future.” Positive self-talk can combat negative thoughts by reminding you 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.” It’s important to remind yourself of your accomplishments. Do not focus on things that have gone wrong, or mistakes you might have made.

Positive self-talk is a good way of cheering yourself on, and getting yourself through a difficult emotion or situation. It can be used for a variety of symptoms. It is especially helpful for coping with the symptoms of depression, anxiety and tensions, hallucinations, cravings, and memories of traumatic events. See the table below for some examples of how positive self-talk can be helpful for these symptoms.

Symptom	Example of how positive self-talk can be used for this symptom
Depression	People find it helpful to say things to themselves like: ▪ <i>“This is a discouraging time, but there are lots of reasons to be optimistic,”</i> ▪ <i>“I am a good person and people tell me they appreciate the things I do for them.”</i> People who are depressed also find it helpful to remind themselves of some of their accomplishments by saying things to themselves like: ▪ <i>“I have gotten through a lot of difficult things in the past.”</i>
Anxiety and tension	It can be helpful to remind yourself that feelings of anxiety come and go by saying things to yourself such as: ▪ <i>“This situation will pass.”</i> ▪ <i>“If I hang in there, I know my anxiety will go down.”</i> ▪ <i>“I’ve worried about things like this before and they were not as bad as I thought.”</i>
Hallucinations	Saying positive things to yourself can help combat what the hallucinations are saying. For example: ▪ <i>“I’m not going to let those voices get to me.”</i> ▪ <i>“I’m don’t have to believe those voices.”</i> ▪ <i>“I’m a good person; lots of people tell me so.”</i> Positive self-talk can also be used to challenge beliefs that auditory hallucinations control you. For example: ▪ <i>“Hang in there; I’m in charge of my own life, not those voices.”</i> ▪ <i>“Those voices think they are so important, but they can’t control me—I’m in control here.”</i> ▪ <i>“Those voice don’t even have a body; how do they think they can control me when they don’t even physically exist?”</i>
Cravings	People can often manage cravings if they think positively about their ability to cope with them. Some examples of positive self-talk are: ▪ <i>“I can handle these cravings; I have done it many times before.”</i> ▪ <i>“This is just a craving; it will pass and I don’t have to act on it.”</i>
Memories of traumatic events	When memories of traumatic events intrude into your thoughts, it can help to say positive things to yourself, such as: ▪ <i>“It’s just a memory, not something happening right now.”</i> ▪ <i>“I can handle this memory and let it come and go.”</i> ▪ <i>“I’m not going to let this memory take the upper hand and upset me— I’ve got better things to do.”</i>



Make It Your Own

Identify Symptoms to Address with Positive Self-Talk

Think about the symptoms you identified as distressing. In the table below, place an X by the symptoms you already use positive self-talk to cope with, and the ones you think might benefit from using positive self-talk.

Symptom I experience	I already use positive self-talk as a way of coping with this symptom	I would like to try using positive self-talk as a way of coping with this symptom

KEY POINT

Positive self-talk is a good way of cheering yourself on, and getting yourself through a difficult emotion or situation. It is especially helpful for coping with the symptoms of depression, anxiety and tensions, hallucinations, cravings, and memories of traumatic events.



Try it Out

Practicing Positive Self-Talk

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill:

- ▷ Identify the negative thought you are having.
- ▷ Replace your negative thought with a positive one.
- ▷ Repeat your positive thought to yourself until your distress is lowered.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will demonstrate how to use the steps of the skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own.



Make It Your Own

Plan for Trying Positive Self-Talk as a Coping Strategy

Now is a good time to make a plan to try using positive self-talk to cope with the symptoms you identified above. Keep in mind that using coping strategies is like learning any other skill, such as driving, playing an instrument, or playing a sport. It takes practice to get good at it and to feel the benefits of it.

What symptom will you try using positive self-talk to cope with?

When will you try using positive self-talk? (Include days, times and situations if possible.)

Where will you use positive self-talk? -----

What positive things do you plan to say to say to yourself?

Exercise

Exercise is an effective strategy for coping with and reducing the severity of a variety of different symptoms. There are many ways to get exercise, including walking, jogging, biking, skateboarding, tennis, and swimming. Many people also like taking exercise or dance classes, or working out at the gym because those activities also

provide social support. The most important thing is to do the exercise for a long enough period of time to get some benefit, and to do it regularly (at least several times per week).

The following table provides examples of how exercise can help people cope with specific symptoms and reduce their severity.

Symptom	Example of how exercise can be used to cope with this symptom
Depression	Regular, vigorous exercise improves people's mood and energy level.
Anxiety and tension	Regular exercise reduces anxiety and high levels of tension, helps people take their mind off worrying, and gives them a chance to focus on something more positive.
Hallucinations	Exercising shifts your attention to something different than hallucinations (such as focusing on an exercise activity.) Doing this can reduce the severity of the hallucinations and the interference they cause.
Sleep problems	Vigorous physical activity during the day can create natural feelings of fatigue at night that help people sleep better and feel more rested in the morning.
Low energy/ stamina	Exercise can help people feel more energized and recharged.



Let's Talk About It

Which of your distressing symptoms do you already use exercise to cope with? How does this work for you?

Which of your distressing symptoms do you think might benefit from exercise?

How would you like to try using exercise to cope with these symptoms?



Make It Your Own

Plan for Trying Exercise as a Coping Strategy

Now is a good time to make a plan to try using exercise to cope with the symptoms you identified in "Let's Talk About It." Keep in mind that using coping strategies is like learning any other skill, such as driving a car, playing an instrument, or playing a sport. It takes practice to get good at it and to feel the benefits of it.

What kind of exercise do you want to try? _____

Is there anyone you can think of who you might like to join you in the exercise?

When will you exercise? (Include days and times.) _____

Where will you exercise? _____

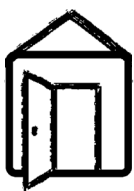
How long will you exercise each time? _____

Would you like someone to help you make your exercise plan and follow through on it?
If so, who might that person be? _____

Do you need any equipment? If so, how can you get this equipment?

KEY POINT

Exercise is a particularly helpful strategy for coping with depression, anxiety and tension, hallucinations, and sleep problems.



Home Practice

Coping by Using Positive Self-Talk and Exercise

Choose one of the following options to practice or make one up.

OPTION 1: Follow your plan for using positive self-talk to cope with a symptom this week. Use the Coping Strategy Tracking Sheet on the next page to track results.

OPTION 2: Follow your plan for using exercise to cope with a symptom this week. Use the Coping Strategy Tracking Sheet on the next page to track results.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

.....
When

.....
Where

.....
The step I will work on

.....
With whom

"You have to practice something to make it your own!"

Coping Strategy Tracking Sheet

Use this tracking sheet to compare your symptom rating before and after using each coping strategy you try.

STEP 1:

Each day, write down which symptom or symptoms you experience. Then rate how distressed this symptom makes you feel, using the following 1 to 5 scale:

STEP 2:

Choose a coping strategy to try. Record the strategy, and after using it, rate how distressed you feel using the 1 to 5 scale below.

1	2	3	4	5
No distress	A little distress	Moderate distress	Quite a bit of distress	Extreme distress

Day of week	What symptom did you experience?	How distressed did you feel? (use scale above)	Coping strategy you tried	How distressed did you feel after using the coping strategy? (use scale above)
Example	Depressed, low energy	4	Exercise	2
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				



Key Points • Topic 3

Coping by Using Positive Self-Talk and Exercise

Positive self-talk is a good way of cheering yourself on, and getting yourself through a difficult emotion or situation. It is especially helpful for coping with the symptoms of depression, anxiety and tensions, hallucinations, cravings, and memories of traumatic events.

Exercise is a particularly helpful strategy for coping with depression, anxiety and tension, hallucinations, and sleep problems.

Topic 4

Coping by Talking to a Supportive Person and Using Relaxation Techniques

This session will introduce two important strategies to help you cope with ongoing problems and symptoms:

 Talking to a supportive person

 Using relaxation techniques

Each of these coping strategies will be described in more detail throughout this topic. We encourage you to try them with your E-IMR practitioner, or with other group members. Practicing skills during sessions can increase your confidence for using them on your own.

Talking to a supportive person

When people are distressed about something, such as experiencing a symptom, it is often very helpful to talk to a friend, family member, care provider, counselor, or roommate. It is often good to have several people you can talk to in order to avoid over-burdening one person. Talking specifically about your concerns with people can help you identify practical solutions, improve your mood, and make you feel less alone. Also, even if you just talk about ordinary things with others, it can take your mind off the things that are worrying you.

Talking to a supportive person is useful for a wide variety of symptoms. It is particularly helpful for anxiety, depression, hallucinations and paranoia, or other worrisome thoughts. The following table gives some examples of how getting social support by talking to someone can help you cope with these symptoms.

Symptom	Example of using social support to cope with this symptom
Depression	Talking to a friend, family member, care provider, counselor, or roommate can be very helpful. If there is something you feel upset about, you can tell the other person about your feelings, and then ask the person for ideas about what you could do to feel better.
Anxiety and tension	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 when they feel uncertain about their future. Talking things over can help you address concerns, identify practical solutions to problems, and make plans for achieving personal goals. This can both reduce anxious feelings and address the causes of those feelings. 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.
Hallucinations	Simply talking to someone you trust about what you are experiencing can help you feel less distressed. While people often know that hallucinations are not real, sometimes they're not sure. If you think you may be having a hallucination, one strategy is to check out your experience with someone you trust. For example, in the movie <i>A Beautiful Mind</i>, when the mathematician John Nash was greeted by someone who wanted to talk to him about being awarded the Nobel Prize in economics, he wasn't sure 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. You can also have a conversation with someone about an entirely different topic than the hallucinations. Talking about other topics can help distract you and reduce the severity of the hallucinations.
Paranoia or other worrisome thoughts	Talking to someone about ordinary things can take people's minds off their concerns that other people or organizations are against them. Sometimes it helps to problem solve with a supportive person when you're trying to figure out how to respond to your troubling beliefs. You can ask the person if he or she can help you think of other possible explanations for your belief. Recognizing that there may be alternative explanations can help you feel less paranoia.



Let's Talk About It Which of your distressing symptoms do you cope with by talking to a supportive person? How does this work for you?

Which other distressing symptoms do you think you might benefit from talking to a supportive person to cope?

How would you like to try talking to a supportive person to cope with these symptoms?

Try it Out

Practice the Coping Skill of Talking to a Supportive Person

STEP 1

Review the steps of the skill:

- ▷ Tell the person what you are experiencing and how you feel.
- ▷ Ask the person for their ideas about what you might do to feel better.
- ▷ If it is relevant, ask the person if they think there may be alternative explanations for your beliefs or worries.
- ▷ Consider suggesting how the person might help you.
- ▷ Thank the person for talking with you.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own.



Make It Your Own

Plan for Using Talking to a Supportive Person as a Coping Strategy

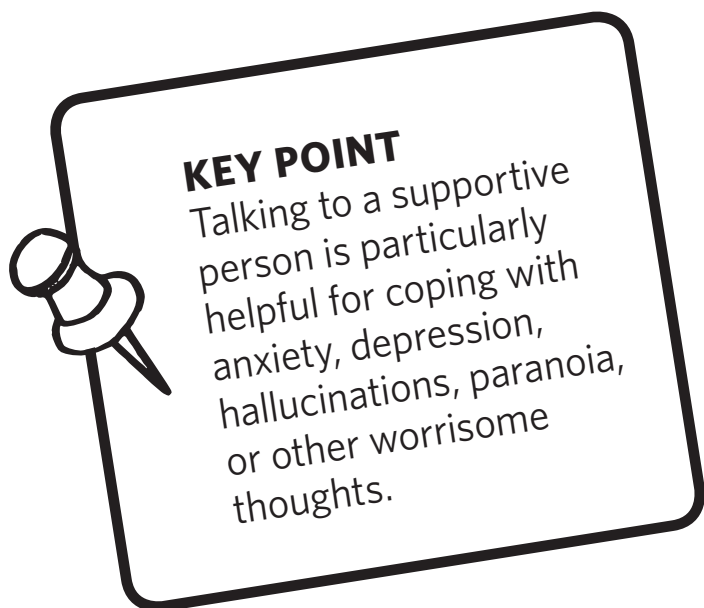
Now is a good time to make a plan for talking to a supportive person to cope with the symptoms you identified above. Keep in mind that using coping strategies is like learning any other skill, such as driving, playing an instrument, or playing a sport. It takes practice to get good at it and to feel the benefits of it.

What symptom or feeling do you plan to try this coping strategy for?

When will you try talking to a supportive person about your symptom or feeling? (Include days and times.)

Where will you talk to the person? -----

What do you plan to say? -----



Using relaxation techniques

Relaxation techniques can also be very effective for coping with a wide variety of different symptoms. There are many types of relaxation techniques. Some examples of relaxation techniques include: relaxed breathing (also called breathing retraining), muscle relaxation, imagining a peaceful scene, and meditation or mindfulness. Other relaxing activities include listening to music, taking a walk, spending time in nature, or drawing.

Relaxation techniques are particularly helpful in coping with anxiety and tension, sleep problems, flashbacks, and over arousal (bodily changes such as a racing heart, rapid breathing, and perspiring). The following pages give a brief review of the four relaxation techniques you learned in Module 5, Coping with Stress, along with examples of how these techniques might be used to cope with these symptoms.

Your E-IMR practitioner can guide you through the relaxation techniques as a refresher.

Review of relaxation techniques

Relaxed breathing involves slowing down your breathing, especially your exhaling.

STEPS

- ▷ Choose a word that you associate with relaxation.
- ▷ Inhale through your nose and exhale slowly through your mouth, taking normal breaths.
- ▷ While you exhale, say the relaxing word you chose.
- ▷ Pause after exhaling, before taking your next breath.
- ▷ Repeat ten or more times.

Muscle relaxation involves gently tightening and relaxing your muscles to reduce stiffness and tension.

STEPS

- ▷ Shoulder shrugs
- ▷ Overhead arm stretches
- ▷ Stomach muscle relaxation
- ▷ Knee raises
- ▷ Foot and ankle rolls
- ▷ Repeat each movement 3 to 5 times

Imagining a peaceful scene involves “taking yourself away” from a stressful situation by picturing yourself in a scene that you find calm and restful.

STEPS

- ▷ Choose a scene that you find peaceful, calm, and restful, like sitting by the beach, sitting on a park bench, walking on a mountain path, or looking out over a city from the top of a building.
- ▷ Imagine as many details as possible using all your senses:
 - What does it look like?
 - What are the sounds?
 - What sensations do you feel?
 - What are the smells?
- ▷ Let go of any stressful thoughts or perceptions.
- ▷ Focus on the scene for about 5 minutes.

Meditation or Mindfulness involves focusing on how your body feels, how your breathing feels, and accepting the thoughts that come into and out of your mind without letting them “take over.” When you are practicing meditation, you can choose to be mindful of your body and your sensations. You can start by practicing 2 to 3 minutes and gradually increasing the time.

STEPS

- ▷ Find a comfortable, quiet place to sit.
- ▷ Close your eyes fully or partially. Relax the muscles in your face and jaw.
- ▷ Notice how your body feels.
- ▷ Shift your attention to your breath. Experience the sensations of breathing in and breathing out.
- ▷ When thoughts come into your mind, allow yourself to be curious about them before letting them go and refocusing your attention on your breath.
- ▷ When you experience emotions or stress, acknowledge them by saying something to yourself like “stress is present.” Then allow the feeling to pass and refocus on your breath.



Let's Talk About It

Which relaxation techniques do you find especially appealing?

Are there some relaxing activities that you like? Which ones?



Make It Your Own

Using Relaxation Techniques and Relaxing Activities to Cope with Symptoms

Relaxation techniques and relaxing activities are especially helpful for the symptoms of anxiety, tension, sleep problems, intrusive memories, and over arousal. The following table gives some examples of how relaxation techniques and relaxing activities might be used to cope with these symptoms.

Symptom	Example of how relaxation can be used as a coping strategy with this symptom
Anxiety and tension	Relaxation techniques help people stay calm and take their mind off the things that are worrying them.
Sleep problems	Excessive worrying can interfere with sleep. People may lie in bed for many hours worrying about the past or the future. Practicing relaxation techniques, or doing something relaxing, can be particularly helpful before going to bed.
Intrusive memories of traumatic events	Experiencing intrusive memories or flashbacks can be very upsetting. Relaxation techniques help people calm down when they have an intrusive memory or flashback, which can help them cope with it or bring them back to the here-and-now.
Over arousal (bodily changes such as a racing heart, rapid breathing, perspiring a lot)	Relaxation techniques have a direct effect on calming and slowing down the central nervous system, which reduces over arousal and can help people put their perceptions into perspective.



Let's Talk About It

Which of your distressing symptoms do you already use relaxation techniques to cope with? How does this work for you?

Which of your distressing symptoms do you think might benefit from using relaxing techniques or doing relaxing activities to cope?

How would you like to try using relaxation techniques to cope with these symptoms?



Make It Your Own

Plan for Trying Relaxation as a Coping Strategy

Now is a good time to make a plan to try using relaxation techniques and relaxing activities to cope with the symptoms you identified in “Let’s Talk About It.” Keep in mind that using coping strategies is like learning any other skill, such as driving, playing an instrument, or playing a sport. It takes practice to get good at it and to feel the benefits of it.

What kind of relaxation technique or relaxing activity do you want to try?

When will you try the relaxation technique or relaxing activity? (Include days and times.)

Where will you practice the relaxation technique or relaxing activity?

How long will you do the technique or activity? -----

Do you need any help? Do you want someone to do the relaxation technique, or relaxing activity with you? If so, who?

Do you need any equipment? If so, how can you get this equipment?

KEY POINT

Relaxation techniques are particularly helpful in coping with anxiety and tension, sleep problems, flashbacks, and over arousal.





Home Practice

Coping by Talking to a Supportive Person and Using Relaxation Techniques

Choose one of the following options to practice or make one up.

OPTION 1: Follow your plan for using talking to a supportive person to cope with a symptom this week. Use the Coping Strategy Tracking Sheet on the next page to track results.

OPTION 2: Follow your plan for using relaxation techniques to cope with a symptom this week. Use the Coping Strategy Tracking Sheet on the next page to track results.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

Coping Strategy Tracking Sheet

Use this tracking sheet to compare your symptom rating before and after using each coping strategy you try.

STEP 1:

Each day, write down which symptom or symptoms you experience. Then rate how distressed this symptom makes you feel, using the following 1 to 5 scale:

STEP 2:

Choose a coping strategy to try. Record the strategy, and after using it, rate how distressed you feel using the 1 to 5 scale below.

1	2	3	4	5
No distress	A little distress	Moderate distress	Quite a bit of distress	Extreme distress

Day of week	What symptom did you experience?	How distressed did you feel? (use scale above)	Coping strategy you tried	How distressed did you feel after using the coping strategy? (use scale above)
Example	Tension	4	Muscle relaxation	2
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				



Key Points • Topic 4

Coping by Talking to a Supportive Person and Using Relaxation Techniques

Talking to a supportive person is particularly helpful for coping with anxiety, depression, hallucinations, and paranoia or other worrisome thoughts.

Relaxation techniques are particularly helpful in coping with anxiety and tension, sleep problems, flashbacks, and over arousal.

Topic 5

Coping by Using Distraction and Behavioral Activation

This session will introduce two important strategies to help you cope with ongoing problems and symptoms:

 Using distraction

 Using behavioral activation
("fake it until you make it")

Each of these coping strategies will be described in more detail throughout this topic. We encourage you to try them with your E-IMR practitioner, or with other group members. Practicing skills during sessions can increase your confidence for using them on your own.

KEY POINT

Distraction is especially helpful for coping with hallucinations, flashbacks or intrusive memories, cravings, and paranoia or other worrisome thoughts.

Using distraction

Shifting the focus of your attention can reduce symptoms. Having a distraction can help you focus on something outside of yourself. Some examples of pleasant distractions include talking to someone, listening to music, playing a game, doing artwork, taking a walk, cooking, and watching something on TV or the Internet. Paying attention to something different often helps put a distressing thought or perception onto the "back burner." While the thought or perception is on the back burner, it often becomes less intense and compelling, and you can move on with your life.

Distraction is especially helpful for coping with hallucinations, flashbacks or intrusive memories, and paranoia or other worrisome thoughts. See the table below for some examples of how distraction can be helpful for these symptoms.

Symptom	Example of using distraction as coping strategy
Hallucinations	Doing something active often helps distract yourself from a hallucination. For example, you might find it helpful to listen to music or an audiobook, watch something on YouTube, take a walk somewhere, work on a puzzle, or do the dishes.
Flashbacks or intrusive memories	When people with PTSD have flashbacks, it is often helpful to shift their attention to something else, especially something concrete that is in the “here and now.” For example, if you are in a class, try paying close attention to the teacher’s words and repeating back to yourself their main points. If you are at a restaurant, you can look around to see what everyone is eating. If you are at a holiday party, you can try looking at all the decorations, or you can try counting the number of people at the event.
Cravings	Cravings can be experienced as physical sensations and preoccupying thoughts about using. Distraction can be an excellent way to cope with cravings. People often find their cravings go away once their interest is drawn to the activity.
Paranoia or other worrisome thoughts	When people are experiencing paranoia, they often dwell on thoughts that other people or organizations are against them. They often find it helpful to distract themselves with something positive, like reading something uplifting or watching something funny on the Internet.



Make It Your Own

Identifying Symptoms to Cope with Using Distraction

Think about the symptoms you identified as distressing. In the table below, place an X by the ones you already use distraction to cope with, and the ones you think might benefit from using distraction.

Symptom I experience	I already use distraction as a way of coping with this symptom	I would like to try using distraction as a way of coping with this symptom

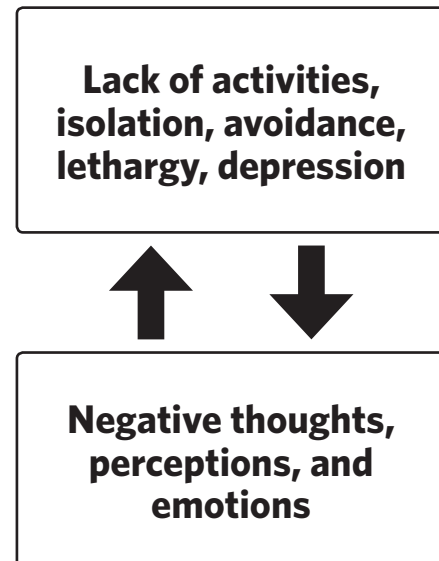
Using behavioral activation (“fake it until you make it”)

Sometimes when people are having difficulties in their life they spend less time with other people, and stop engaging in activities that they used to enjoy. While these changes are understandable responses to life’s challenges, they can also lead to feelings of loneliness, depression, and lethargy or sluggishness. In the long run, not engaging with other people and enjoyable activities can make people feel worse instead of better. The opposite is also true: doing activities, being with other people, and taking on responsibilities makes people feel better.

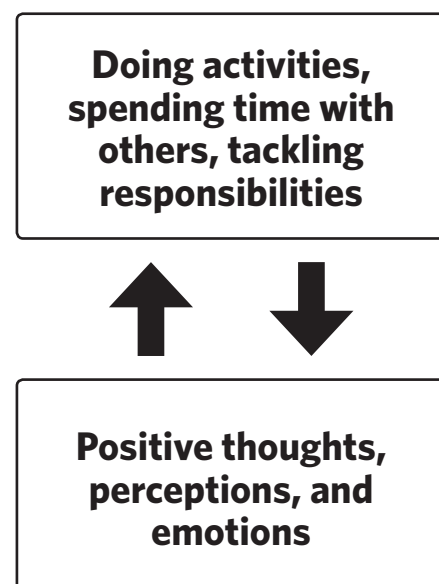
“Behavioral activation” is a method that has been found to be effective for changing this cycle. Behavioral activation means scheduling activities for yourself that bring meaning and pleasure to your life. It’s sometimes referred to as “faking it until you make it,” because it means using new behaviors while you are working to make internal changes. For example, you may choose to exercise and be active while you are also trying to reduce your depression symptoms. You are behaving as if you have more energy, before you feel all of the positive

benefits. It is similar to distraction, because it helps take your mind off what is distressing you. But it is different because it is something that you plan ahead for.

Cycle of negative feelings and behaviors:



The opposite cycle is also true.



Behavioral activation is especially helpful for coping with symptoms of depression, anxiety, and low energy or low stamina. See the table below for some examples of how it can be helpful for these symptoms.

Symptom	Example of how behavioral activation exercise can be used to cope with this symptom
Depression	When people are depressed, they often stay to themselves and do not venture out to do activities. This reinforces their feeling that nothing is good in the world and they are not worthwhile people. Planning something positive to do each day can help counteract those feelings and beliefs. For example: ▪ If you know how to play a musical instrument, you could plan to play the instrument on your own every day for at least 10 minutes, and to get together with one or more friends to play together once a week. ▪ If you like bicycling, you could plan to take a ride every day, and include friends in riding as much as possible. ▪ If you like reading, you could join a book club, which would encourage you to read regularly, and give you an opportunity to meet with others to discuss the book.
Anxiety and tension	Anxiety often makes people feel worried and tense. Being inactive increases their worries and tension. Planning something positive to do each day decreases worry and tension. For example, you could: ▪ Join a yoga class, and practice what you learn on a daily basis. ▪ Plan to take a nature walk in a variety of locations during the week and ask others to join you. ▪ Join an exercise class and practice what you learn at home in between classes.
Low energy/ stamina	People with low energy and low stamina often believe nothing will be fun or worth the effort. Planning something positive to do each day helps them challenge these beliefs. For example: ▪ If you like to play card games or board games, you could set up regular opportunities to play with people you know. ▪ If you like to cook, you could plan to try new recipes and invite someone to join you for a meal. ▪ If you used to like to bicycle, plan to get back to it and include others in taking rides with you.



Make It Your Own

Identifying Symptoms to Cope with Using Behavioral Activation

Think about the symptoms you identified as distressing. In the table below, place an X by the ones you already use behavioral activation to cope with, and the ones you think might benefit from using behavioral activation.

Symptom I experience	I already use behavioral activation as a way of coping with this symptom	I would like to try using behavioral activation as a way of coping with this symptom

How to use behavioral activation

The three main steps of behavioral activation are:

STEP 1: Monitor your current activities

STEP 2: Figure out which activities give you pleasure

STEP 3: Schedule pleasurable activities every week, involving other people if possible

Each step will be explained in the next section of this module.



Make It Your Own

Using Behavioral Activation, Step 1: Monitor Your Current Activities

You can use the Daily Activity Log below to record the activities you have done in the past week.

	Mon	Tues	Wed	Thurs
8AM				
10AM				
12PM				
2PM				
4PM				
6PM				
8PM				
10PM				
After midnight				

(continued on next page)

(continued from previous page)

	Fri	Sat	Sun
8AM			
10AM			
12PM			
2PM			
4PM			
6PM			
8PM			
10PM			
After midnight			



Let's Talk About It

What days and times do you have the most activities? What days and times do you have the fewest activities? What days and times are you most bothered by symptoms?



Make It Your Own

Using Behavioral Activation, Step 2: Figure Out which Activities Give you Pleasure

Everyone differs in what they enjoy and what gives them pleasure. Which activities do you think will be interesting, fun, or meaningful to do? If you can come up with your own list of activities that you would like to do, that's great. Please write them down on the list on the right. If you need some ideas, you can refer to the Common Enjoyable Activities List on the next page.

Activities that I enjoy

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Common enjoyable activities

Write in a journal	Go out for coffee with a friend	Watch a movie with someone
Draw or paint on your own or join an art class	Go stargazing or join an astronomy club	Go swimming with a friend who also likes swimming
Hike on a nature trail, asking other people to join you	Go for a bike ride with a friend or family member	Do a jigsaw puzzle with friends or family
Watch the sunrise or sunset	Play a sport with others	Play music with one or more friends
Spend time with a pet, consider walking your dog with a neighbor who also has a dog	Join a book club that has a theme you like, such as mysteries or travel adventures	Visit a meditation center on your own or with a friend or family member
Go to a play with someone	Visit neighbors	Listen to the radio or a podcast
Play a board game or card game with someone; join a board game group	Cook a meal and share it with someone	Ask someone to join you in trying out new recipes or new restaurants
Go to a concert with a friend	Write a letter or e-mail	Join a yoga class
Visit a museum with someone who likes art	Take photos and consider joining a photography club	Try cooking a new dessert and inviting others over to enjoy it
Explore somewhere new with a friend or family member	Write a poem and sign up for a poetry workshop or group	Exercise on your own or take an exercise class
Go rock climbing or go to the beach	Meditate	Work in the garden
Other ideas:	Start a knitting project or join a knitting circle	Search online for new music to listen to or look up past favorites



Let's Talk About It Which activities would you enjoy the most? Which activities do you think would be the easiest to do? Which activities would be the most challenging to do?



Make It Your Own

Using Behavioral Activation, Step 3: Schedule Pleasurable Activities Every Week, Involving Other People When Possible

Starting with 3 of the activities you think would be easiest to do, make a plan for how and when you will do these activities in the coming week. People often find it more interesting and motivating to do things with others. It gives them an incentive to follow through because the other person is counting on them. Also, it makes the activity more fun or interesting, because they have someone to talk to while they are doing it.

For example, Angel was very interested in art and wanted to go to the art museum. But he never went because he didn't think he had the energy, or he didn't think he could make it all the way through the museum. He decided to ask his friend Daniel to join him. Daniel also enjoyed looking at art. They chose a small museum with a special exhibit by a painter they both liked. On the day they planned the visit, Angel was tempted not to go, but he didn't want to disappoint Daniel, so he went anyway. Not only did he succeed in going to the museum, but he also enjoyed his conversation with Daniel, which continued at a coffee shop afterward.



Make It Your Own

Activity Planning Sheet

To get started using behavioral activation, you can use the Activity Planning Sheet below. Start by using three of the easiest pleasurable activities you identified. If you feel comfortable, try scheduling one pleasurable activity each day. If that seems overwhelming, try scheduling a pleasurable activity on three days in the following week. You can do the same activity throughout the week, or use a variety of the three activities you chose. Jot down what time and where you plan to do the activity, and whether you will ask someone to join you.

Day	Activity	When? Where? Equipment needed? Ask someone to join you?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

KEY POINT

Behavioral activation is especially helpful for coping with symptoms of depression, anxiety, and low energy or low stamina.



*"You have
to practice
something to
make it your
own!"*

Home Practice

Coping by Using Distraction and Behavioral Activation

Choose one of the following options to practice or make one up.

OPTION 1: Make a plan to use distraction to cope with a symptom next week. Use the Coping Strategy Tracking Sheet to record results.

OPTION 2: Use your behavioral activation plan to cope with a symptom this week. Use the Coping Strategy Tracking Sheet to record results.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

.....
When

.....
Where

.....
The step I will work on

.....
With whom

Coping Strategy Tracking Sheet

Use this tracking sheet to compare your symptom rating before and after using each coping strategy you try.

STEP 1:

Each day, write down which symptom or symptoms you experience. Then rate how distressed this symptom makes you feel, using the following 1 to 5 scale:

STEP 2:

Choose a coping strategy to try. Record the strategy, and after using it, rate how distressed you feel using the 1 to 5 scale below.

1	2	3	4	5
No distress	A little distress	Moderate distress	Quite a bit of distress	Extreme distress

Day of week	What symptom did you experience?	How distressed did you feel? (use scale above)	Coping strategy you tried	How distressed did you feel after using the coping strategy? (use scale above)
Example	Hearing voices	4	Distraction	2
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				



Key Points • Topic 5

Coping by Using Distraction and Behavioral Activation

Distraction is especially helpful for coping with hallucinations, flashbacks or intrusive memories, and paranoia or other worrisome thoughts.

Behavioral activation is especially helpful for coping with symptoms of depression, anxiety, and low energy or low stamina.

Topic 6

Additional Coping Strategies for Specific Symptoms

In this module, we have explored good strategies for coping with ongoing symptoms and problems. The coping techniques presented have included: using positive self-talk, exercise, relaxation, talking to a supportive person, distraction, and behavioral activation. If those coping strategies are effective for all of your symptoms, that's good news and you do not need to go further. If those strategies have not been effective for one or more of your symptoms, or if you want to learn an additional strategy, Topic 6 provides strategies that are especially helpful for specific symptoms.

We have divided Topic 6 into Parts A through K, so you can go directly to the symptoms that you want additional strategies for, and skip the ones that don't apply to you.

KEY POINT

It is important to have at least one or two coping strategies that are effective for the symptoms that bother you.

You can use Topic 6 to find strategies that are especially helpful for specific symptoms.

- A. Depression
- B. Anxiety and tension
- C. Hallucinations
- D. Paranoia or other worrisome thoughts
- E. Sleep problems
- F. Nightmares
- G. Low stamina/low energy
- H. Concentration problems
- I. Cravings
- J. Flashbacks or intrusive memories of traumatic events
- K. Anger that results from over arousal or restless, agitated feelings

Coping strategies for each of these symptoms will be described in more detail throughout this topic. We encourage you to try them with your E-IMR practitioner, or with other group members. Practicing skills during sessions can increase your confidence for using them on your own.

A. Additional strategy for coping with depression

List your personal strengths

When people are depressed, they often have low self-esteem and are very critical of themselves. They focus on their weaknesses and problems, and don't pay attention to their own strengths and positive personal qualities. Making a list of your strengths, and reminding yourself of them on a regular basis can counter the self-blame and self-criticism that occurs with depression. You can put a copy of your strengths in your wallet or purse, record it on your cell phone, or post it on your mirror or refrigerator. You can review it on a daily basis, and also whenever you are feeling low about yourself.



Make It Your Own

Listing Your Personal Strengths: PART ONE

Sometimes it's hard to think of your strengths. To get started, review the checklist below and place an X next to each one that applies to you. Be sure to add other strengths that you think of:

Personal strengths

This applies to me



Determination

Musical talent

Creativity

Mechanical

Talent

Caring for others

Sense of humor

Work skills

Computer skills

Academic skills

Parenting skills

Empathy for others

Friendliness

Good manners

Artistic talent

Cooking

Decorating

Knowledge about a particular topic

Other strengths:



Make It Your Own

Listing Your Personal Strengths: PART TWO

Make a list of your top 5 strengths using the form below. Talk with your practitioner about where you would keep your list so you can refer to it whenever you are feeling depressed.

Personal Strengths List

1. _____
2. _____
3. _____
4. _____
5. _____

Where I will post my list: _____

B. Additional strategies for coping with anxiety and tension

Develop a plan with a supportive person to gradually expose yourself to situations that make you feel anxious, but are nevertheless safe

Sometimes people avoid situations that seem frightening, but are actually safe. Their fears may be related to upsetting events that have occurred in the past, such as feeling anxious in situations that trigger memories of past upsetting or traumatic events. Or, there may be situations that just make the person nervous, such as social situations

like attending a new class, or making conversation with co-workers.

Making a plan to gradually expose yourself to these safe, but scary situations can help you overcome anxiety. Using this process will help you learn that these situations don't present actual danger, even though they feel uncomfortable. Gradual exposure involves taking small steps to get closer and closer to the feared situation, while allowing your anxiety to go down to a manageable level before taking the next step.

The example below shows how Carol gradually overcame her fear of taking the bus.

1. Carol waited at the bus stop with her best friend, Anna, and watched people get on and off the bus on several occasions.
2. After Carol became comfortable, she and Anna got on the bus together and got off at the first stop. They did this several times.
3. Each time Carol tried a new situation related to the bus, she practiced breathing exercises to help feel calm.
4. After Carol felt more comfortable, she and Anna took the bus together for several short trips.
5. Later, Carol took several more short bus trips by herself, with Anna or another friend waiting at her destination.
6. Finally, Carol took round-trip bus trips alone without anyone waiting for her at her destination.

You can use the following steps to gradually expose yourself to a situation or activity that makes you anxious:

1. Break the situation down into smaller steps, or identify several related situations that do not cause you as much anxiety.
2. Start by exposing yourself to the first step of the situation, or a related situation that causes you less anxiety.
3. When you expose yourself to the first step of the situation (or the alternative situation), stay in it long enough for your anxiety to go down. Be assured that your anxiety will go down. You can use relaxation techniques to calm yourself in these situations.
4. Repeat this step until you feel comfortable.
5. Add the next step of the situation (or a related situation) and practice it until you feel comfortable.
6. Continue this process until you feel comfortable with all the steps of the situation or activity.
7. Include a supportive person in the plan to make it easier to follow through.



Let's Talk About It

What is a situation that makes you anxious, but is actually safe?

Who could help you go through the steps described above?

Practice yoga and meditation

Both yoga and meditation relax the body and mind.

Yoga involves using different exercises (called poses) to tone, strengthen, and align the body. Yoga emphasizes flexibility and stretching as a way of keeping the mind and body in tune with each other. It often includes breathing techniques to quiet the mind.

Meditation involves holding concentrated focus on a sound, object, visualization, the breath, or a specific movement in order to feel an increased awareness of the present moment. Keeping the mind focused on the here and now reduces stress, promotes relaxation, and creates a sense of peace.

Learning yoga or meditation takes time and practice, but can pay off with reducing anxiety, and refreshing the body and mind. Most communities have a variety of classes on yoga and meditation available. In addition, you can use self-instructional programs, such as books, DVDs, CDs, Apps, and websites to learn yoga and meditation.



Let's Talk About It

If you are interested in practicing yoga or meditation, what method would you like to use: a class, book, DVD, App, or website?

What is the first step in the method you would like to use? (For example, finding and registering for a class, or checking out a DVD from the library.)

When could you take the first step?

Is there a friend or family member who might like to get involved in yoga or meditation with you? When could you ask them about their interest?

C. Additional strategies for coping with hallucinations

Normalization

Hearing or seeing things that others don't hear or see can be very distressing, especially if you think that this is highly unusual. However, hallucinations are actually relatively common. About 4 to 5 out of every 100 people (4-5%) in the general population report hearing voices or experiencing some other type of hallucination at some point in their lives. People may 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, or during extremely stressful events. People can also hear voices as the symptom of a number of different mental illnesses, including depression, bipolar disorder, schizophrenia, and schizoaffective disorder.

It's important to remember that hearing voices is not that unusual, and that you are not alone in your experience. To remind yourself of this, develop some statements to say to yourself to stay calm and cope when you hear voices. Here are some examples:

- "I'm not 'abnormal' or strange just because I hear voices. Lots of other people do too."
- "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."

If you are interested in using normalization as a strategy to cope with hallucinations, it's helpful to think about what statements you would like to say to yourself to stay calm and cope when you hear voices.



Let's Talk About It

What statement or statements would you like to say to yourself when you hear or see something that others do not hear or see?

What will help you remember to say those statements to yourself?

For example, you could enter the statement into your cell phone, or write it on a small slip of paper to put in your wallet.

Reality testing

While people often know that hallucinations are not real, sometimes they're not sure. If you think you may be having a hallucination but aren't sure, you can check out your experience with someone you trust. For example, if you think you heard a banging noise, but aren't sure, you can ask someone nearby, "Hey, did you hear that loud bang?"

Another helpful strategy is to evaluate the "evidence" about whether voices are real. For example, one person looked to see whether people's lips were moving when he heard voices. If he heard voices but couldn't see anyone's lips moving, then he knew the voices were hallucinations. If he saw someone's lips moving while he heard the voices, then he knew they were real.



Let's Talk About It

If you are interested in using reality testing as a strategy for coping with hallucinations, is there a staff member, family member, or friend you could check out your experiences with?

If so, who?

D. Additional strategies for coping with paranoia or other worrisome thoughts

Don't jump to conclusions: Think of alternative explanations for things that bother you and make you feel paranoid

Remind yourself that there are usually many different ways to interpret a situation. In fact, it's sometimes difficult to understand what's happening in a situation, and your first thought may not be the most accurate. To analyze paranoia or other worrisome thoughts, it can help to take the role of a detective looking for evidence. You can ask yourself, "What is the evidence supporting my belief?" and "What is the evidence that does NOT support my belief?" Then it is important to ask, "What are some other possible explanations?"

You can build up your skills in identifying several possible explanations for understanding an upsetting experience before deciding which one is most accurate. You might find the following example helpful.

Jacob saw his friend Laura walking down the street early one afternoon. He said "Hi" to her, but she didn't respond. Jacob's first thought was, "Laura is mad at me." When he thought about why she might be angry

with him, he couldn't think of a reason. He wondered if there might be some other reason she didn't respond to him.

When Jacob saw Laura later that day as she was leaving work, she was very friendly and spoke to him immediately. When he asked her how she was doing, she said that it had been a rather challenging day and she had even taken a walk earlier just to think about some of the problems she was wrestling with. Jacob asked her if she had taken that walk around 2PM. She said yes. He said, "I saw you then, but I'm not sure you saw me." She said, "Oh, no, I didn't see you at all. I was deep in thought." Jacob was glad that he had not jumped to the conclusion that Laura was angry with him.



Let's Talk About It

If you want to avoid jumping to conclusions when you are having paranoid thoughts, what would help you to do so?

What would be an example of a situation you could look at for possible alternative explanations?

Talk about your concerns with someone you trust

Sometimes it helps to problem solve with another person when you're trying to figure out how to respond to your distressing beliefs. Talking to someone you trust, such as a family member, a friend, or your practitioner can be helpful.

You can start by telling the person what you are thinking. Then you can ask them to help you think of other possible explanations, and share their own opinion. If you still have concerns, talk to the person again.

You might find the following example helpful:

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 to 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 lines in several 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.



Let's Talk About It If you would like to try talking about your concerns with someone you trust, who do you think would be a good person to do this with? (Such as a family member, friend, or practitioner.)

E. Additional strategies for coping with sleep problems

Develop 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’s sleep on a daily basis. The basic 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 thirty minutes before bed (such as reading a book, taking a bath or warm shower, or listening to music).
- Avoid caffeine after 5 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 thirty 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 in the amounts and at the times prescribed.



Let’s Talk About It

If you would like to improve your sleep hygiene, which strategies are you NOT doing as suggested?

Which ones are you willing to try changing?

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. Talking to other people about your worries can be helpful. They can offer support and also suggest solutions to problems. When talking with another person about a problem, it may be helpful to use the Step-by-Step Problem-Solving Worksheet from Topic 1 of this module.

One very helpful strategy for dealing with excessive worry is to schedule a daily “worry time.” Use the steps below:

- Set aside time each day just to worry, about fifteen to thirty 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 your worries down, brainstorm possible solutions and write those down.
- Consider getting input about your worries and possible solutions from other supportive people.
- Try choosing one possible solution from your list and taking one or two steps toward 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.
- Over time, you can gradually feel more control over your worries and spend less time on them throughout the day and at bedtime.

Let’s Talk About It

 If you would like to try coping with excessive worrying, what time would you like to set aside daily for worrying?

F. Additional strategies for coping with nightmares

Plan to do something relaxing or soothing when you wake up from a nightmare

When people have nightmares, especially ones that involve trauma-related experiences, they often feel unsettled and as if they cannot control their feelings. It helps to have a plan for something to do if they wake up from an unsettling nightmare. Some people like to use soothing objects, like a blanket, or look at photos of happy times. People with pets often like to spend some time petting their cat or dog after a nightmare. Some people like to have a comforting book nearby, like a book of poetry or affirmations.

Let’s Talk About It

 If you are interested in doing something relaxing or soothing if you wake up from a nightmare, what would it be?

Do you need to locate any comforting objects or photos or books?

Create a nightmare log and review it regularly

When people have nightmares about trauma-related experiences, it sometimes reflects “unfinished business” related to a traumatic event. By writing down your nightmares you can sometimes identify themes related to this unfinished business and process them. This can help you deal with the “unfinished business” and move forward.

When people write down their nightmares, it also helps them feel that they are back in control. They can even write a different end to their nightmare. By reviewing the log regularly, people often notice some themes or patterns to their nightmares that they can talk with someone about. It may also give them ideas about topics to address in their counseling. In some ways, keeping a nightmare log changes people’s relationship to their dreams. They feel like the nightmare can’t sneak up on them in the same way, because they are prepared to take out their log and write it down. They are back in control.



Let’s Talk About It

If you would like to try writing down your nightmares in a log, would you prefer to use a pen and notebook, or a cell phone or laptop?

Where would you keep your log?

How often would you like to review it?
What steps would you like to take to work on themes or patterns you may find in your log?

G. Additional strategies for coping with low energy and low stamina

Break down activities into small steps

When people experience periods of feeling low energy and stamina, it can be difficult to start tasks and see them through to completion. It can help to break tasks down into smaller chunks that can be accomplished one at a time.

Here are some tips for breaking 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 of the activity.
- Reward yourself for doing the first few steps. Some people like to build in rewards like watching something short on TV or the Internet. Other people like low calorie food rewards, and still others like to do something social, like composing an e-mail or text to a friend.
- When you feel comfortable with the first few steps of the activity, add one or two more.
- Reward yourself for doing the additional steps, add another one or two, and so on.

The following example may be helpful to consider:

Miguel wanted to start reading magazine articles again. He started by reading a paragraph, then asking himself the main point of that paragraph. After several days of reading a single paragraph, he gradually got more comfortable. He then tried reading two paragraphs, and asking himself the main point of both paragraphs. When he got comfortable with two paragraphs, he tried reading a whole page, and asking himself the main points of the page. After getting comfortable with one page, he then tried reading 2 pages, etc. Gradually, he was able to read an entire article.



Let's Talk About It

Is there an activity that you would like to do, but that has been difficult because of low energy or low stamina? What is that activity?

How could you break it down into small steps, as Miguel did in the example above?

Use reminders

It can be difficult to remember tasks and activities when you are feeling low energy or low stamina. The tips below can help you use reminders to cope with this:

- Program your cell phone, or set your alarm clock to ring when it's time for an activity.
- Write your plans in a paper or electronic calendar.
- 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, or on the door to your room).
- Post an inspiring photograph or drawing of the activity or goal you want to accomplish. You can find an image on the Internet, in the newspaper, or in a magazine. For example, if you want to start playing guitar again, find a photo of one. A photo of a nature trail can help you remember you want to start hiking again. Or, an image of a neat apartment can remind you to keep yours that way.



Let's Talk About It

What is something you would like to do but "don't get around to" because you don't remember it, or because you forget your plan for how to do it?

What kind of reminder would help you remember?

Plan to do activities with other people

Many people find it more interesting and motivating to do things with other people. It gives them an incentive to follow through because the other person is counting on them. Also, it makes the activity more fun or interesting, because they have someone to talk to while they are doing it.

For example, Angel was very interested in art and wanted to go to the art museum. However, every time he planned to go, he ended up not going because he didn't think he had the energy, or because he didn't think he could make it all the way through the museum. He decided to ask his friend Daniel to go with him. Daniel also

enjoyed looking at art. They chose a relatively small museum with a special exhibit by a painter they both liked. On the day they planned the visit, Angel was tempted not to go. But he didn't want to disappoint Daniel, so he went anyway. Not only did he succeed in going to the museum, he also enjoyed his conversation with Daniel, which continued at a coffee shop afterwards.



Let's Talk About It

Which activity have you not been "getting around to" doing?

How would doing the activity with someone help?

Who could you ask to do it with you?

H. Additional strategies for coping with attention and concentration problems

Cut down on distractions and avoid multitasking

It's usually easier to concentrate when there are fewer things to distract you. These distractions can interfere with trying to concentrate on something, such as trying to study or work. One common distraction is noise, such as from a television or radio playing, people talking, people entering and leaving the room, or someone vacuuming in the background.

Consider these suggestions to cut down on distractions:

- Avoid multitasking, such as talking on a cell phone, checking your e-mail, watching a video or listening to music while doing something else, because it reduces your attention to the task at hand.
- Turn off electronic equipment such as your cell phone, radio, or television.
- If you are working at a computer, turn off your e-mail program to avoid distracting prompts; close screens that do not relate to the project you are working on.
- Use earplugs if you can't avoid noise.

- If you are studying or working, clear your desk of everything not directly related to what you are doing.
- Develop a personal routine, such as choosing specific times to work or study each day when you are most alert, or when your environment is most quiet.



Let's Talk About It

If you think cutting down on distractions would be helpful, which tips would you use?

How would you go about putting them into practice?

Repeat things back to make sure you understand and remember

To help you follow a conversation, practice repeating back part of what the other person has just said before giving your response. Repeating back (or paraphrasing) what you have heard helps you concentrate on what the other person is saying, and lets them know you are paying attention. Paraphrasing also gives the other person a chance to correct you if you misunderstood something he or she said.

Here are some examples of things that may be especially helpful to repeat back:

- Names
- New information
- Instructions
- Directions to a location



Let's Talk About It

What are some examples you can think of when repeating back information (or paraphrasing) would be helpful?

How could you practice this skill with someone?

Talk out loud to yourself

Speaking out loud while you work or study can help you understand and remember the information you are learning. For example, when he's studying, Ethan periodically reads a sentence aloud to keep himself on track, and to emphasize important points.

When people are looking for something, saying a word out loud can help focus their thoughts. For example, when Susan misplaced her keys, she went looking for them in her house, saying, "keys, keys, keys." This helped keep her mind on the task, and helped her focus on her objective.

Instructional self-talk involves telling yourself each step you need to take in order to complete a task while you are in the process of doing it. This helps people put thought into action when they are doing something like driving a car, for example. When Jordan was first learning to drive, he would say the steps of driving aloud as he did them. For example, he would say "turn the ignition on," "look around to make sure no one is coming," "put the car in drive and turn on the turn signal," "look around again to make sure no one is coming," "pull out carefully." As he got more accomplished at driving, he just repeated a single word for each action "Ignition," "Look," "Gear," "Signal," "Look," etc.



Let's Talk About It

Which activities do you think you could concentrate on better if you talked out loud to yourself while doing them?

How could you put this strategy into place?

I. Additional strategies for coping with cravings

Practice "urge surfing"

It is common for people with substance use problems to experience cravings weeks, months, and sometimes years after they have stopped using. Often distraction works well until the urge to use passes. However, some cravings are simply too strong and distraction isn't enough. In these cases, cravings can be eased by allowing yourself to experience the craving and staying with it until it passes. This is called urge surfing.

Urge surfing can be practiced using these steps:

1. Sit in a comfortable seat and place your feet firmly on the floor. Draw your attention inward to your body. Notice how your breath feels as it enters and leaves your body. Allow the environment around you to fade away as you continue focusing on your body.
2. Gently allow your attention to shift to the areas of your body where you are experiencing craving. Some people feel tension in their abdomen during a craving. Some people feel dryness in their mouth. Still others feel restlessness in their hands. Notice the sensations in those exact locations. Describe the sensations to yourself and notice if they change as your attention is drawn to them. If they become intense, try sending your breath to your the parts of your body experiencing the sensations. Stay in the moment. Make sure not to rush this step and practice it for several minutes.
3. Now imagine your body sensations are like a wave. Imagine the wave rising, cresting, and disappearing back into the water. Imagine watching the waves rise and fall again and again as you notice the strength of your sensations rise and fall. You can then imagine yourself riding the waves on a surfboard. Imagine you are an experienced surfer and

can ride the waves with ease as you continue to use your breath to maneuver the surfboard. You can practice this step until you notice the sensations in a different way.

4. Many people find that their cravings pass or decrease significantly during the practice. The point of this exercise is to experience your cravings differently, not to make them go away. Sometimes, however, the cravings do go away when you practice surfing the urge.

J. Additional strategies for coping with flashbacks or intrusive memories

Practice acceptance

It's important to know that many people with PTSD experience flashbacks. In a flashback, a person may feel or act as though a traumatic event is happening again. Flashbacks are temporary, but can be quite frightening or disconcerting. One of the most distressing parts of experiencing a flashback is that people may lose some awareness of what is going on around them, and feel like they are actually back experiencing the traumatic event.

When experiencing a flashback, it can be helpful to remind yourself that

flashbacks are common, and that they will pass. It may also be helpful to acknowledge the presence of the intrusive memory, but without giving it undue attention. For example, when Aliyah had flashbacks, she would practice saying to herself, “I’m having a memory of how traumatic it was to be in the hospital, but I’m not there now. That’s common for people who have had traumas. This memory will pass if I just take a few slow breaths and move on with my day.” Aliyah also found it helpful to remind herself that things are different now than they were when she had to go to the hospital.



Let's Talk About It

If you think it would be helpful to use acceptance to cope with flashbacks, what kinds of things would you say to yourself?

Use grounding exercises

Grounding exercises are things you can do to bring yourself into contact with the here and now. Different strategies work for different people, and there is no “wrong” way to ground yourself. The main idea is to keep your mind and body connected and working together, and to keep yourself oriented to the present rather than the past. A flashback is an example of being in the “there and then,” and grounding exercises can help bring you back to the “here and now.”

Here are some examples of grounding exercises that use the five senses:

- **Sound:** Pay attention to the sounds you hear around you. Try turning on loud music, which would be hard to ignore, and which will bring you back to the present.
- **Touch:** Pay attention to the things that you can touch around you. For example, what do your clothes feel like? What temperature is the air around you? Are there any breezes blowing? If you are sitting in a chair or on a couch, feel the texture of the material that covers it. Is it smooth? Rough? Soft? Stiff? If possible, try holding something cold, like a can of soda, or something warm like a cup of warm tea. Describe to yourself how it feels.

- **Smell:** What smells do you notice around you? Are there cooking aromas or flower fragrances? If possible, smell something strong but pleasant, like peppermint. When you smell something strong, it makes it hard to focus on the flashback.
- **Taste:** If you are in the middle of a meal or having a snack, pay attention to the taste of the food. If possible, bite into something strong but pleasant, such as a slice of lemon or ginger. The sourness of a lemon or the spiciness of ginger produces a strong sensation in your mouth that can force you to stay in the present moment.
- **Sight:** Take an inventory of everything around you. What room are you in? What building are you in? Who is around you? What furniture is in the room? What activity is happening? What colors can you see? Taking an inventory of your immediate environment can help directly connect you with the present moment.

Other examples of grounding exercises include:

- Counting activities, such as counting how many books are on a shelf, counting by 2's (that is, 2, 4, 6, 8, 10, 12, etc) as far as you can, counting backwards from 100 by 5's (that is, 100, 95, 90, 85, 80, etc).
- Activities involving moving, such as standing up and stretching, or gently stamping your feet up and down, or taking a walk around the block.
- Activities that involve repetitive soothing motions or words, such as knitting or singing a familiar song to yourself, like "Row, Row, Row Your Boat."



Let's Talk About It

If you think it would be helpful to use grounding to cope with flashbacks, what type of grounding exercise would you like to use?

K. Additional strategies for coping with anger that results from over arousal or restless, agitated feelings

Recognize the early signs that you are starting to feel angry

Early signs of anger can include physical, emotional, behavioral, or cognitive (thinking) changes.

Early physical signs of anger include:

- Gritting your teeth
- Feeling your heart racing
- Sweating
- Blushing
- Getting red-faced

Early emotional signs of anger include:

- Feeling trapped, anxious, resentful, or scared
- Feeling like hitting someone or something
- Feeling like drinking or taking drugs

Early behavioral signs of anger include:

- Frowning
- Clenching your jaw or clenching your hand into a fist
- Raising your voice
- Making sarcastic remarks
- Withdrawing
- Being silent
- Vigorously tapping your foot

Early thinking related (cognitive) signs of anger include

- Being morally outraged
- Telling yourself repeatedly that something is unfair
- Being very critical of others
- Thinking a lot about upsetting things that have happened to you in the past

The earlier you recognize that you're starting to get angry or annoyed, the better. Knowing the first signs of anger can help you to stay in control of the situation and give you more time to think about what to do.



Let's Talk About It

What are your early warning signs of anger?

Do you think it would help to be aware of them in order to stay in control of things?

If so, how could you start to do that?

Use strategies for staying calm when you realize you are getting angry

Being able to “keep your cool” when you feel annoyed or angry can enable you to solve problems effectively before they get worse. Some examples of calming strategies include:

- Counting to ten before responding
- Distracting yourself
- Temporarily leaving the situation
- Politely changing the subject

Relaxation techniques—such as relaxed breathing, muscle relaxation, and imagining a peaceful scene—can also help you stay calm.



Let's Talk About It

Which strategies do you think would help you stay calm when you are angry?

How could you practice using them?

How could you remember to use them?



Recovery Corner

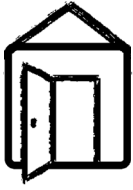
“IN THE PAST, I HAD TRIED USING different coping strategies to manage the voices in my head. But they didn’t seem to help, and I would become very depressed. Although I hadn’t smoked pot since high school, I had a few friends who still liked to smoke a lot. They usually seemed to be in a good mood, so I decided to try smoking pot again to see if it helped me feel better.

Smoking marijuana helped me relax, and the voices became so soft they didn’t bother me. Unfortunately, the marijuana also made me really paranoid. My counselor knew something was going on, and I eventually told him that I was smoking pot to try and cope with my symptoms. He asked if he could help me learn some different strategies for coping with my voices. I told him everything I had tried before hadn’t worked. He said that he might have other strategies that I hadn’t tried before, and they might work if I practiced them. I decided to give it a shot.

I had tried to cope with the voices by distracting myself before, but with my counselor’s advice, I learned that listening to music through my headphones really worked. The more I used this strategy, the better it was at drowning out the voices. Since I couldn’t listen to my headphones all the time, my counselor also taught me how to keep my cool when the voices were talking. I learned I could “just notice” the voices without believing what they said, or paying too much attention to them. Sometimes I try looking at the situation with a little humor, and jokingly “thank my brain” for the voices keeping me company.

Even though I didn’t need to smoke pot anymore for my voices, I sometimes felt like getting high, even though I didn’t want to. I was surprised that similar strategies worked for these cravings too—distracting myself with music, and realizing that the craving would just go away. I realized I hadn’t practiced coping strategies enough in the past to know whether any of them really worked. This time, I had worked hard at learning some effective strategies, and found a few that really worked. **”**

— Lisa



Home Practice

Additional Coping Strategies for Specific Symptoms

Choose one of the following options to practice or make one up.

OPTION 1: Make a plan to use at least one additional coping strategy this week. Track your results on the Coping Strategy Tracking Sheet on the next page.

OPTION 2: Share this handout with someone and get their suggestions for trying a new coping strategy to address a symptom.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

Coping Strategy Tracking Sheet

Use this tracking sheet to compare your symptom rating before and after using each coping strategy you try.

STEP 1:

Each day, write down which symptom or symptoms you experience. Then rate how distressed this symptom makes you feel, using the following 1 to 5 scale:

STEP 2:

Choose a coping strategy to try. Record the strategy, and after using it, rate how distressed you feel using the 1 to 5 scale below.

1	2	3	4	5
No distress	A little distress	Moderate distress	Quite a bit of distress	Extreme distress

Day of week	What symptom did you experience?	How distressed did you feel? (use scale above)	Coping strategy you tried	How distressed did you feel after using the coping strategy? (use scale above)
Example	Depressed, low energy	4	Exercise	2
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

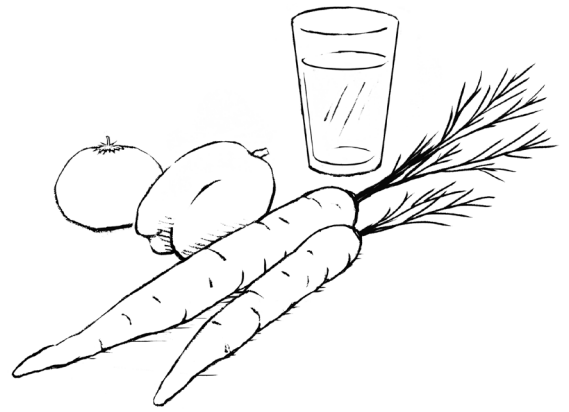


Key Points • Topic 6

Additional Coping Strategies for Specific Symptoms

It is important to have at least one or two coping strategies that are effective for the symptoms that bother you.

You can use Topic 6 to find strategies that are especially helpful for specific symptoms.



MODULE 9

Healthy Lifestyles

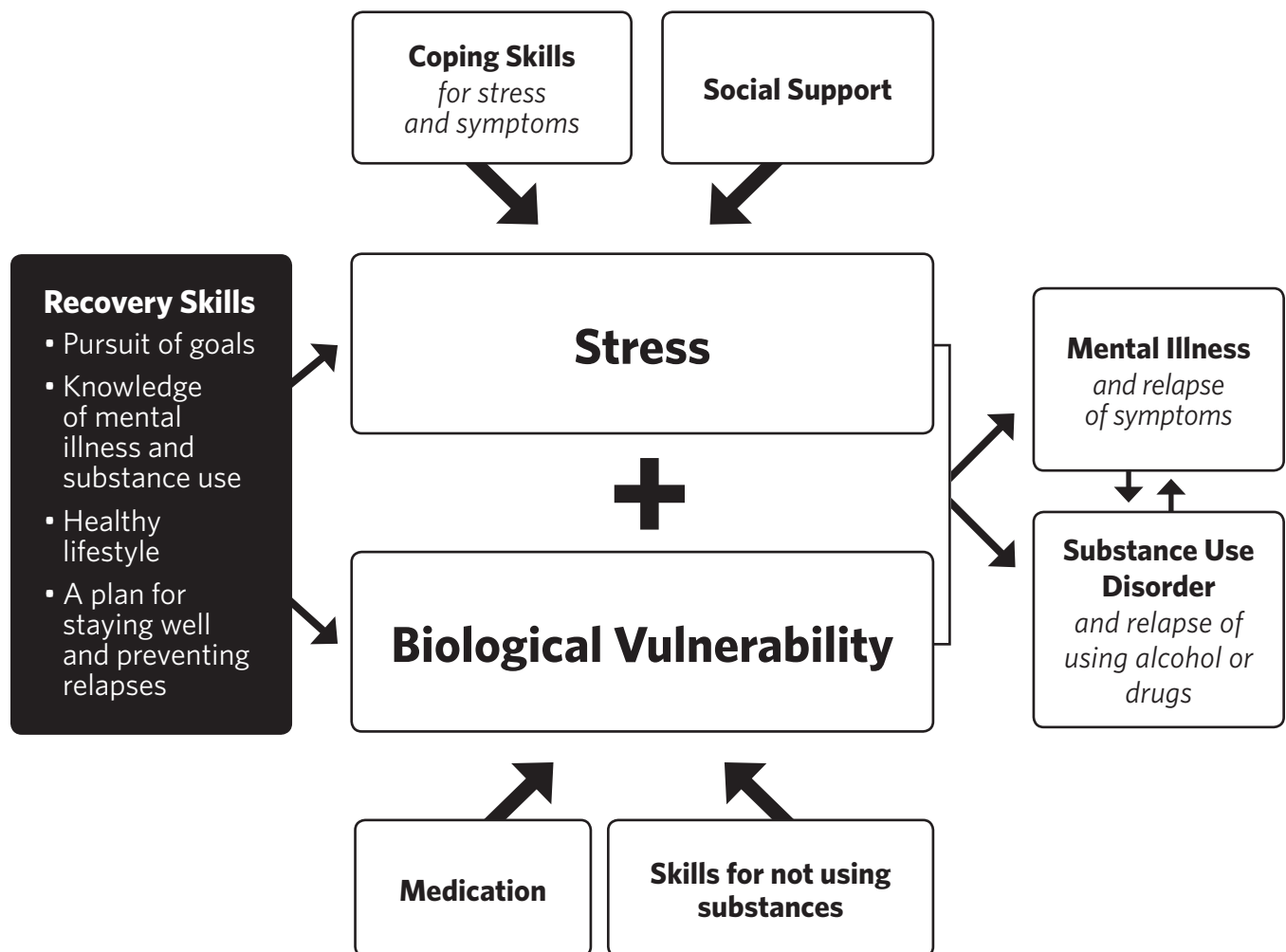
Enhanced Illness Management and Recovery

“I feel so much better all around since I started to eat healthier foods and get some exercise every day. I have more energy and can deal with stress better. I also see a difference in my diabetes. It’s under much better control, and I don’t have to worry so much about it. Things are definitely looking up for me.”

— TIM F., *truck delivery driver, guitar player*

The Stress-Vulnerability Model

of Mental Illnesses and Substance Use Disorders



Questions to get us started:

What do you do to eat healthy?

What kinds of physical activity do you enjoy?

How much sleep do you typically get each night?

What's it like when you feel and look your best?

We will cover **6 topics** in this Module:

Topic 1:

Strategies to Increase Your Exercise

Topic 2:

Healthy Eating: Paying Attention to What You Eat

Topic 3:

Healthy Eating: Achieving or Maintaining a Healthy Weight

Topic 4:

Getting a Good Night's Sleep

Topic 5:

Being Your Best: Focusing on Personal Hygiene

Topic 6:

Making a Plan for Health and Wellness

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

Strategies to Increase Your Exercise

In this module about Healthy Lifestyles, you will learn about the benefits of focusing on healthy strategies in your day-to-day life. Each topic in this module will cover a different area of a healthy lifestyle, including exercise, healthy eating habits, sleep, and hygiene. Finally, you'll put this knowledge into a plan to help you make changes toward a healthy lifestyle. In this topic, we focus on exercise.

This session will introduce 6 subjects for increasing the amount of exercise in your daily routine:



The benefits of exercise



What is your activity level?



Keeping an Exercise Diary



Taking an experimental approach



Starting off with small changes



Making a plan to improve your exercise

Each of these subjects will be described in more detail in the session.

The benefits of exercise

There are many benefits to being more active or exercising on a regular basis, including:

- Having more energy, strength, and stamina
- Relieving stress
- Losing weight, or maintaining a healthy weight
- Helping to manage medical problems, such as diabetes, high blood pressure, or cardiovascular disease
- Reducing the risk of developing new medical problems
- Sleeping better
- Improving your mood



Let's Talk About It

What benefits of physical activity and exercise are most important to you?

Have you ever known someone who improved his or her health by getting more exercise?

The benefits of physical activity and exercise may also help reduce barriers to achieving personal goals. Consider these examples:

- Sam has a goal of having a girlfriend. He often feels that his physical appearance and his experiences with depression make it harder to reach this goal. Exercising could help him look more fit and trim, which could increase his self-confidence. It could also reduce his depression, and give him more activities to do with other people.
- Anna has a goal of being a better parent for her two small children. She often worries about her health, and she can't play games that involve running. Exercising could help Anna improve her fitness and reduce the risk of medical problems. It could also help her increase her strength and stamina, allowing her to be more active and play more with her children.
- Joshua has a goal of improving his relationships with family members. He feels it's hard to find activities to do with his brothers. He is also sleeping poorly at night, so he ends up sleeping most of the day, which causes conflict with his family. Exercising could help improve his sleep. It could also help him find activities to enjoy with his brothers, such as hiking, which he used to do.

KEY POINT

Exercising can have a positive effect on your physical health and can help you achieve personal goals.



Let's Talk About It

Which benefits of physical activity and exercise are most important to you?

What is your personal goal?
How could being more physically active or exercising help you overcome barriers to achieving it?

What is 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, using the Internet, resting or napping. Individuals who take medications, such as antipsychotics, are at risk for weight gain as a side effect of these medications. In combination with healthy eating and nutrition, an increased activity level is important for minimizing weight gain or losing weight.

Remember, you are always burning calories, but you burn more calories with more intensive activity. For example, you burn more calories standing than you do sitting; walking than you do standing; jogging than you do walking, etc.

Getting involved in regular activities based on exercise, such as taking an exercise class, cycling, walking briskly, jogging, or running on most days can be an important part of becoming more active. It can make exercise a part of your daily routine that you enjoy and actually look forward to. You can also look for other ways to increase your daily activity, such as walking up the stairs rather than taking the elevator or escalator, or walking to close places for errands rather than taking public transportation.



Make It Your Own

Evaluating Your Exercise Habits

Use the following list of exercise-based activities to help you evaluate the scheduled exercise you currently do. Place an X next to activities you already do, as well as activities you might like to try out, or improve your performance in.

Scheduled Activity or Exercise	I already do this exercise	I would like to do this activity or exercise or improve the way I do it
Brisk walking		
Jogging or running		
Working out at a gym		
Calisthenics		
Lifting weights		
Swimming		
Hiking		
Aerobics		
Bike riding or using an exercise bike		
Rollerblading/skating		
Martial arts (such as karate, judo, tai kwon do, tai chi)		
Team sports		
Dancing		
Exercising to a DVD, TV, or Internet exercise program		
Ice skating		
Yoga		
Skiing		
Snowshoeing		
Other:		



Let's Talk About It What kinds of exercise would you like to explore? What kinds of exercise sound interesting to you? Are you interested in making exercise part of your daily routine?



Try it Out

Four Exercises

Practicing makes people feel more confident and it can help you be more effective in your life.

To help you see how exercise can make people feel better, your E-IMR practitioner will guide you through the steps of a short exercise routine. Some of the exercises require resting your hands on the back of a chair for stability, and having some space around you. If you don't have access to a chair, or if your room is too small to allow enough space to move, you can simply do exercises 1 and 4 (sideways bend, and marching or running in place).

1. Sideways bend

- ▷ Stand upright with your feet hip-width apart and arms by your sides.
- ▷ Slide your left arm down your side as far as is comfortable.
- ▷ As you lower your arm, you should feel a stretch on the opposite hip.
- ▷ Repeat with your right arm down your right side.
- ▷ Hold each stretch for two seconds. Repeat three bends on each side.

2. Calf raises

- ▷ Rest your hands on the back of a chair for stability.
- ▷ Lift both heels off the floor as far as you comfortably can. Use slow and controlled movement.
- ▷ Repeat five times.

3. Sideways leg lifts

- ▷ Rest your hands on the back of a chair for stability.
- ▷ Raise your left leg to the side as far as is comfortable, keeping your back and hips straight. Avoid tilting to the right.
- ▷ Return to the starting position.
- ▷ Raise your right leg to the side as far as is comfortable, keeping your back and hips straight. Avoid tilting to the left.
- ▷ Repeat to raise and lower each leg five times.

4. March or jog in place

- ▷ Make sure you have enough space, and then march or jog in place for 30 to 60 seconds.



Let's Talk About It

How did you feel after the exercise routine? Which part of the routine did you enjoy the most?

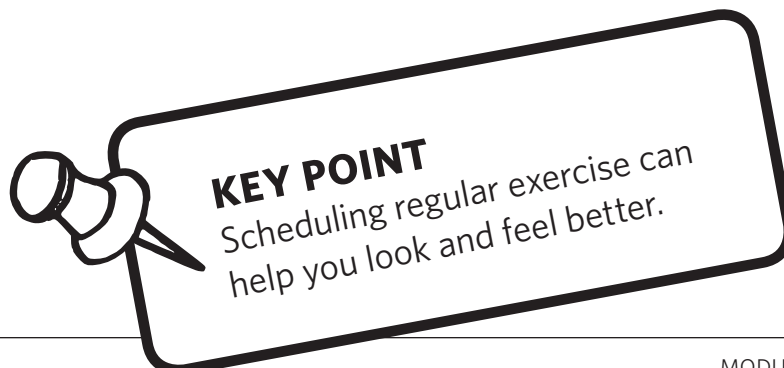
Keeping an exercise diary

Increasing your activity level is one of the best ways to improve the amount of time that you exercise. However, it is sometimes difficult to know where to begin. You may not know what changes you need or want to make in your exercise habits. You can start by using the Exercise Diary below to record the exercise you have done in the past week. This will help you see how active you already are. You can use the Diary again later to evaluate any changes you make in your exercise routine.

On the Exercise Diary, notice the good choices and the not-so-good choices you made during the week regarding exercise. For example, you may notice that on Saturday you had quite a bit of exercise by going for a thirty-minute walk, washing the car, and playing a game of tag with your children. You may notice that on Monday you did not get any exercise.

Based on the Exercise Diary, identify some improvements you might like to make in your exercise in the coming week.

Day of week	Exercise (include approximate minutes)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	



Taking an experimental approach

You can explore what changing your exercise habits might feel like by trying a behavioral experiment. This way, you can experiment with new habits before committing to long-term, or permanent change.

Think of yourself as a scientist doing an experiment in order to learn more about something. Maybe you want to see what it would be like to make changes in your exercise routine. Or, maybe you simply want to know if you are capable of making changes. You can do this experiment by trying small changes in your exercise habits every day. Or, you could try to make changes on some days, but not others, and then compare the two results.

To be a scientist, try keeping an open mind. Collect information about what happens before coming to any conclusions. Doing experiments like this can help you make decisions about whether or not you want to make certain changes in your exercise habits.

The example below shows how Louis took an experimental approach:

Louis wanted to answer the following question: “How do I feel biking once a day?” His current exercise routine consisted of occasionally taking his dog for a walk. He wanted to experiment to see how riding his bike each day would make him feel. For his experiment, he decided to bike for 20 minutes every day for one week, and to use the Exercise Experiment Record (see below) to write down the results.

At the end of the week Louis noted that he was able to ride his bike five out of the seven days. His observations included feeling less stressed and more energetic after riding his bike.

Exercise Experiment Record

Day of week	Exercise done (include minutes)	Observations: such as how the exercise affected your stress level or your energy or mood
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Starting off with small changes

Gradual, but consistent changes are often the most effective. For example, if you're not in the habit of getting any exercise, a good starting goal might be walking ten minutes every other day. If that goes well, you might increase the frequency by walking every day. If that goes well, you might increase to walking fifteen minutes a day instead of ten. Then, you might consider adding another kind of exercise, such as exercising in the gym. You could start the new activity with the same short periods of time and gradually increase.



Let's Talk About It

Are you considering a change you'd like to make in your exercise routine—but aren't certain you want to do it?

What kind of experiment could help you find out more about the change?

Which exercises or activities could help you reach your goal? You can use the **Planning Sheet for Physical Activity and Exercise** in the next section of this module to help set up an experiment.

KEY POINT

Making changes in exercise takes effort, but has rewarding results.

Making a plan to improve your exercise

Once you have evaluated your exercise habits and thought about which exercises could help you reach your goal, you can create a plan.



Your plan does not have to be perfect. You can modify it as you go. But, without a plan, it is unlikely that any change will happen. You can use the **Planning Sheet for Physical Activity and Exercise** below to guide your plan.



Make It Your Own

Planning Sheet for Physical Activity and Exercise

What change do you want to make?

Which strategy would you like to try or experiment with?

What will you do? (When and where?)

How will you get support from individuals or a group?

How will you keep a record of your efforts?

When will you review the results? How can you use this information to decide to continue this strategy?



Home Practice

Strategies to Increase Your Exercise

Choose one of the following options to practice or make one up.

OPTION 1: Try doing more exercise this week. Use the Exercise Experiment Record on page 373.

OPTION 2: Follow through on the plan you made on the Planning Sheet for Physical Activity and Exercise in the “Make It Your Own” section. Try asking a friend or family member to join you.

Make a plan for home practice this week:

What I will do

When

Where

With whom

“You have to practice something to make it your own!”



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



Key Points • Topic 1

Strategies to Increase Your Exercise

Exercising can have a positive effect on your physical health and can help you achieve personal goals.

Scheduling regular exercise can help you look and feel better.

Making changes in exercise takes effort, but has rewarding results.

Topic 2

Healthy Eating: Paying Attention to What You Eat

In this session, we will continue to learn about healthy lifestyles by exploring nutrition. It is important to pay attention to what you eat in order to feel your best, and reach your goals.

Today's session will present 3 important subjects to help you practice healthy eating:

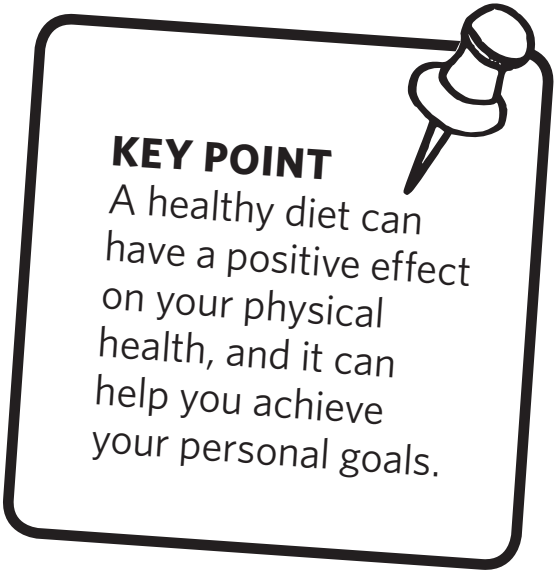
-  The benefits of healthy eating
-  A healthy diet
-  Keeping a Food Diary
-  Tips for making healthy eating more affordable

Each of these ideas will be described in more detail throughout this topic.

The benefits of healthy eating

There are many benefits to eating a healthy diet, including:

- Having more energy
- Losing weight or maintaining a healthy weight
- Helping to manage medical problems, such as diabetes, high blood pressure, high cholesterol, and stomach problems
- Reducing the risk of developing medical problems in the future



KEY POINT

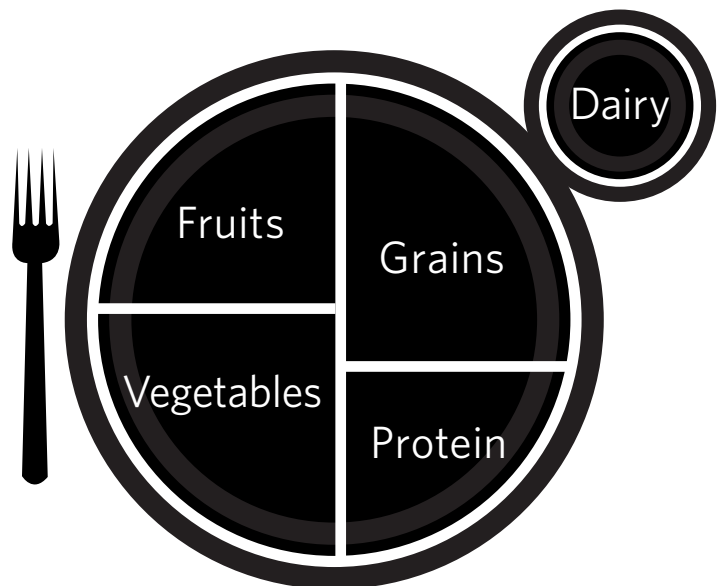
A healthy diet can have a positive effect on your physical health, and it can help you achieve your personal goals.

The benefits of healthy eating may also help reduce barriers to achieving personal goals. Consider these examples below:

- Sam has a goal of having a close relationship, or having a girlfriend. He often feels his physical appearance (being overweight) is a challenge for him. Having a healthy diet could help him lose weight, and feel more confident about his looks.
- Anna's goal is to be a better and more active parent for her two small children. She often worries about keeping her diabetes under control, and her low energy makes it difficult to complete tasks at work. Having a healthy diet could help her manage her blood sugar levels better and improve her energy level.
- Joshua has the goal of finding his own apartment. He feels he has to use a lot of effort to look for apartments, and he cannot walk up stairs. Having a healthy diet could help him lose weight so he could walk up stairs with less pain, and be able to visit more apartments.

A healthy diet

A healthy diet includes a variety of foods from each of the five main food groups: meats and beans (protein), grains, fruits, vegetables, and milk (dairy) products. The U.S. Department of Agriculture has posted guidelines and tips to help you balance your diet at its website: **ChooseMyPlate.gov**. The following diagram shows an example of a plate of food that has a healthy balance of servings from each food group.



Let's Talk About It

What is your personal goal? How could healthy eating habits help you overcome barriers to achieving your goal?

Dietary guidelines are helpful, but they are based on averages for a large group of people. To learn more about how much you personally should eat, you can go to “supertracker.usda.gov.” Here, you can create your own account, which allows you to enter personal information, track the foods you eat, or plan a menu.

The table below provides a list of healthy food suggestions from each food group category.

Grains	Whole grain bread Oatmeal Whole wheat pasta Brown or wild rice
Vegetables	Raw or Steamed: Broccoli Green Beans Carrots Baked sweet potatoes
Fruits	Apples Blueberries, strawberries, raspberries, blackberries Oranges, tangerines Bananas Pears Grapes Watermelon, cantaloupe Peaches, nectarines
Milk or Dairy	Low-fat milk or non-dairy milk such as almond or soy Low-fat or Greek yogurt Low-fat cheese Sorbet, sherbet, or frozen yogurt
Proteins	Lean pork such as tenderloin or turkey bacon Lean ground beef Turkey, chicken, ham, or lean lunch meats Fresh, frozen, or canned fish Tofu Lentils or other beans Nuts



Let's Talk About It What do you think of the food group recommendations? How are they similar to (or different from) what you eat daily? What are some healthy food options you would like to try from a particular food group?



Make It Your Own

Keeping a Food Diary

Eating a diet that includes the five food groups is a good way to start eating in a balanced way. However, it can be difficult to know where to begin. You may not know what changes you need to make in your diet. You can start by recording all the food you ate yesterday. This will give you a starting point to see how balanced your diet already is. Use the chart on the following page to record what you ate yesterday.

My Food Diary

Food Group	Breakfast	Lunch	Dinner	Snack
Grains				
Vegetables				
Fruit				
Dairy products such as milk and yogurt				
Proteins, such as meat, fish, beans and tofu				
Food that doesn't fit into the 5 food groups, such as soda, chips, cookies, and candy				



Let's Talk About It Looking at Your Food Diary, which food groups did you eat the least of? Which food groups do you think you ate too much of? What did you eat or drink that did not fit into the 5 food groups?

Tips for making healthy eating more affordable

The following tips may help you eat a healthy diet without spending a lot of money:

- Plan meals in advance.
- Make a list of items you need before going to the grocery store.
- Avoid shopping on an empty stomach to reduce impulse buying.
- Shop in grocery stores or local farmers' markets instead of convenience stores.
- Look for sale items in grocery store fliers, newspaper ads, and online.
- Use coupons to save money on specific items.
- Get a discount card from your grocery store if they offer one.
- If fresh fruits and vegetables are too expensive, buy frozen ones. If fresh juice is too expensive, buy frozen juice.
- Buy fruits and vegetables in season when they are usually fresher and less expensive.
- If you live with other people or share food expenses, try buying food items in bulk.



Home Practice

Healthy Eating: Paying Attention to What You Eat

Choose one of the following options to practice or make one up.

OPTION 1: Pick a food group. Try to eat 1 or 2 healthy foods from it everyday next week. For example, if you pick fruits, have an apple for breakfast and blueberries for dessert at lunch.

OPTION 2: Use the Healthy Food Tracking form on the next page to record the healthy foods you eat next week.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

Healthy Food Tracking

Place a check next to each day that you tried a new healthy food.

Day	Vegetables such as kale or carrots	Grains such as bread or rice	Fruit such as apples or oranges	Dairy such as milk or yogurt	Protein such as meat, fish, beans or other alternatives
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					



Key Points • Topic 2

Healthy Eating: Paying Attention to What You Eat

A healthy diet can have a positive effect on your physical health, and can help you achieve your personal goals.

Eating a balanced diet helps to maintain good health.

A food diary can help you keep track of what you eat.

Topic 3

Healthy Eating: Achieving or Maintaining a Healthy Weight

In this session, we will continue to learn about healthy lifestyles by exploring ways to maintain a healthy weight. It is important to maintain a healthy weight in order to feel your best, be physically healthy, and reach your goals.

Today's session will present 4 important subjects to help you practice healthy eating:



Preventing weight gain



Losing weight



Deciding to make a change



Taking an experimental approach

Each of these subjects will be described in more detail throughout this topic.

Preventing weight gain

Weight gain and metabolic problems are common side effects of antipsychotic medications. This weight gain is often the result of the medication increasing a person's appetite, which leads them to eat more food. However, weight gain can also occur when people take other medications as well. The strategies below may be useful in reducing how much you eat, and helping you keep from gaining weight.

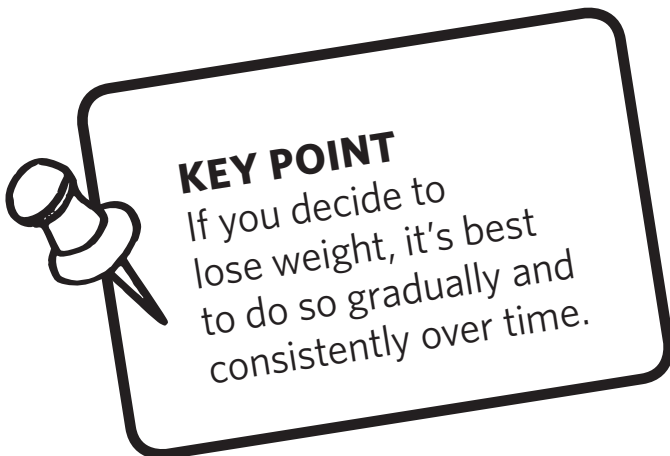
Strategies to “trick” your body into feeling full without eating high calorie foods:

- Drink water instead of high calorie beverages, such as juice or soda.
(Tip: If you don't 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.)
- Don't keep any high fat or high calorie snacks or desserts around the house.
- Prepare healthy snacks ahead of time and make sure they are easily available. Examples include:
 - Cut up vegetables (carrots, celery)
 - Rice cakes
 - Healthy cereals
(raisin bran, oatmeal)
 - Low fat yogurt
 - Fruits (such as apples, oranges, bananas, pears)
 - Nuts, dried fruit



Let's Talk About It

Are you interested in preventing weight gain? If yes, which of the tips on the prior page would be helpful for you?



Losing weight

Some people are interested in improving their diet in order to lose weight. If you develop healthy eating habits and eat a balance of different foods, weight loss often follows naturally. However, here are some additional tips that may be helpful:

- Have realistic goals, such as losing one to two pounds per week.
- Keep a food diary of what you eat.
- Eat more vegetables, fruits, and whole grains.
- Eat fewer high-fat and high-sugar foods.
- Avoid snacks (or unhealthy snacks) between meals.
- Weigh yourself regularly (such as once per week) and keep a weight record.
- Join a weight loss group, or get support from someone for your plan to lose weight.
- Exercise regularly.



Let's Talk About It

Are you interested in losing weight? If yes, which of the tips above would be helpful for you?



Make It Your Own

Healthy Eating Strategies

KEY POINT

Even small changes in your eating habits can make a positive difference.

Whether you are trying to avoid weight gain or trying to lose weight, it's helpful to start by eating a healthy diet and developing healthy eating habits.

Read the list of healthy eating habits below. Place an X next to the habits you are already using, and ones you would like to try.

Healthy Eating Strategy	I already do this 	I want to try this 
Planning healthy meals in advance		
Eating at regular times every day		
Sitting down while eating		
Drinking water regularly throughout the day		
Eating fruit every day		
Eating vegetables every day		
Eating whole grain foods every day		
Eating a single helping at mealtimes		
Eating and chewing your food more slowly		
Stopping eating when you feel full		
Having healthy snacks available to eat		
Drinking water or other healthy beverages		
Avoiding beverages with sugar, such as soda		
Including fish and vegetarian meals		
Not eating after a set time in the evening		



Let's Talk About It What is one healthy eating strategy that you already do?
What is one small healthy eating strategy you would like to try?



Try it Out

Eating more Fruits and Vegetables

Practicing makes people feel more confident, and it can help you be more effective in your life.

One strategy for eating healthier is to include more fruits and vegetables in your daily diet. The goal of this “Try it Out” is to identify a fruit or vegetable that you could include in your regular meals or snack for one day in the following week.

STEP 1

▷ Begin by identifying a fruit or vegetable that you would like to try. Examples of fruits include strawberries, apples, blueberries, kiwi, or watermelon. Examples of vegetables include kale, sweet potatoes, green beans, broccoli, or carrots. Try to select a fruit or vegetable that you don’t already eat regularly.

**I would like
to try:**_____

STEP 2

▷ Next, identify some different ways you could either eat the fruit or vegetable plain, or include it with a dish or snack. Here are some easy suggestions for eating fruits and vegetables in a different way:

- Dip fruits or vegetables into hummus, yogurt, or low-calorie salad dressing.
- Drizzle vegetables with olive oil and roast them in the oven.
- Add fresh or unsweetened dried fruit to your cereal or oatmeal.

Visit these websites for additional suggestions:

- Fruits & Veggies, More Matters: www.fruitsandveggiesmorematters.org/easy-ways-to-add-fruits-veggies-to-your-day
- Centers for Disease Control and Prevention, Healthy Weight: www.cdc.gov/healthyweight/healthy_eating/fruits_vegetables.html

Deciding to make a change

In the past two sessions, we've reviewed strategies for developing healthy eating habits, eating a balance of foods, and losing weight. You also identified some changes you might be interested in making. This is a good time to evaluate what you think so far.



Let's Talk About It

Do you want to make a change in your diet? If so, what change would you like to make?

Are you interested in making a change, but feel unsure about it? If so, what makes you unsure?

Taking an experimental approach

In Topic 1, you had an opportunity to take an experimental approach to trying out a change in exercise. You can apply the same principles to your diet. Try thinking of yourself as a scientist doing an experiment. Keep an open mind and try things out before you come to a conclusion.

Louis ate almost no vegetables and wanted to experiment with eating one vegetable per day. He wanted to answer two questions: "Do vegetables taste good?" and "Do I feel better when I eat more vegetables?" He set up an experiment to eat one vegetable every day for a week, and to use the Diet Experiment Record (see below) to write down the results.

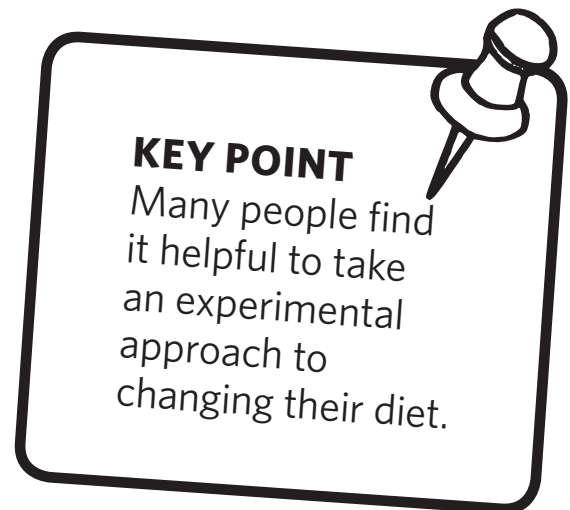
At the end of the week Louis noted that he had eaten a vegetable on four out of seven days. He observed that he thought corn and broccoli tasted good and that he felt more satisfied after eating a meal the included a vegetable.

Diet Experiment Record

Day of week	Food you tried or diet strategy you tried	Observations (such as how much you liked the taste of the food you tried or how effective you thought the diet strategy was)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Here is an example of how Tamika took an experimental approach:

Tamika wanted to lose weight by eating smaller amounts. She wanted to answer the question “Can I cut down my helpings at dinner?” She decided to experiment by waiting 15 minutes before having a second helping. She recorded how many times she was able to do this for a week. She also recorded how full she felt after 5 minutes of waiting.



You can use the **Planning Sheet for Healthy Eating** in the Making It Your Own section below to plan an experiment with a healthy eating strategy.



Make It Your Own

Making a Plan for Healthy Eating

Identify a healthy eating strategy you'd like to try from the Healthy Eating Strategies Worksheet at the beginning of this topic. Use the Planning Sheet below to put that strategy into practice, or to take an experimental approach.

What healthy eating strategy would you like to try, or experiment with?

What change would you like to make, or experiment with?

What specifically will you do? (When? Where? How often?)

How will you get support from individuals or a group?

How will you keep a record of your efforts?

When will you review the results and decide whether to try it again, or try a different strategy?



Home Practice

Achieving or Maintaining a Healthy Weight

Choose one of the following options to practice or make one up.

OPTION 1: Share the Planning Sheet for Healthy Eating that you completed in today's session with someone. Ask them to help you carry out your plan.

OPTION 2: Choose a food or diet strategy to experiment with. Record your results using the Diet Experiment Record form on the next page.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

Diet Experiment Record

Diet experiment:

How good did I feel after using the strategy or eating the new food?

1	2	3	4	5

How good did I feel when I did not use the strategy or eat the new food?

1	2	3	4	5

Diet experiment:

How good did I feel after using the strategy or eating the new food?

1	2	3	4	5

How good did I feel when I did not use the strategy or eat the new food?

1	2	3	4	5

Diet experiment:

How good did I feel after using the strategy or eating the new food?

1	2	3	4	5

How good did I feel when I did not use the strategy or eat the new food?

1	2	3	4	5



Key Points • Topic 3

Achieving or Maintaining a Healthy Weight

If you decide to lose weight, it's best to do so gradually and consistently over time.

Even small changes in your eating habits can make a positive difference.

Many people find it helpful to take an experimental approach to changing their diet.

Topic 4

Getting a Good Night's Sleep

In this module, we have explored ways to create a healthy lifestyle. We have examined exercise, healthy eating, and achieving and maintaining a healthy weight. This topic will help you learn about the important role sleep plays in a healthy lifestyle, and in managing symptoms of mental illness and substance use problems.

Today's session will present 4 important subjects about getting a good night's sleep:

-  The benefits of getting a good night's sleep
-  Evaluating your sleep
-  Sleep and manic or hypomanic symptoms
-  Making a plan to improve your sleep

Each of these ideas will be described in more detail throughout this topic.

The benefits of getting a good night's sleep

Getting a good night's sleep can improve your physical and emotional wellbeing and have a positive impact on your health. Good sleep habits can help:

- Increase your energy
- Increase your attention, concentration, and memory
- Keep your immune system strong to fight off illness
- Improve your mood (so you feel less irritable, anxious, or depressed)
- Increase your resiliency in dealing with stress

Evaluating your sleep

The first step in improving your sleep habits is to evaluate how you are sleeping now. Consider the list below to help you identify any problems with your sleep:

- Difficulty falling asleep, staying asleep, or waking too early in the morning and not being able to get back to sleep
- Sleeping too much
- Feeling tired despite sleeping
- Other problems you may have experienced with your sleep



Let's Talk About It

Do you experience any problems with your sleep? If yes, which ones?

What kinds of things have you tried to improve your sleep problems?

How helpful have these things been?

Sleep and manic or hypomanic symptoms

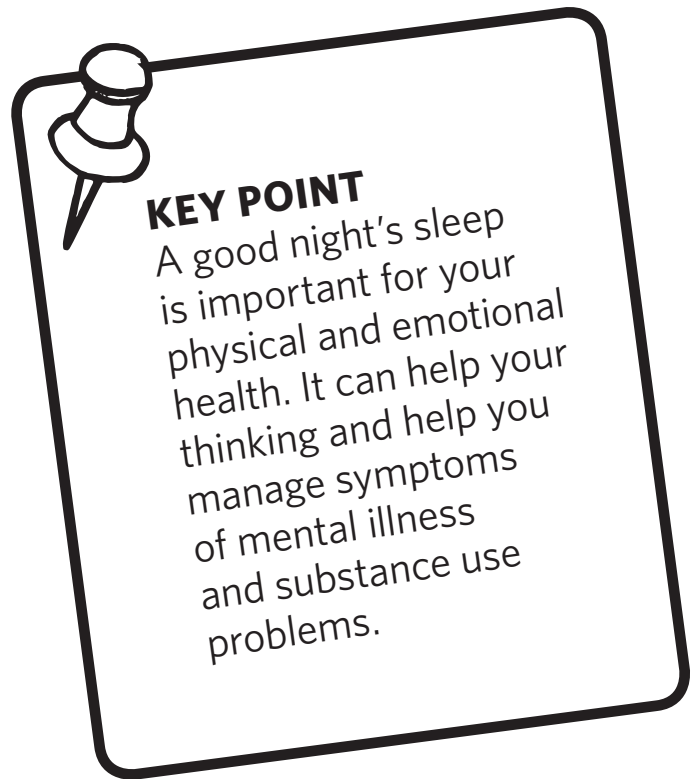
Sleep problems can be warning signs that mental illness symptoms are changing. Experiencing a reduced need for sleep is an example of this. It may be a warning sign of a possible manic or hypomanic episode.

If you, or your family members or supportive people, notice this as a problem it is very important to talk to your prescriber about what is happening. Your prescriber can help you come up with a plan to respond to this warning sign and help you avoid a relapse of your symptoms.

Being in the habit of getting a good night's sleep helps you feel your best. It also helps you be aware of changes in your sleep patterns. Being able to identify your reduced need for sleep as an early warning sign of relapse means you can contact your treatment team to tell them what is happening sooner—before a relapse of symptoms gets worse.

Getting good, restful sleep may also help reduce barriers to achieving personal goals. Consider these examples:

- Sam has a goal of having a girlfriend. He often feels that he is tired all the time and irritable from not sleeping. Improving his sleep could help him have more energy to meet people or go on dates, and improve his mood so he'll be more pleasant to spend time with.
- Anna has a goal to be a better and more active parent for her two small children. She is often tired during the day and feels stressed out around her children. Improving her sleep could help her have more energy to play with her children, and increase her ability to cope with stress.
- Joshua has a goal of improving relationships with his family members. He is often impatient with his younger brother because he doesn't get enough sleep. He also sleeps poorly at night, which leads to him sleeping all day, and creates conflicts with his family. Improving his sleep could help Joshua "go with the flow" better with his brother, and help him stay awake during the day.



Let's Talk About It

What is your personal goal?

How could improving your sleep help you overcome barriers to achieving it?



Make It Your Own

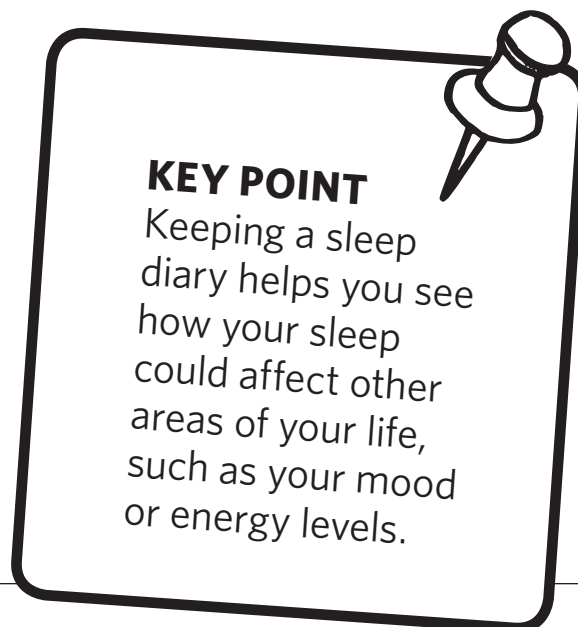
Evaluating Your Sleep

A sleep diary can help you evaluate your sleep habits. Use the table below to track your sleeping habits over the past two days.

Sleep Diary	Day 1	Day 2
Time I went to bed the previous night		
Time I got up		
How many hours of sleep I got		
Time spent taking naps		
Trouble going to sleep		
Trouble waking up too early		
Did I exercise during the day?		
Did I do something relaxing before bed?		
Did I avoid caffeine after 5 pm?		



Let's Talk About It Do you think you get enough sleep? Too little? Too much? What do you think is working well with your sleep habits? What isn't working well?





Make It Your Own

Making a Plan to improve your sleep

If you've decided you want to improve your sleep or you are thinking about trying to improve it, it helps to make a plan.

To get started, review the following list of sleep strategies. Place an X next to the strategies you are already using and the ones you would like to try.

Sleep strategy	I already do this 	I want to try this 
Going to bed at the same time every night		
Getting up at the same time every morning		
Doing something relaxing for at least 30 minutes before bed, such as listening to music, reading, doing relaxed breathing, stretching, or taking a bath or shower		
Avoiding naps during the day		
Avoiding caffeine in the late afternoon and evening		
If you can't fall asleep within 30 minutes of going to bed, getting out of bed and doing something relaxing for at least 30 minutes before returning to bed		
Getting some physical exercise every day		



Make It Your Own

Planning Sheet for Improving My Sleep

From the list above, select one or two strategies that you would like to try. You can use the worksheet on the previous page to record your plan for putting the strategy or strategies into practice.

What change do I want to make?

What sleep strategy or strategies would I like to try?

What will I do? (When? Where?)

How can I get support from someone to make this change?

How will I keep a sleep record of my efforts?

When will I review my sleep record and make changes if needed?



Home Practice

Getting a Good Night's Sleep

Choose one of the following options to practice or make one up.

OPTION 1: Share the Planning Sheet for Improving My Sleep you created in today's session with someone you trust. Ask for their support.

OPTION 2: Try one or two strategies to improve your sleep each day over the next week. Use the Sleep Diary on the next page to track your progress.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

Sleep Diary

Day	Time I went to bed the night before	Time I got up	Time spent taking naps	Did I exercise during the day?	Did I do something relaxing before bed?	Did I avoid caffeine after 5 pm?
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						



Key Points • Topic 4

Getting a Good Night's Sleep

A good night's sleep is important for your physical and emotional health. It can help your thinking and help you manage your symptoms of mental illness and substance use problems.

Keeping a sleep diary helps you see how your sleep could affect other areas of your life, such as your mood or energy levels.

Topic 5

Being Your Best: Focusing on Personal Hygiene

In this module, we have explored ways to create a healthy lifestyle. We have examined exercise, healthy eating, achieving and maintaining a healthy weight, and getting a good night's sleep. This topic will help you learn about the role good personal hygiene plays in a healthy lifestyle—and in helping you be your best.

Today's session will present 3 important subjects about personal hygiene:

 The benefits of good hygiene

 Evaluating your personal hygiene habits

 Making a plan to improve your hygiene

Each of these subjects will be described in more detail throughout this topic.

The benefits of good hygiene

Good hygiene can improve the way you feel about yourself and the way others see and react to you. Here are some examples of good personal hygiene, along with their benefits:

Showering or bathing regularly

- Improves health
- Improves self-esteem
- Improves relationships with others

Using personal hygiene products, such as deodorant, soap, and shampoo

- Reduces perspiration
- Reduces body odor
- Makes a good impression on others

KEY POINT

Personal hygiene can improve your appearance and health—and it can help you achieve your personal goals.



Combing or brushing your hair, shaving, or trimming your beard

- Makes a good impression on others
- Gives you a neat appearance

Wearing neat and clean clothes every day

- Smells nice
- Makes a good impression on others

Washing hands regularly, especially before eating and after using the bathroom

- Helps you avoid catching illnesses and infections
- Helps you prevent spreading germs to others

Brushing teeth twice daily and flossing daily

- Makes your breath smell fresh
- Decreases cavities, gum disease, and teeth loss
- Makes a bright, attractive smile
- Reduces the risk of other health problems



Let's Talk About It

What benefits of personal hygiene are most important to you?

Have you ever known anyone who improved their health or social life by improving their personal hygiene?

Having good personal hygiene may also help you make progress towards your goals. Consider these examples:

- Sam has a goal of having a girlfriend. He often feels that his physical appearance and low self-esteem present challenges for him. Improving his personal hygiene could help him look clean and well groomed, which can make him more attractive to other people. These improvements also could help him boost his confidence when he is interacting with new people.
- Anna has a goal to be a better and more active parent for her two small children. She often worries about being a good role model. She also gets sick a lot, which interferes with seeing her kids. Improving her personal hygiene could help her stay healthy by washing her hands, which decreases her chances of catching certain illnesses, such as colds or the flu. Wearing clean clothes and being well groomed also helps Anna be a good role model for her kids.

- Joshua has a goal of improving relationships with his family members. He gets into conflicts with them over wearing the same clothes for days, and not showering. He also argues with his family over expenses from his dental bills. Improving his personal hygiene by having clean clothes and regular showers could cut down on arguments with his family. Brushing and flossing his teeth regularly could lead to fewer dental bills.



Let's Talk About It

What is your personal goal?

How could personal hygiene, or looking your best, help you overcome your barriers to achieving your goal?

Evaluating your personal hygiene habits

There are many things you can do to take care of your personal hygiene. You are probably already doing some, or all of them. If you want to improve your personal hygiene, it's helpful to start doing more hygiene activities, or do them more often. However, it can be difficult to know where to begin. You may not know what changes you need or want to make in your hygiene habits. You can start by using the diary below to record the personal hygiene activities you have done in the past week. This will help you see what you are already doing to take care of your hygiene.



Make It Your Own

Keeping a Personal Hygiene Diary

Place a check next to each day that you performed the personal hygiene activity. If you did something more than once (such as brushing your teeth), include more than one check.

Day	Shower or Bathe	Use deodorant, soap, and shampoo	Comb hair and shave	Wear neat and clean clothes	Wash hands regularly	Brush teeth	Floss teeth
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							



Let's Talk About It What parts of your grooming and hygiene routine do you especially enjoy? How do you feel after taking a shower or brushing your teeth? Are there any changes you want to make to your grooming or hygiene routine?

Now go back to the **Personal Hygiene Diary** and circle any improvements you might like to make in the coming week.



Try It Out

Looking Your Best for a Fun Activity

Practicing makes people feel more confident, and it can help you be more effective in your life.

To help you practice better personal hygiene, your E-IMR practitioner will help you plan to look your best for a special activity with family members or friends. This might include going to a friend's house, going out to dinner, going to a music concert, going to a sporting event, or meeting a friend for coffee. Looking your best includes paying close attention to your physical appearance and what you are wearing. When you look good and take care of yourself, you feel more confident to try new things and talk to people.

KEY POINT

Looking your best helps you in many areas of your life, such as improving your relationships, making a good impression at work, and avoiding illnesses.

1. What kind of activity would you like to make a plan for? How formal or casual is this activity?

2. What kind of clothes do people usually wear to this activity? What do you own that you would like to wear? How would you make sure that it is clean for the activity?

3. What parts of your appearance would you pay special attention to for this activity? Some personal hygiene areas to consider include bathing, shaving, and brushing or styling your hair. What would you do differently to prepare your appearance for this fun event? Some examples might include:

- doing something special with your hair, or wearing a new perfume or aftershave lotion for a dinner at a nice restaurant.
- wearing deodorant to stay fresh when you plan an outdoor activity such as an outdoor concert, or watching a sports event outside.

After making your plan, you can share it with your E-IMR practitioner and other group members.

Making a plan to improve your hygiene

Once you've learned about strategies for personal hygiene and made some decisions about what you would like to change, you can create a plan. Your plan does not have to be perfect. You can always modify it as you go. But, without a plan, it is unlikely that any change will happen.

From the list of hygiene strategies, select one or two strategies that you would like to start with. You can use the planning sheet that follows.

To get started, review the following list of hygiene strategies you might like to try:

- ☐ Showering and bathing regularly
- ☐ Using deodorant, soap, and shampoo
- ☐ Combing your hair
- ☐ Shaving regularly
- ☐ Wearing neat and clean clothes every day
- ☐ Washing hands regularly
- ☐ Brushing teeth twice daily
- ☐ Flossing teeth daily
- ☐ Clipping or filing your fingernails and toenails



Make It Your Own

Planning Sheet for Improving My Hygiene

What change do you want to make?

Which strategy, or strategies, would you like to try?

What will you do specifically? (When? Where?)

How will you get support from individuals or a group?

How will you keep a record of your efforts?

When will you review the results?



Home Practice

Being Your Best: Focusing on Personal Hygiene

Choose one of the following options to practice or make one up.

OPTION 1: Share the Planning Sheet for Improving My Hygiene you completed in today's session with someone you trust. Ask for their support as you carry out your plan.

OPTION 2: Experiment by picking one or two personal hygiene changes to try each day next week. Track results in the Personal Hygiene Diary on the following page, and report back what it was like.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

"You have to practice something to make it your own!"

Personal Hygiene Diary

Place a check next to each day that you tried a new personal hygiene activity.

Day	Shower or Bathe	Use deodorant, soap, and shampoo	Comb hair and shave	Wear neat and clean clothes	Wash hands regularly	Brush teeth	Floss teeth
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							



Key Points • Topic 5

Being Your Best: Focusing on Personal Hygiene

Personal hygiene can improve your appearance and health—and it can help you achieve your personal goals.

Looking your best helps you in many areas of your life, such as improving your relationships, making a good impression at work, and avoiding illnesses.

Topic 6

Making a Plan for Health and Wellness

In this module, we have explored ways to create a healthy lifestyle. We have examined exercise, healthy eating, achieving and maintaining a healthy weight, getting a good night's sleep, and personal hygiene. This topic will help you put what you have learned into a plan for creating a healthy lifestyle.

Today's session will present 3 important subjects for creating a healthy lifestyle plan:

-  Identifying helpful healthy lifestyle strategies
-  Finding what works for you
-  Your Healthy Lifestyle Plan

Each of these ideas will be described in more detail throughout Topic 6.

Identifying helpful healthy lifestyle strategies

It can be useful to identify the healthy lifestyle strategies that you found most helpful, and the ones you want to use on a regular basis. In this topic, you will pick some strategies that you would like to use regularly. The strategies we will review fall into four categories:

- Healthy eating
- Physical activity and exercise
- Personal hygiene
- Sleep habits



Let's Talk About It

Which healthy lifestyle category would you like to work on?

Which healthy lifestyle category is most important to you?

KEY POINT

You can change your healthy lifestyle plan, or add new healthy strategies, at any time. Your plan can be updated as you learn more about what helps you stay healthy.

Finding what works for you

Begin by selecting one or two healthy lifestyle categories you would like to work on. Next, review what has been helpful for you and whether or not there is anything else you would like to try.

Healthy eating

In the healthy eating topics, we talked about the benefits of eating healthy, keeping a food diary, and strategies to eat healthier. Eating healthy is a powerful tool to help you prevent weight gain and lose weight. Examples of healthy eating strategies include:

- Eating meals at the same time each day
- Drinking more water and less soda
- Eating a single helping, and not taking second helpings
- Eating vegetables/fruits/whole grains every day



Let's Talk About It

Think back to the Home Practice activity when you tried healthy eating strategies. Which healthy eating strategy did you try that was helpful? Is there another healthy eating strategy you would like to try? If yes, which one?

Physical activity and exercise

In the physical activity and exercise topic, we talked about the benefits of physical activity, ways to evaluate your current activity level, and suggestions to start by making small, incremental changes in your physical activity. Physical activity and exercise are helpful tools to improve your mood, prevent weight gain, and help you lose weight. Examples of physical activity and exercise that we discussed include:

- Taking the stairs instead of the elevator
- Swimming several times per week
- Briskly walking, jogging, or running for 30 minutes or more, 4-6 times per week
- Bike riding for at least 30 minutes several times per week
- Taking the dog for a 15-minute walk at least twice a day



Let's Talk About It

Think back to the Home Practice activity when you tried some physical activity or exercise strategies. Which physical activity or exercise strategy did you try that were helpful? Is there another physical activity or exercise you would like to try? If yes, which one?

Personal hygiene

In the personal hygiene topic, we talked about the benefits of personal hygiene, including making a good impression on others and avoiding illnesses. You also evaluated your current personal hygiene activities including brushing your teeth, changing your clothes, and bathing. Some examples of personal hygiene strategies that we discussed include:

- Showering at least 3 to 4 times a week
- Combing your hair once a day
- Shaving at least 2 to 3 times a week
- Using deodorant every day



Let's Talk About It

Think back to the Home Practice activity when you tried some personal hygiene strategies.

Which personal hygiene strategy did you try that was helpful?

Is there another personal hygiene strategy you would like to try? If yes, which one?

Sleep habits

In the sleep habits handout, we talked about the benefits of developing and keeping good sleep habits, how you feel when you get less sleep, and strategies to sleep better. Good sleep habits can help you in many different areas of your life including staying more focused at work or school, getting along better with other people, and improving your mood. Examples of good sleep habits we discussed include:

- Going to bed and getting up at the same time every day
- Doing something relaxing for at least 30 minutes before going to bed
- Avoiding naps during the day
- Avoiding caffeine late in the afternoon or evening
- Getting exercise every day



Let's Talk About It

Think back to the Home Practice activity when you tried good sleep habits.

Which sleep habit that you tried was helpful?

Is there another sleep habit you would like to try? If yes, which one?



Including other people in your healthy lifestyle plan, or sharing your plan with supportive people are good ways to support your healthy lifestyle.

Make It Your Own

Your Healthy Lifestyle Plan

Now that you've identified one or two healthy lifestyle strategies you would like to work on, or are willing to try, you can use the Healthy Lifestyle Plan below to help you map out how to use these strategies on a daily basis.

As you complete your Plan, think about what would help you use your strategies on a regular basis. The following questions may help you think about how to make your plan successful.

- **When?** What time of day is best to do this strategy? What other activities could you pair this strategy with (such as, taking the dog for a walk in the morning right after morning tea or coffee, or just before bedtime)? If not every day, what days are best to start doing this strategy on a regular basis?
- **Where?** Where could you use this strategy (for example, do you need to be at a gym to lift weights)? Will you encounter any interruptions in that place when you use your strategy? If yes, is there somewhere else you can go?
- **What?** What materials do you need to use your strategy (such as specific kitchen utensils, or a new recipe to cook vegetables)? Where can you store those materials so you can easily find them on a regular basis?
- **Who?** Who is available to support you using this strategy on a regular basis? What would you like this person to do to be helpful (such as, remind you to go to bed at the same time, or join you on your daily walk)? How could you approach this person to invite him or her to help you?

On the following page you will see an example of a completed Plan, followed by a blank Plan that you can complete:

For example: *Shaun was interested in working on healthy eating and his personal hygiene.*

EXAMPLE:

Shaun's Healthy Lifestyle Plan

Date Created: 10/16/2017

Which healthy lifestyle categories are you going to work on?

HEALTHY LIFESTYLE CATEGORY #1: HEALTHY EATING

Healthy Strategy: Replacing drinking soda with water, tea, or coffee

When? (scheduling a time)	Where? (best place)	What? (materials you need)	Who? (reminders or joiners)
<i>At lunch and dinner meal times</i>	<i>Meal times at home and sometimes when I eat out</i>	<i>Having iced tea in a pitcher in the kitchen, filtered water on the counter, and coffee available to make a fresh cup</i>	<i>Talk to my friend Mario about trying it with me so we can remind each other</i>

HEALTHY LIFESTYLE CATEGORY #2: PERSONAL HYGIENE

Healthy Strategy: Flossing daily

When? (scheduling a time)	Where? (best place)	What? (materials you need)	Who? (reminders or joiners)
<i>At night after I brush my teeth before bed</i>	<i>In the mirror in my bathroom and leaving the floss next to my cup</i>	<i>Dental floss</i>	<i>Putting a post-it note as a reminder on my mirror</i>

My Healthy Lifestyle Plan

_____’s Healthy Lifestyle Plan

Date Created: _____

Which healthy lifestyle categories are you going to work on?

MY HEALTHY LIFESTYLE CATEGORY #1: _____

Healthy Strategy: _____

When? (scheduling a time)	Where? (best place)	What? (materials you need)	Who? (reminders or joiners)

MY HEALTHY LIFESTYLE CATEGORY #2: _____

Healthy Strategy: _____

When? (scheduling a time)	Where? (best place)	What? (materials you need)	Who? (reminders or joiners)

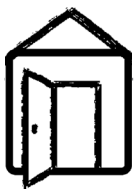


Recovery Corner

“I HAVE HAD TROUBLE with depression and anxiety since I was a teenager. I used alcohol to cope with these feelings, but eventually I figured out that it wasn’t making things any better. In fact, it ended up making me feel even more depressed and anxious. I stopped drinking, and that helped some. However, I kept smoking cigarettes like a chimney.

I heard that exercise was effective for treating depression and anxiety, so I started running to see if it would work for me. It was really hard at first because I was so out of shape, but then I began to get into it. My dream was to run a marathon, but when I started to push myself to run further I would start coughing and couldn’t stop. A friend suggested that it might be my smoking. He told me if I really wanted to run long distances I should probably quit. I started cutting back on the number of cigarettes I smoked each day, but kept smoking. I then told my doctor about my running and my goal, and she told me there was an effective medication to help people quit smoking. She prescribed the medication, and after taking it for a few weeks I had stopped smoking. As I was cutting down and after I stopped smoking, I noticed that I wasn’t coughing as much when I ran. That was a year-and-a-half ago, and last month I ran my first marathon.”

— Matt



Home Practice

Making a Plan for Health and Wellness

Choose one of the following options to practice or make one up.

OPTION 1: Try a strategy from your Healthy Lifestyle Plan this week. Track any problems you encounter. Consider sharing your plan with someone and asking for their support.

OPTION 2: Try a healthy living strategy each day next week. Keep a record to identify which strategies were easy to do and which were challenging.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

.....
When

.....
Where

.....
The step I will work on

.....
With whom



Key Points • Topic 6

Making a Plan for Health and Wellness

You can change your healthy lifestyle plan, or add new healthy strategies, at any time. Your plan can be updated as you learn more about what helps you stay healthy.

Including other people in your healthy lifestyle plan, or sharing your plan with supportive people are good ways to support your healthy lifestyle.



MODULE 10

Developing a Plan for Staying Well

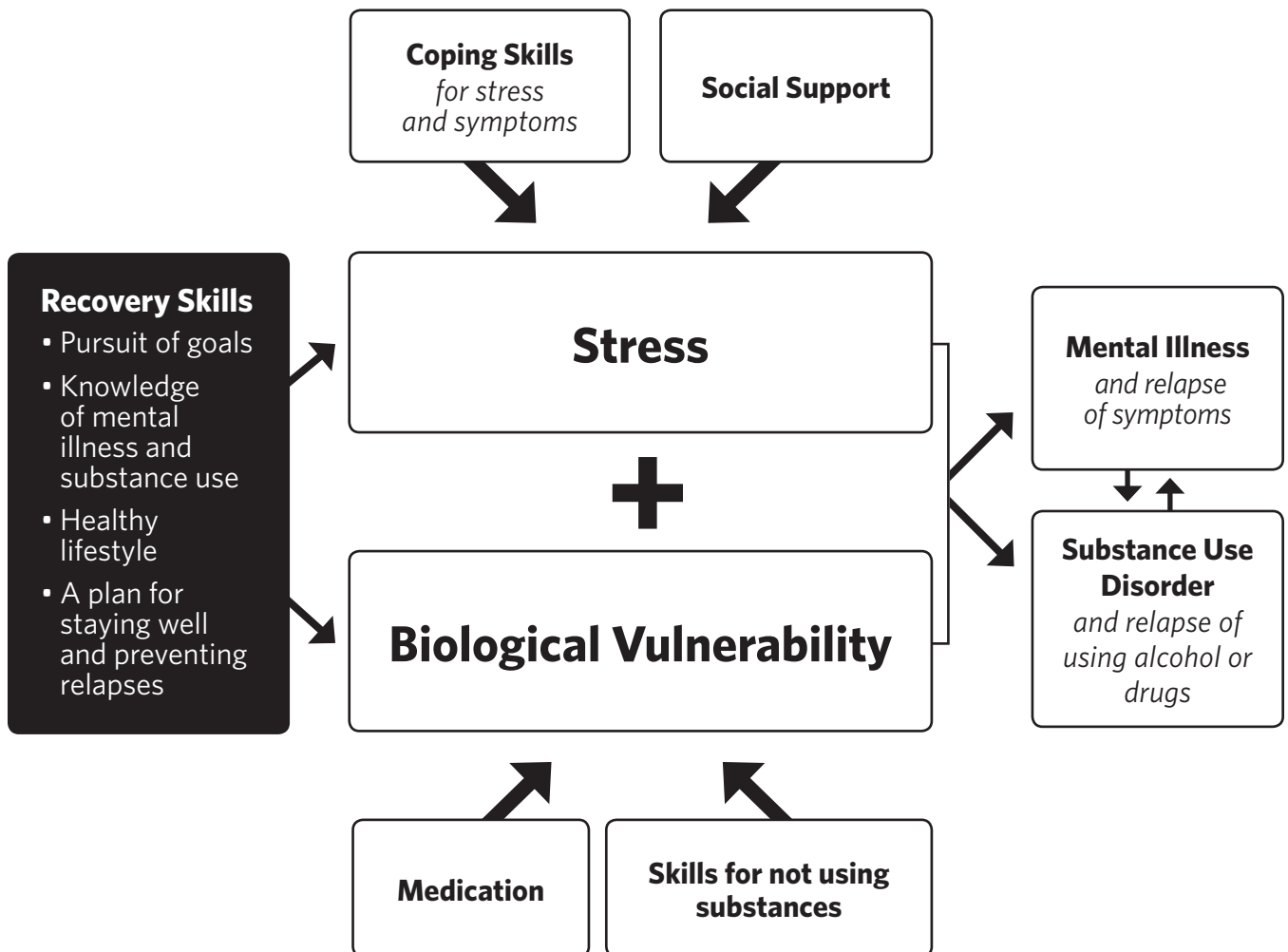
Enhanced Illness Management and Recovery

“Whenever my thoughts start racing, I know a relapse is coming on. I usually start drinking heavily when I am having manic symptoms. I think it’s because my cravings come back when I am keyed up. If I can get ahead of the symptoms, I can keep a relapse from happening.”

— CARMEN V., mother, business owner, person in recovery from alcohol use disorder and bipolar disorder

The Stress-Vulnerability Model

of Mental Illnesses and Substance Use Disorders



Questions to get us started:

What things do you do to stay well?

Have your mental illness symptoms ever improved, then come back or gotten worse? What might have contributed to this relapse?

Have you ever stopped drinking or using drugs, and relapsed into using again? What might have contributed to this relapse?

How could developing a plan for staying well and avoiding relapses help you?

We will cover **4 topics** in this Module:

Topic 1:

Reducing Relapses to Help You Stay Well

Topic 2:

Building Your Mental Health Wellness Plan

Topic 3:

Building Your Alcohol and Drug Wellness Plan

Topic 4:

Putting Your Wellness Plan Into Practice

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

Reducing Relapses to Help You Stay Well

Throughout E-IMR you have learned ways to stay well and achieve your goals. In this module, you will learn ways to reduce the chances of having relapses of mental illness symptoms and substance use. Preventing relapses and maintaining your wellness can help you get the most out of life, and achieve your goals.

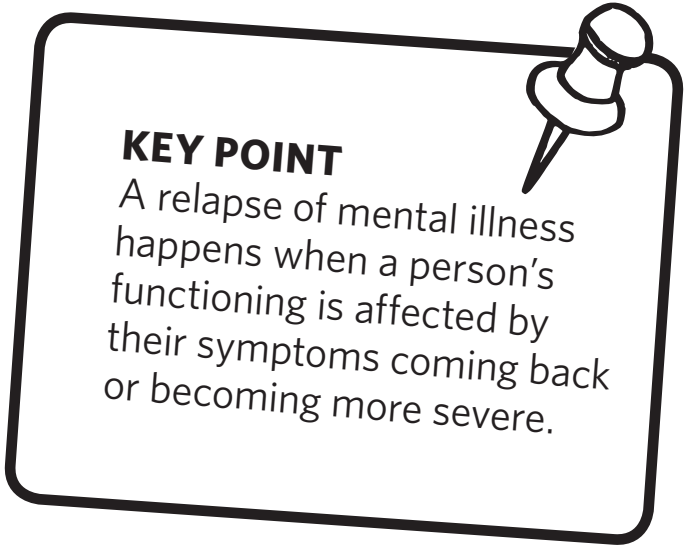
This session will introduce four important subjects to help you reduce your risk of having a relapse of mental illness or substance use:

-  What is a relapse?
-  What is a “Wellness Plan?”
-  Mental Health Wellness Plan
-  Alcohol and Drugs Wellness Plan

Each of these subjects will be described in more detail throughout this session.

What is a relapse?

There are two different types of relapses of mental illness. The first type happens when mental illness symptoms return and interfere with people’s ability to function, such as in taking care of themselves, doing their job, or having social relationships. The second type of relapse happens when persistent mental illness symptoms become worse and get in the way of people’s functioning.



KEY POINT

A relapse of mental illness happens when a person’s functioning is affected by their symptoms coming back or becoming more severe.

KEY POINT

A relapse of substance use disorder happens when a person who has stopped using alcohol or drugs begins using again.

A relapse of a substance use disorder refers to when a person has been abstinent from drinking or using drugs, but then returns to using again. The term “slip” is sometimes used to refer to an abstinent person drinking or using drugs once or twice, but then returning to abstinence before they experience negative effects.

Relapses of mental illness symptoms can contribute to relapses in substance use, and vice versa. Therefore, it’s important to learn how to prevent both kinds of relapses.



Let’s Talk About It

Have you ever had a relapse of your mental illness symptoms? What happened?

Have you ever stopped using alcohol or drugs, and then relapsed into using again? What was that like?

What is a “Wellness Plan?”

A Wellness Plan is a personalized plan that you create with the help of others that contains important information and strategies to help you stay well and avoid relapses. Learning to recognize your own signs of a possible impending relapse, and identifying and practicing strategies to respond to those signs, can reduce your relapse risk. There are four goals of completing a Wellness Plan:

- Understand common causes of relapse in mental illness symptoms and substance use .
- Develop strategies to prevent or respond to the common causes of relapse.
- Learn how to recognize warning signs that you are at risk of having a relapse of your mental illness or substance use disorder.
- Develop strategies you can use to respond to those warning signs.

There are two types of Wellness Plans. You can discuss your recovery with your E-IMR practitioner to determine which type of plan fits your current needs—a Plan for Staying Well to prevent relapses in mental illness symptoms, a Plan to prevent relapses of substance use, or both. If you are not experiencing symptoms of your mental illness, or they are stable and under control, you can complete a Plan for Staying Well to reduce the chances of your symptoms returning or getting worse. Similarly, if you are not using substances, you can complete a Plan for Staying Well to prevent going back to using alcohol or drugs. You can create one plan at a time, or do both at once. Plans for Staying Well can help you stay on track in pursuing your goals by preventing relapses and hospitalizations.

KEY POINT

A Wellness Plan is one of the best ways to prevent relapses of mental illness or substance use.

There are two Plans for Staying Well included in this Module—Mental Health Wellness Plan and the Alcohol and Drug Wellness Plan. Each plan has three parts:

Mental Health Wellness Plan

PART 1:

Preventing the common causes of relapse

PART 2:

Being aware of warning signs of mental illness relapse

PART 3:

Responding to warning signs of mental illness relapse

Alcohol and Drug Wellness Plan

PART 1:

Preventing the common causes of relapse

PART 2:

Being aware of warning signs of alcohol or drug relapse

PART 3:

Responding to warning signs of alcohol or drug relapse

In this module, you can use everything you've learned so far in E-IMR to make a Plan for Staying Well. Having this Plan in place will allow you to devote more time to working on your goals. Today, you will start working with your E-IMR practitioner to begin your own Plans for Staying Well. As you read this module, you can fill out one part of your Plan at a time. By the end of the module, you will have at least one completed Plan (a Mental Health Wellness Plan, or an Alcohol and Drug Wellness Plan), or both.



Let's Talk About It

Thinking about your own recovery from mental illness, how could completing a Mental Health Wellness Plan help you make progress towards your goals?

Thinking about your own recovery from alcohol or drugs, how could completing an Alcohol and Drug Wellness Plan help you make progress towards your goals?

Talk to your E-IMR practitioner about which plans you want to work on in this module.

Example plans

Before working on your Plan, it may be helpful to see some examples. Karl has completed a Mental Health Wellness Plan and an Alcohol and Drug Wellness Plan.

Karl started smoking a lot of pot when he was in college. He became disoriented and paranoid during two episodes of smoking heavily and was hospitalized. He continued to use heavily. He also developed PTSD after experiencing an attempted robbery three years ago and continues to have symptoms such as flashbacks. He is receiving treatment for both his mental illness and his marijuana use. He now wants to get a job at a hardware store and needs to be "clean" to accomplish this goal. He has been abstinent for the last month.



Karl completed a Mental Health Wellness Plan and an Alcohol and Drug Wellness Plan. You will find his plans on the next two pages.

After you review Karl's plans, you can discuss your reactions with your E-IMR practitioner. You will be able to complete your own Plans in Topic 2 and Topic 3 of this module.

EXAMPLE:

Karl's Mental Health Wellness Plan

PART 1. Preventing Common Causes of Mental Illness Relapse

Common Cause	What I can do to prevent this common cause:
Difficulty coping with high levels of stress	<i>Practice relaxed breathing when I leave my apartment. Walk my dog every day. Call my sister Angela when I am under extra stress.</i>
Not taking medication regularly	<i>Keep a Post-it Note on my bathroom mirror as a reminder.</i>
Using alcohol or drugs	<i>See my Alcohol and Drug Wellness Plan</i>

PART 2. Being Aware of Warning Signs of Mental Illness Relapse

My most important Warning Signs are:

- A. *Spending time alone in my bedroom*
- B. *Having strong memories of being robbed*
- C. *Being extra conscious of people standing behind me when I have to wait in a line*

PART 3. Plan for Responding to Warning Signs of Mental Illness Relapse

Action Step	Details for taking the Action Step:
1. Contact the doctor or other treatment team member.	<i>Dr. Lake phone: 333-444-5555 Crisis phone: 666-777-8888</i>
2. Get more social support.	<i>Go to my PTSD support group. Call my sister and suggest going out for coffee.</i>
3. Use coping strategies.	<i>When I have memories of the robbery, remind myself that this is normal.</i> <i>Listen to my relaxation music and the breathing app on my phone.</i>
4. If I am using substances, stop or cut down.	<i>Don't hang around with friends who smoke pot.</i> <i>Get rid of any pot in my house.</i>

EXAMPLE:

Karl's Alcohol and Drug Wellness Plan

PART 1. Preventing Common Causes of Relapses of Alcohol or Drug Use

Common Cause	What I can do to prevent this common cause:		
Difficulty coping with high levels of stress	<i>Ask my friend Johnny to come over for dinner. Go to the gym more often when I am feeling stressed.</i>		
Situations involving alcohol or drugs	<i>Don't spent time with friends whom I often used alcohol or drugs with (John, Theresa, and Phil); spend more time with friends who don't use substances (Karen and Bob.)</i>	<i>Practice saying "no" to people who offer me substances, and walking away if they start to use.</i>	<i>Ask family members not to use substances when we get together for a holiday or special occasion.</i>
Mental health symptoms (such as anxiety, depression, or hearing voices, flashbacks)	<i>When I have intrusive thoughts about being robbed or someone following me, I will use mindfulness and listen to quiet music.</i>	<i>I will remind myself that this is a common symptom of PTSD.</i>	

PART 2. Being Aware of Warning Signs of Alcohol or Drug Relapse

My most important Warning Signs are:

- A. Starting to think "one toke of pot couldn't hurt me"
- B. Thinking back about "the good old days" when I was drinking and using drugs
- C. Skipping Dual Recovery groups

PART 3. Plan for Responding to Warning Signs of Relapse of Alcohol or Drug Use

Action Step	Details for taking the Action Step:	
1. Get social support from someone who supports you not using alcohol or drugs.	<i>Call my sponsor Jessie if I am thinking about drinking.</i>	<i>Ask Jessie or another support person to come to a Dual Recovery meeting with me.</i>
2. Use coping strategies.	<i>When I get cravings, tell myself "I can get through this; these thoughts will pass."</i>	<i>Use mindfulness strategies to let urges to use come and go without paying too much attention to them.</i>
3. Contact the doctor or other treatment team member.	<i>Dr. Lake phone: 333-444-5555 Crisis phone: 666-777-8888</i>	
4. Additional action step	<i>Keep a copy of my recovery goals on my refrigerator and review my goals when I am feeling stressed or have a craving.</i>	



Let's Talk About It

What do you like about Karl's Plans?

How do you think his Plans for Staying Well could be helpful to his recovery?

In the past, have you ever had a Plan for Staying Well?

If so, how did you use it?



Home Practice

Reducing Relapses to Help You Stay Well

Choose one of the following options to practice or make one up.

OPTION 1:

Talk to a supportive person about your last relapse of mental illness symptoms or drug or alcohol use. Tell them you are creating a Plan for Staying Well.

OPTION 2:

Show Karl's plans to a supportive person. Discuss which parts each of you like best and which ones might work for you.

Make a plan for home practice this week:

What I will do

When

Where

With whom



"You have to practice something to make it your own!"

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



Key Points • Topic 1

Reducing Relapses to Help You Stay Well

A relapse of mental illness happens when a person's functioning is affected by their symptoms coming back or becoming more severe.

A relapse of substance use disorder happens when a person who has stopped using alcohol or drugs begins using again.

A Plan for Staying Well is one of the best ways to prevent relapses of mental illness or substance use.

Topic 2

Building Your Mental Health Wellness Plan

In this topic, you will learn about the common causes of relapses of mental illness. You will also learn how to recognize and respond to the warning signs that a relapse might be starting. By the end of this topic, you will be able to complete your Mental Health Wellness Plan.

This session will introduce five important subjects to help you create a Mental Health Wellness Plan:

-  My Mental Health Wellness Plan
-  What are the common causes of a relapse of mental illness?
-  Preventing common causes of relapse
-  Warning signs of a mental illness relapse
-  Responding to warning signs that you might be at risk for relapse

Each of these subjects will be described in more detail throughout this topic.

My Mental Health Wellness Plan



In the last topic, you reviewed a completed copy of Karl's Mental Health Wellness Plan. Now it's your turn. You will learn how to prevent a relapse of mental illness, and use that knowledge to complete your own Plan for Staying Well. You will find a blank copy of a **Mental Health Wellness Plan** on the next page. Keep this form handy and fill it out as you read through this topic. You will be instructed to complete one section of the Plan at a time.

My Mental Health Wellness Plan

Name: _____

Date: _____

PART 1. Preventing Common Causes of Mental Illness Relapse

Common Cause	What I can do to prevent this common cause:
Difficulty coping with high levels of stress	
Not taking medication regularly	
Using alcohol or drugs	<i>See My Alcohol and Drug Wellness Plan</i>

PART 2. Being Aware of Warning Signs of Mental Illness Relapse

My most important Warning Signs are:

- A. _____
- B. _____
- C. _____

PART 3. Plan for Responding to Warning Signs of Mental Illness Relapse

Action Step	Details for taking the Action Step:
1. Contact the doctor or other treatment team member.	
2. Get more social support.	
3. Use coping strategies.	
4. If I am using substances, stop or cut down.	

My Signature _____ Date _____

Practitioner Signature _____ Date _____

What are the common causes of a relapse of mental illness

It is important to know about the common causes of relapses, so you can take steps to prevent them. Research has shown that there are 3 common causes of relapse in mental illness:

- Difficulty coping with high levels of stress
- Not taking medications regularly
- Using alcohol or drugs

The examples below show experiences that people have had with the common causes of relapse:

Tuan noticed he feels a lot of stress when he has to do inventory at his job. In the past, he has gotten depressed during inventory time, especially if he doesn't keep up with regular exercise—which is one of the best ways for him to cope with stress.

Summer noticed she stopped taking her medication when she was feeling better, and didn't think she needed it anymore. When she stopped taking her medicine, her symptoms would come back.

Leo noticed that his voices came back when starts smoking pot again.

KEY POINT

Three common causes of a relapse of mental illness include: difficulty coping with high levels of stress, not taking medication regularly, and using alcohol or drugs.

Once you have identified situations that may have led to relapses in the past, it is helpful to think about how you might handle these situations differently in the future. For example, if you noticed that going out nights and drinking with your friends led to a relapse of mania or depression, you could avoid meeting with those same friends, find some new friends to spend time with that don't use, or plan some other activities that don't involve drinking.

KEY POINT

Identifying common causes that lead to a relapse can help you reduce the risk of future relapses.

Preventing common causes of relapse

Difficulty coping with high levels of stress

The first common cause of mental illness symptoms relapse is having trouble coping with high levels of stress. In Module 5, Coping with Stress, you identified strategies for avoiding some stressful situations and learned strategies for coping with stress that can't be avoided. Most people find it helpful to use a variety of ways to cope with stress, such as the following:

- Exercising
- Practicing mindfulness
- Listening to music
- Talking to a supportive person
- Using relaxation techniques like relaxed breathing, muscle relaxation, and imagining a peaceful scene
- Using positive self-talk



Let's Talk About It

Have you had any relapses of mental illness in the past? If so, have you experienced any of the common causes of relapse of mental illness?

Have you noticed any other causes of relapse in the past?

Let's add to Part 1 of your Mental Health Wellness Plan:

Which strategies could you include in your Plan to help you prevent or cope with stress?



Turn to Part 1 of your **Mental Health Wellness Plan**, and write down the strategies you plan to use to prevent or cope with stress.

Not taking medication regularly

In Module 7, Medications, we talked about the role of medication in staying well. For most people, regularly taking their medications makes symptoms go away, and prevents relapses of symptoms. Preventing relapses and staying out of the hospital can help people stay on track with their goals. It is important to remember people should not stop taking their medications when they start to feel better, since this can increase the chances of their symptoms coming back and having a relapse.

Consider these suggestions for taking medication regularly:

- Take medications at the same time every day.
- Use cues and reminders (such as calendars, cell phone alarms, and pill organizers).

- Ask someone in your life to remind you in a friendly way.
- Keep your medications next to an item that you use daily (like the coffee pot, or your cell phone charger).
- If your medication regimen is complicated, talk to your doctor or nurse about simplifying it.
- If you find it challenging to remember to take antipsychotic medication daily, talk to your doctor or nurse about taking an injectable version of the medication, which can be given less frequently, like once a month.

Let's add to Part 1 of your Mental Health Wellness Plan:

What are one or two strategies you could include in your Plan to help you take medications regularly?



Turn to Part 1 of your **Mental Health Wellness Plan**. Complete the second line in Part 1 by listing the strategies you plan to use to stay on track with taking your medication.

Avoiding substance use

The third common cause of mental illness symptoms relapse is using alcohol or drugs. Even using small amounts of alcohol or drugs can cause symptoms to return or worsen. Not drinking or using drugs is the safest way to prevent relapses of mental illness due to substance use.

If you have made the choice to not use substances, you can complete the Plan for Staying Well –Alcohol or Drugs. You can list the specific strategies that help you prevent a relapse or help you maintain abstinence.

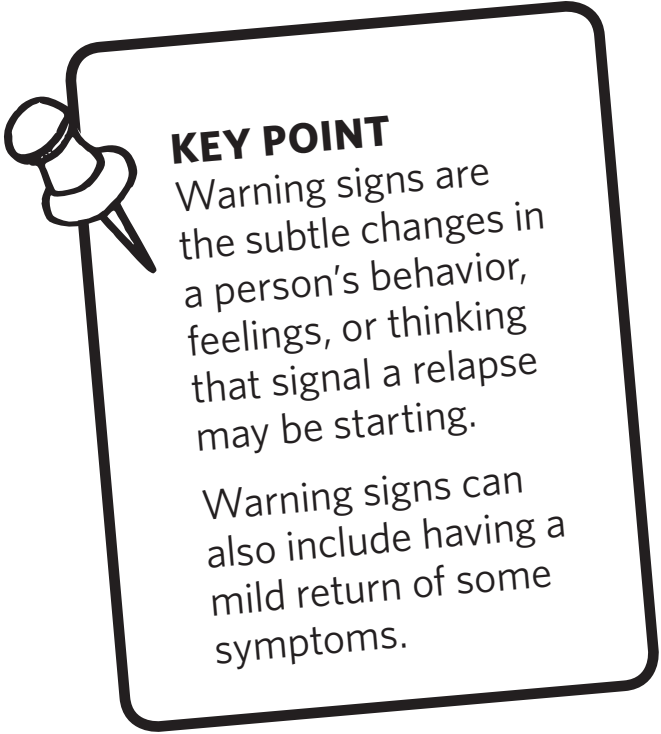
Warning signs of a mental illness relapse

The “warning signs” of a mental illness relapse are small changes in a person’s behavior, feelings, or thinking that begin to occur several days or weeks before a full relapse of symptoms happens, in which the person’s functioning is also affected. Some examples of warning signs include: feeling mildly depressed, spending more time alone, having more trouble concentrating, or sleeping more. The warning signs of a relapse can also include having a mild return of some symptoms, such as: beginning to hear voices again, feeling paranoid, or having a decreased need for sleep.

Experiencing warning signs means that a person is at increased risk for having a relapse of symptoms. However, if steps are taken to respond to the warning signs, a full relapse can be prevented. Therefore, knowing one’s own warning signs of relapse, and having a plan to deal with them, can help people prevent relapses and hospitalizations.

Being aware of warning signs

Knowing your own warning signs of symptoms returning can help you get help quickly and prevent a full relapse from happening.



KEY POINT

Warning signs are the subtle changes in a person’s behavior, feelings, or thinking that signal a relapse may be starting.

Warning signs can also include having a mild return of some symptoms.



Make It Your Own

Warning Signs

Below are some examples of warning signs. Review the list and mark off any warning signs that you have noticed.

Changes in Behavior

Warning signs
I have noticed

Withdrawing from others

Acting impulsively (for example, spending lots of money)

Eating less or eating more

Sleeping too much or too little

Stopping medication or stopping going to appointments

Using drugs or alcohol

Changes in Thinking or Senses

Problems concentrating

Hearing voices or sounds that other people don't hear

Feeling paranoid

Problems following a conversation or focusing on a topic

Changes in Feelings or Mood

Feeling irritable or extra-sensitive

Feeling tense or nervous

Feeling sad or depressed

Feeling unsafe or worrying that people are against you

Feeling angry a lot of the time



Let's Talk About It If you have had previous relapses of mental illness symptoms, which warning signs in the chart above did you notice? Place an "I" next to the warning signs you have noticed. The "I" stands for *"I noticed this."*

Did your friends or family tell you about any warning signs that you were not aware of? Place an F next to the warning signs on the chart above that your friends or family have noticed. The "F" stands for *"my family or friends noticed this."*

Unique warning signs

Some people have warning signs that are unique to them. For example, one person's warning sign was wearing all black clothing when he usually wore bright colors. Another person's unique warning sign was not returning phone calls or texts from friends or family members.



Let's Talk About It

If you have had relapses of mental illness symptoms in the past, did you notice any unique warning signs? If so, what were they?

Did your family members or friends notice any unique warning signs?

Make It Your Own

Your Unique Warning Signs

Write down examples of the unique warning signs you and your family or friends noticed:

The following examples show how people have identified warning signs and included strategies to address them in their Plans for Staying Well:

Tuan identified his unique warning signs of not calling his family members every week, being late for work, and spending more time in bed. To help monitor his warning signs, he posted a list of them on the refrigerator. He is able to check the list regularly so he can notice whether he has been experiencing any of the warning signs.

Summer identified her unique warning signs as missing more than one day of medication, feeling paranoid about her roommate, and spending a lot of money. She gave a copy of her warning signs to her parents and her case manager. When she reviewed her Plan for Staying Well with them, they shared warning signs they had noticed. For instance, she becomes very irritable with other people in the weeks before she has a relapse of symptoms.

Leo identified his unique warning signs as feeling anxious and having difficulty leaving his house, spending more time alone, and trouble concentrating. To monitor his warning signs, he added a list of them to the notes on his smart phone so he can briefly review it every day. Doing this has helped him increase his awareness of when a relapse is going to happen.

You can ask your family members, friends, and practitioners about warning signs they may have noticed in you. Once you develop your list of warning signs, you can ask these supportive people to be your “extra eyes and ears.” You can also include them in your Plan for Staying Well and enlist them to help you take action to prevent warning signs from becoming relapses.

Let’s add to Part 2 of your Mental Health Wellness Plan:

What are your most important warning signs that mental illness symptoms may be relapsing?



Turn to your **Mental Health Wellness Plan**. In Part 2, you can write down your warning signs of a relapse of mental illness symptoms.



Try it Out:

Talking to a Supportive Person about Warning Signs

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill:

- ▷ Identify a person who was involved during your last relapse.
- ▷ Have a copy of your Plan for Staying Well when you talk to the person.
- ▷ Discuss the purpose of the Plan such as, “I am working on things I can do to stay out of the hospital, and I am putting together a plan to help me stay well.”
- ▷ Show the person your Plan.
- ▷ Ask if the person has ever noticed any warning signs. You can say, “Have you ever noticed any signs before I had a relapse, like changes in my mood or behavior?”
- ▷ Add additional signs to your Plan for Staying Well.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will show how to use the steps of this skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own. ■

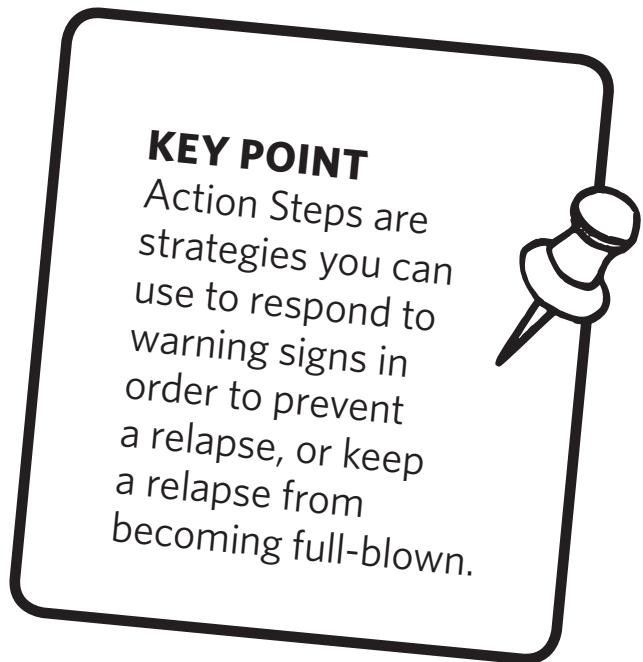
Responding to warning signs that you might be at risk for relapse

When you spot a warning sign and take quick action, you have a very good chance of preventing a relapse of your mental illness symptoms. And even if you can't avoid a full relapse, taking action usually makes a relapse shorter and much less severe. Such a relapse might be managed without going to the hospital.

Below are the action steps that you can use to respond to warning signs.

Action steps for responding to warning signs

1. Contact the doctor, nurse, or other member of your treatment team.
2. Get more social support.
3. Use coping strategies for any symptoms.
4. Additional action step:





Make It Your Own

Action Steps for Responding to Warning Signs

Work with your E-IMR practitioner to complete the following table. Include details about how you would take each action step, and details that are specific to your mental illness and your substance use problems. (You may record this information directly in Part 3 of your **Mental Health Wellness Plan**.)

Action Step	Details
1. Contact the doctor, nurse, or other member of your treatment team	Doctor or nurse's phone #: What you would like to say to them if you notice a warning sign:
2. Get more social support	Individual(s) you would like to talk to and how to contact them: Names: Contact Information: What you would like them to do to provide support, such as talking with you, doing an activity together, taking a walk, or contacting the treatment team together:
3. Use coping strategies	Coping strategies you will use, such as relaxation techniques, talking about your feelings to a family member or other supportive person, getting enough sleep, increasing your physical activity, or engaging in recreational activities:
4. Additional action step: if you are using substances, stop or cut down.	If you are using substances, what additional action step could you take to respond to a warning sign? What additional skill or strategy, like getting support from family or friends, going to a group like AA, or talking to a counselor, could be helpful to your staying well.



Let's Talk About It

Who could practice your action steps with you?

Let's add to Part 3 of your Mental Health Wellness Plan:

What are your most important action steps for addressing warning signs that mental illness symptoms may be returning?



Turn to your **Mental Health Wellness Plan**. In Part 3, you can write down your action steps.



Home Practice

Building Your Mental Health Wellness Plan

Choose one of the following options to practice or make one up.

OPTION 1: Talk to a supportive person or family member about warning signs of mental illness symptoms relapse. Use the Try It Out steps you practiced in today's session.

OPTION 2: Find someone else in recovery from mental illness. Talk to them about their warning signs and action steps they use to prevent a relapse.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

.....
When

.....
Where

.....
The step I will work on

.....
With whom



Key Points • Topic 2

Building Your Mental Health Wellness Plan

Three common causes of a relapse of mental illness include: difficulty coping with high levels of stress, not taking medication regularly, and using alcohol or drugs.

Identifying situations and events that led to a relapse in the past can help you reduce the risk of future relapses.

Warning signs are the subtle changes in a person's behavior, feelings, or thinking that signal a relapse may be starting.

Warning signs can also include having a mild return of some symptoms.

Action Steps are strategies you can use to respond to warning signs in order to prevent a relapse, or keep a relapse from becoming full-blown.

Topic 3

Building Your Alcohol and Drug Wellness Plan

In this topic, you will learn about the common causes of a relapse of drugs and alcohol use. You will also learn how to recognize and respond to warning signs that you may be at risk of returning to using alcohol or drugs. By the end of this topic, you will be able to complete your Alcohol and Drug Wellness Plan. You should complete the Plan to Stay Well— Alcohol or Drugs if you have stopped using substances and you want to prevent a relapse or return to substance use.

This session will introduce five important subjects to help you create a Alcohol and Drug Wellness Plan:

 My Plan for Staying Well— Alcohol or Drugs

 Common causes of relapse of drug and alcohol use

 Preventing common causes of relapse

 Warning signs for relapse risk in alcohol or drug use

 Responding to warning signs that you might be at risk for relapse

Each of these ideas will be described in more detail during this session.

My Alcohol and Drug Wellness Plan

 In Topic 1 of this module, you reviewed a completed copy of Karl's Alcohol and Drug Wellness Plan. Now it is your turn. You will learn how to prevent a relapse of alcohol or drug use and use that knowledge to complete your own Alcohol and Drug Wellness Plan. You will find a blank copy of an **Alcohol and Drug Wellness Plan** on the next page. Keep this form handy and fill it out as you read through this topic. You will be instructed to complete one section of the Plan at a time.

My Alcohol and Drug Wellness Plan

Name: _____

Date: _____

PART 1. Preventing Common Causes of Relapse of Alcohol or Drugs

Common Cause	What I can do to prevent this common cause:
Difficulty coping with high levels of stress	
Situations involving alcohol or drugs	
Mental health symptoms (such as anxiety, depression, or hearing voices)	

PART 2. Being Aware of Warning Signs of Alcohol or Drug Relapse

My most important Warning Signs are:

A. _____

B. _____

C. _____

PART 3. Plan for Responding to Warning Signs of Alcohol or Drug Relapse

Action Step	Details for taking the Action Step:
1. Get social support from someone who supports you not using alcohol or drugs.	
2. Use coping strategies.	
3. Contact the doctor or other treatment team member.	
4. Additional action step	

My Signature

Date

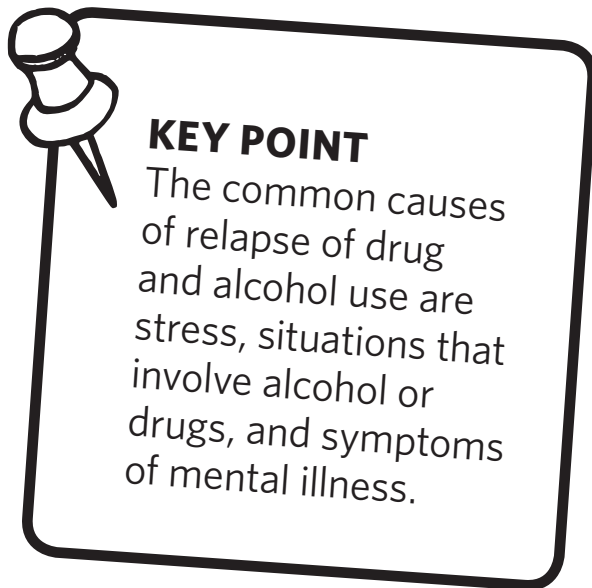
Practitioner Signature

Date

Common causes of relapse of drug and alcohol use

It is important to know about the common causes of relapses, so you can take steps to prevent them. Research has shown that there are 3 common causes that increase the risk of people returning to drinking or using drugs:

- Difficulty dealing with high levels of stress
- Situations involving alcohol or drugs
- Distressing mental health symptoms (such as anxiety, mania, intrusive thoughts, depression or hearing voices)



The examples below show experiences that people have had with the common causes of relapse of alcohol or drug use:

The last time Tuan relapsed, he was under a lot of stress at work and he also began having anxiety.

Summer's friend Sylvia smokes pot regularly. Summer noticed that when she spends time with Sylvia she sometimes wants to get high too. This has led to relapses in the past.

Leo has stopped drinking and smoking pot before. However, when his voices got really negative he would sometimes start drinking or smoking again.



Let's Talk About It

Have you experienced a relapse of drugs or alcohol use?

If you have, did you notice any of the common causes of relapse of drugs or alcohol use? What happened?

Preventing common causes of relapse

Difficulty dealing with high levels of stress

The first common cause of a substance use relapse is having trouble coping with high levels of stress. That means it's very important to be aware of when you are under stress and to have effective strategies for coping with it. Some examples of common sources of stress include positive changes such as getting married, starting a new job, or moving into a new apartment. Stress can also be caused by things such as difficulties at work, conflicts with family members or loved ones, and daily hassles such as doing chores, laundry, or cooking.



Let's Talk About It

What are some stressful things that you have noticed in the past or more recently?

Are there any stressors specifically related to using alcohol or drugs?

In Module 5, Coping with Stress, you identified strategies for avoiding some stressful situations, and learned strategies for coping with stress that can't be avoided. You may want to use some similar strategies on your plan. Here are some suggestions:

- Exercising
- Practicing mindfulness
- Taking care of your health
- Talking to a supportive person
- Attending a self-help or support group
- Using relaxation techniques like relaxed breathing, muscle relaxation, and imagining a peaceful scene
- Participating in religion or some other form of spirituality

Let's add to Part 1 of your Alcohol and Drug Wellness Plan:

Which strategies could you include in your Plan to help you prevent or cope with stress?



Turn to your **Alcohol and Drug Wellness Plan**. In Part 1, you can write down the strategies you plan to use to prevent or cope with stress.

Situations involving alcohol or drugs

The second common cause of substance use relapses is being in situations that involve alcohol or drugs—or people, places, or things you have associated with substance use in the past.

There are many different situations where people might be using alcohol or drugs. Celebrations, holiday gatherings, parties, or get-togethers with friends are all examples of situations where people may use substances. There may also be places where you have used alcohol or drugs in the past, or people with whom you used, that could trigger your desire to use again.



Let's Talk About It

What are some situations where you could be around drugs or alcohol, or people using drugs or alcohol?

What are some situations that might remind you of your past alcohol or drug use?

In Module 3, Practical Facts about Substance Use, you discussed some helpful strategies you can use when dealing with social situations involving alcohol or drugs. Here are some examples of these strategies:

- Avoid situations where people may be using substances, and hang out with people who don't use.
- Avoid walking past places where you used to use substances.
- If you have to be around people who use substances, tell them about your decision to not use and ask them to respect it.
- If people don't respect your decision and continue to ask you to use, leave the situation.
- Figure out which refusal skills work best for you:
 - Simple refusal, and then walking away if they persist asking.
 - Broken record: just keep saying "no" again and again and again.
 - If the person is a friend, suggest doing an alternative activity instead of using.

Let's Add to Part 1 of Your Alcohol and Drug Wellness Plan:

Which strategies could you include in your Plan to help you cope with situations involving alcohol or drugs?



Turn to your **Alcohol and Drug Wellness Plan**. On the second line of Part 1, you can write down the strategies you will use to avoid situations and people who use alcohol or drugs, or to cope with situations you can't avoid.

Distressing mental health symptoms

The third common cause of relapse into using drugs or alcohol is having distressing symptoms of mental illness, such as anxiety, intrusive thoughts, depression, hallucinations, or flashbacks. Sometimes when people have an increase in distressing symptoms they resort to using substances, either in an attempt to cope with the symptoms or to escape them temporarily. However, using substances usually makes the symptoms even worse in the long run.



Let's Talk About It

Have you ever begun using substances again due to an increase in distressing mental health symptoms?

Did you try to use alcohol or drugs to cope with your symptoms or escape them? What happened?

In Module 8, Coping with Problems and Symptoms, you learned a variety of strategies to help you cope with symptoms. Here are some examples of coping strategies you could use if you experience symptoms:

Symptom	Coping Strategies You Could Try
Anxiety	Relaxation techniques Set aside a worry time
Depression	Plan and follow-through on using enjoyable activities (behavioral activation) Use positive self-talk
Delusions (false beliefs or worrisome thoughts)	Check out your belief Examine evidence for and against your belief
Hallucinations	Positive self-talk Distraction Acceptance/mindfulness
Low energy	Develop a daily schedule Exercise
Concentration problems	Cut down on distractions Ask someone to join you in activity that requires concentration
Sleep	Develop good sleep hygiene Create more structure in your day Exercise
Anger	Talk to a supportive person about your feelings Identify situations that make you angry and look for ways to handle these situations better
Flashbacks and intrusive memories	Use grounding techniques Positive self-talk Practice acceptance

KEY POINT

Warning signs are the small changes that may occur in people's thinking, feeling, or behaviors that indicate they are at increased risk for having a relapse of their substance use.

Warning signs for relapse risk in alcohol or drug use

People who stop using alcohol or drugs sometimes have relapses back into using again. Before a relapse of substance use occurs, there are usually some warning signs that come in the hours, days, or weeks before the person starts using again. For example, the person might start thinking about the "good old days" when they were using substances, or thinking "just one drink couldn't hurt." Warning signs are the small changes that may occur in people's thinking, feeling, or behaviors that indicate that they are at increased risk for having a relapse of their substance use.

Warning signs for relapsing back into using alcohol or drugs may develop gradually over time, or they may be strong and come on quickly. Regardless of how quickly warning signs have preceded relapses in the past, knowing your own warning signs and having a plan for dealing with them can enable you to prevent actual relapses into using substances.

KEY POINT

Knowing your warning signs and having a plan to deal with them can help you decrease your risk of relapse.

Make It Your Own

Examples of Common Warning Signs

Below are some examples of three types of common warning signs: behaviors, thoughts, and feelings. Review the list and mark off any warning signs that you have noticed:

	Warning signs I have noticed 
Behaviors	
Seeking out people who used to use drugs or alcohol	
Stopping going to support meetings, such as AA or NA or Dual Recovery Anonymous	
Other behaviors:	
Thoughts	
Remembering the "good days" when you used to use substances.	
Thinking just one toke of pot or line of cocaine or beer couldn't hurt.	
Thinking that you really can control your drinking or drug use (when you can't).	
Other thoughts:	
Feelings and images	
Having cravings to use (images of using, thoughts about how good it would feel to use, an intense desire or yearning to use)	
Other feelings or images:	



Let's Talk About It

If you have had previous relapses of substance use, which of the warning signs on the chart above did you notice? Place an "I" next to the warning signs you have noticed. The "I" stands for *"I noticed this."*

Did your friends or family tell you about any warning signs that you were not aware of? Place an F next to the warning signs on the chart above that friends or family have noticed. The "F" stands for *"my family or friends noticed this."*

Here are some examples of warning signs other people have identified:

Tuan identified a warning sign of having thoughts that just smoking one bowl of pot won't hurt. He talked to his case manager about his warning signs. Together at the beginning of every session, they review his list of warning signs and talk about any changes that he has noticed.

Summer identified her warning signs of stopping attending her dual recovery group regularly and remembering the good old days of using. She made a copy of her warning signs on her smart phone, and regularly checks to see if she has experienced any of them.

Leo identified his warning signs as having cravings of smoking pot and remembering how good it felt to smoke with his friends. He has shared his warning signs with the self-help group he attends regularly. He checks in with the group to see if they have noticed any changes, so he can quickly respond to the warning signs and use his coping skills.

Let's add to Part 2 of your Alcohol and Drug Wellness Plan:

What are your most important warning signs for relapse of alcohol or drugs?

 Turn to your **Alcohol and Drug Wellness Plan**. In Part 2, you can write down your warning signs for substance use relapse.

Ask your family members, friends, and practitioners about warning signs they noticed. Once you develop your list of signs, you can ask these supportive people to be your “extra eyes and ears.” You can also include them in your Plan for Staying Well and enlist them to help you take action to keep warning signs from becoming relapses.



Try it Out

Talking to a Supportive Person About the Warning Signs of Relapse

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill:

- ▷ Identify a person who was involved in your life during your last relapse.
- ▷ Have a copy of your Plan for Staying Well when you talk to the person.
- ▷ Discuss the purpose of the plan such as, “I am working on things I can do to avoid a relapse of alcohol or drug use and I am putting together a plan to help me stay well.”
- ▷ Show the person your Plan.

- ▷ Ask if the person has ever noticed any warning signs. You can say, “Have you ever noticed any warning signs before I had a relapse, like hanging out with people I used to use with?”
- ▷ Add additional signs to your Plan for Staying Well.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own.

Responding to warning signs that you might be at risk for relapse

When you spot a warning sign and take quick action, you have an opportunity to prevent a relapse of alcohol or drug use. Now that you have identified your warning signs, you will learn how to develop a series of action steps for responding to your warning signs.

Action steps for responding to warning signs

1. Get help from someone who supports you not using alcohol or drugs (for example, sponsor, friend, or family member).
2. Use coping strategies.
3. Contact the doctor, nurse, or other member of your treatment team.
4. Additional action step:



Make It Your Own

Action Steps for Responding to Warning Signs

Work with your E-IMR practitioner to complete the following table. Include details about how you would take each action step. These action steps focus on warning signs and not the common causes of relapse. Coping strategies for the common causes of relapse for alcohol or drugs should be included in Part 1 of your Plan for Staying Well.

You may record this information directly in Part 3 of your **Plan for Staying Well**.



Action Step	Details
1. Get social support from someone who supports you not using alcohol or drugs	Which individual (or individuals) are the strongest supports of you not using alcohol or drugs? Consider your sponsor, family members, or friends: Names: _____ Contact Information: _____ How could this person (or people) most effectively help you avoid relapsing back into using substances again?
2. Use coping strategies	Coping strategies you will use to respond to a warning sign, such as using relaxation techniques, waiting for the thought or craving to pass, distraction, going to a support group meeting, or getting some physical exercise:
3. Contact the doctor, nurse, or other member of your treatment team	Doctor, nurse, or treatment team member's phone #: What you would like to say to them if you notice a warning sign:
4. Additional action step:	What is an additional action step that you could take to respond to a warning sign such as getting rid of any drugs or alcohol in your house?



Let's Talk About It

Who could practice your action steps with you?

Let's add to Part 3 of your Alcohol and Drug Wellness Plan:

What are your most important action steps for addressing warning signs that you may be at risk for relapse of alcohol or drug use?



Turn to your **Alcohol and Drug Wellness Plan**. In Part 3, you can write down the action steps you completed in the Make It Your Own exercise above.



*"You have
to practice
something to
make it your
own!"*

Home Practice

Building Your Alcohol and Drug Wellness Plan

Choose one of the following options to practice or make one up.

OPTION 1: Talk to a supportive person or family member about warning signs of substance use relapse. Use the Try It Out steps you practiced in today's session.

OPTION 2: Find someone else in recovery, perhaps at a support group, and talk to them about their warning signs and action steps they use to prevent a relapse.

Make a plan for home practice this week:

.....
What I will do

.....
When

.....
Where

.....
With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

**To complete this step,
I will use the following plan:**

.....
When

.....
Where

.....
The step I will work on

.....
With whom



Key Points • Topic 3

Building Your Alcohol and Drug Wellness Plan

The common causes of relapse of drug and alcohol use are stress, situations that involve alcohol or drugs, and distressing symptoms of mental illness.

Warning signs are the small changes that may occur in people's thinking, feeling, or behaviors that indicate they are at increased risk for having a relapse of their substance use.

Knowing your warning signs and having a plan to deal with them can help you decrease your risk of relapse.

Topic 4

Putting Your Plan for Staying Well into Practice

Congratulations! You have completed your Mental Health Wellness Plan, your Alcohol and Drug Wellness Plan, or both. Now it is time to put your Plan(s) into action. One of the best ways to start putting your Plans into action is to practice them. Practicing helps ensure that your Plan works and gives you time to fix any problems. Practicing also gives you confidence that you can use the Plan in the future.

You can practice your Plan(s) in this session with your E-IMR practitioner or with another group member. You can also practice with family members, friends, your prescriber, and other members of your treatment team. The more you practice your Plan, the more likely you are to use it to stay well, achieve your goals, and prevent a relapse.

This session will introduce six important subjects to help you put your Plan(s) for Staying Well into practice:

-  Practicing Your Mental Health Wellness Plan
-  Responding to a warning sign for mental illness
-  Responding to a warning sign for alcohol or drug use relapse
-  Keeping a copy of your Plan and sharing it with others
-  Modifying your Plan for Staying Well in the future

Each of these ideas will be described in more detail throughout this topic. We encourage you to try them with your E-IMR practitioner, or with other group members. Practicing skills during sessions can increase your confidence for using them on your own.

Practicing Your Mental Health Wellness Plan

Here is an example of how Tuan practiced parts of his Plan for Staying Well. With his counselor, Tuan role-played how he would use a relaxation exercise to cope when he felt stressed. He and his brother practiced how they could talk about any warning signs his brother noticed, along with how Tuan could talk to his care providers if he noticed warning signs himself. To practice carrying out a coping strategy for preventing a relapse, Tuan began exercising by riding his bike two to three times a week.



Let's Talk About It

What would you like to practice from your Plan for Staying Well?

Who could help you practice a skill or strategy from your Plan for Staying Well?

Responding to a warning sign for mental illness

Make sure you have a copy of your **Mental Health Wellness Plan** and start by reviewing Part 3 of your plan: *Responding to Warning Signs for Mental Illness*.

KEY POINT

Practicing your Plan for Staying Well helps ensure that it works and gives you time to fix any problems.

The exercise below will give you an opportunity to practice contacting a member of your treatment team.



Try it Out

Practicing Your Mental Health Wellness Plan.

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill:

- ▷ Identify a treatment team member you could contact if you notice warning sign of mental illness.
- ▷ Have a copy of your Plan for Staying Well and your list of warning signs ready when you talk to them.
- ▷ Show them your Plan and your warning signs.
- ▷ Tell the person which warning signs you've noticed.
- ▷ Ask if they have noticed any signs. You could say, "Have you noticed any of these signs recently?"

▷ Ask about any changes the person would recommend or other helpful things you could do to respond to your warning signs.

▷ Thank the person for helping you work on Your Plan for Staying Well.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own. ■

Responding to a warning sign for alcohol or drug use relapse

Make sure you have a copy of your **Alcohol and Drug Wellness Plan** and start by reviewing Part 3 of your Plan: *Responding to Warning Signs for Alcohol or Drugs*. The first step listed in Part 3 is to contact a person who supports your abstinence.

The exercise below will give you an opportunity to practice contacting a person who supports your abstinence when you notice a warning sign.



Try it Out

Practicing Your Plan for Staying Well: Responding to a Warning Sign for Alcohol or Drug Use Relapse

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill

- ▷ Identify a person who supports your sobriety that you could contact if you notice your warning sign of substance use relapse.
- ▷ Have a copy of your Plan for Staying Well and your list of warning signs ready when you talk to them.
- ▷ Show them your Plan and your warning signs.
- ▷ Tell the person which warning signs you've noticed.
- ▷ Ask the person for their support in not using alcohol or drugs.

- ▷ Together, problem solve ideas to prevent you from using alcohol or drugs.
- ▷ Ask the person if they will help you practice a coping skill from your Plan, such as going to a self-help meeting or finding a distraction together.
- ▷ Thank them for helping you work on Your Plan for Staying Well.

STEP 2

Watch a demonstration of the skill: Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration: Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

STEP 4

Try it out: Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback: After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback: Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own: Plan with whom, when, and where you could practice this skill on your own. ■



Let's Talk About It

What was helpful about practicing how to respond to a warning sign?

Is there any feedback from practicing that you want to incorporate into your Plan for Staying Well?

Keeping a copy of your Plan and sharing it with others

It is helpful to keep a copy of your Plan where you can easily find it or post it where you will see it regularly. For example, some people carry a copy of their Plan in their wallet and also post it in their room. Some people keep a scanned copy on their smart phone. Most people give copies to everyone involved in the Plan.

For example, Tuan keeps one copy of his Plan for Staying Well in his wallet and one in the desk drawer where he also keeps his pillbox. Whenever he refills his pillbox, he makes a point of looking over his Plan. He gave copies of his Plan to his brother, his counselor, and his doctor.



Let's Talk About It

Where would you like to keep copies of your Plan for Staying Well?

Who would you like to give copies to?

When and where could you do this?

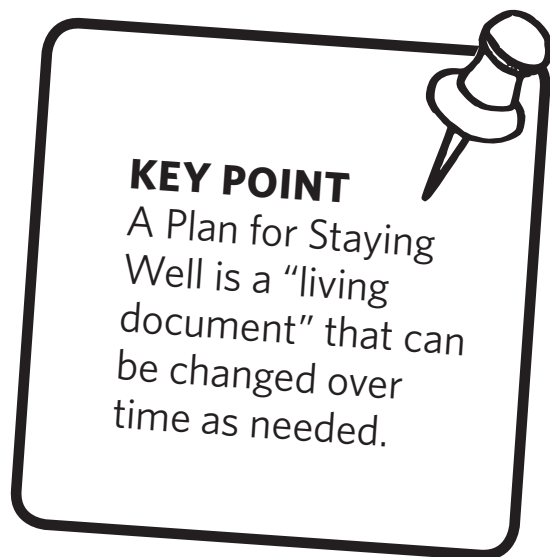
Modifying your Plan for Staying Well in the future

A Plan for Staying Well is not written in stone. It should be considered a “living document” that is revised and changed over time as needed. A person’s Plan for Staying Well is intended to reflect the most current information they have for staying well and preventing relapses.

There are several reasons someone might want to modify their Plan. For example, the person might move or meet new supportive people to include in the Plan. Or, the person might learn a new strategy for coping with stress and want to include it in the Plan.

Another reason to modify a Plan for Staying Well is to incorporate new information learned from a recent relapse. Sometimes people have a relapse despite having developed a Plan for Staying Well. After the relapse has been dealt with, the person can sit down with supportive people and evaluate what went well, and what did not go well with the Plan. It can be helpful to examine what happened before a relapse, the warning signs that were identified, and any signs that were missed and that should be added to the list.

It is also helpful to review how the Plan got carried out. For example, which parts of the Plan were used and how effective were they? Which parts of the Plan were not used, or did not help? Finally, it is important to discuss what would make the Plan for Staying Well more effective in the future and to write up a new Plan that includes those changes. This new Plan should be shared with the supportive people in the person's life.



Here are two examples of how people have used their Plan for Staying Well to reduce or avoid a relapse:

Summer's warning sign of a relapse of mental illness is when she starts to feel down on herself. She describes not feeling anything good and dwelling on the past. In her Plan for Staying Well, she also wrote that feeling down is a warning sign for smoking pot, too. Summer said talking to her sister about what she is feeling instead of keeping it inside helps her when she's feeling down. She also included scheduling an activity every day that gets her out of the house as a coping skill. Lastly, her Plan for Staying Well included attending a weekly support group as an action she could take to respond to feeling down. She finds the support group helpful because they understand what she is going through.

Leo's strongest warning signs for drinking alcohol are not being able to sleep and just thinking one drink won't hurt. When this happens, he uses his coping strategy of relaxed breathing and practices yoga. He also includes taking daily walks with his dog and listening to music. Listening to music also helps Leo cope when the voices get loud. Leo included his doctor in his Plan for Staying Well, and he checks in with his doctor regularly about warning signs of relapse. These are the things that have helped Leo stay well.



Recovery Corner

“I WAS ARRESTED FOR FORGING my doctor’s name on a prescription for pain medication. At the time, I had a good job and no other legal issues so the judge allowed me to go to substance abuse treatment instead of going to jail. In the treatment program, the counselors helped me see that being physically abused as a child and being in a bad car accident had led to developing posttraumatic stress disorder (PTSD). The car accident also left me with a back injury that resulted in a lot of pain. The counselors helped me see that I was using opioids to try to cope with the symptoms of PTSD, along with the back pain. Pretty soon I was addicted to opioids, and that’s what led to my forging my doctor’s name on a prescription for Oxycontin.

During treatment, I worked on identifying things that triggered my PTSD symptoms. Things like physical pain, and TV programs about child abuse were triggers for my PTSD and I would react by feeling angry and isolating myself. These reactions were the early warning signs of my PTSD symptoms coming back. I also worked on identifying triggers for wanting to use opioids, and how to cope with cravings to avoid going back to using. I found a number of coping strategies that worked. Some of the coping strategies that were most helpful were talking to other people, mindfulness meditation, and walking.

I put all these things into two wellness plans: one for mental health and one for alcohol and drug use. I identified my sister and my new sponsor as people that could support me. When I left treatment with my plans, I felt prepared to manage my PTSD symptoms and cravings for opioids. Using my plan and reaching out to my social supports helps me feel confident that I can move forward in my recovery.”

— Alice



"You have
to practice
something to
make it your
own!"

Home Practice

Putting Your Plan for Staying Well into Practice

Choose one of the following options to practice or make one up.

OPTION 1: Carry or post copies of your most up-to-date Plan for Staying Well in locations that will remind you of the steps of the Plan.

OPTION 2: Parts of your Plan may still benefit from practice. Ask someone to practice a part of your Plan with you.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

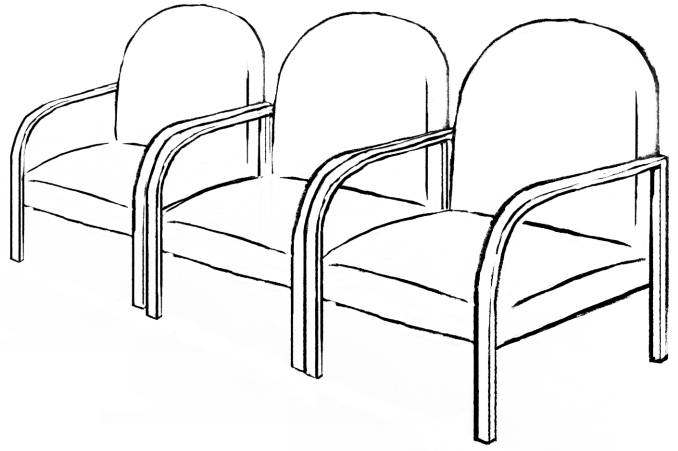


Key Points • Topic 4

Putting Your Plan for Staying Well into Practice

Practicing your Plan for Staying Well helps ensure that it works and gives you time to fix any problems.

A Plan for Staying Well is a “living document” that can be changed over time as needed.



MODULE 11

Getting Your Needs Met in the Health Care System

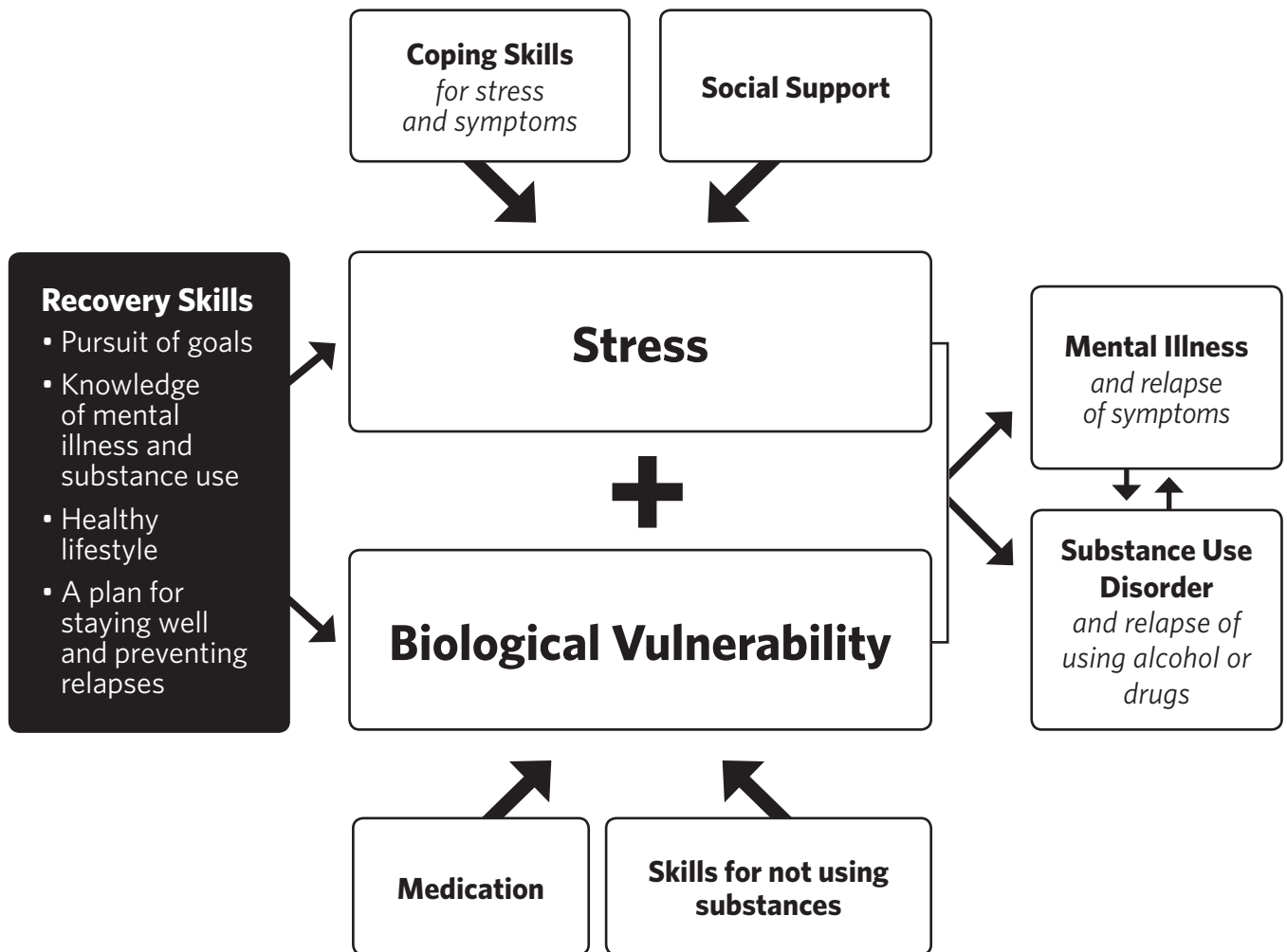
Enhanced Illness Management and Recovery

“The insurance system is so confusing, but after I finally figured it out, I was able to get the services I needed and I sometimes help other people who are struggling like I did.”

— SHANE R., *a musician and a person in recovery from depression and opioid use disorder*

The Stress-Vulnerability Model

of Mental Illnesses and Substance Use Disorders



Questions to get us started:

What services are there for my medical needs?

Are substance use services different from mental health services?

What are “integrated” services for mental health and substance use?

How can you work with your care providers and get your questions answered?

How can you advocate for yourself and get the services available to you?

You will have the opportunity to discuss these questions and more in this module about getting your needs met in the health care system.

We will cover **5 topics** in this Module:

Topic 1:

Getting Services through the Health Care System

Topic 2:

Getting Services through the Mental Health System

Topic 3:

Getting Services through the Substance Use Disorder Treatment System

Topic 4:

Understanding Health Insurance and Financial Benefits

Topic 5:

Advocating for Yourself

Reminder, set an **Agenda:**

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
 - ☐ home practice
 - ☐ goals
 - ☐ substance use
 - ☐ symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice

Topic 1

Getting Services through the Health Care System

Engaging in health care services is an important part of achieving and maintaining a healthy life. Health care is a term that can include physical health care, mental health care, and care for substance use disorders. Often these services are offered in different ways and in different places, but in some cases a person can receive care for all three in an integrated way. This module explores all three types of care systems, starting with medical care services in this topic.

When accessing services in the health care system, the difficulties people encounter generally fall into these three categories:

- Being able to pay for the care they need (or have insurance cover it)
- Having access to a location that provides primary care
- Finding a doctor who is easy to engage with

In this session, we will discuss two important subjects for helping you get services through the medical health care system:

-  Identifying common medical health care services
-  Understanding why primary care services are so important



Let's Talk About It

Have you ever been confused about how to get health care services?

Who has helped you answer questions in the past?

What questions do you have now about health care services and the health care system?

Common health care services

The list below describes some commonly available services for people with physical health problems:

Primary care services: are provided by physicians trained in comprehensive initial assessment and continuing care. They often take place in a primary health care clinic with doctors and supportive health care professionals. Examples of primary care include routine health check-ups, screenings, and treating illnesses that are not emergencies.

Emergency care: is for people who have an injury or condition that needs immediate medical attention, when delaying care would be life threatening or life altering.

Specialty care: is for advanced or complicated conditions that need more complex care than can be provided with primary care services. Examples of specialty care are oncology for cancer, or orthopedics for bones. People usually receive specialty care after being referred by their primary care doctor.

Urgent care: is a convenient option to receive care for medical problems when you are not experiencing a medical emergency and your primary care physician is not available, such as on a weekend, or when your doctor does not have appointments available.

Dental services: are focused on oral care, most frequently for teeth. Dental care is an important part of overall health and dental clinics are widely available in the United States. Health insurance usually covers dental services separately from other medical services.

Mobile clinics: provide services in neighborhoods with limited access to medical services. These clinics are usually large vehicles like buses or semi-trailers that have been fitted with the features of a doctor's office.

Walk-in clinics: often called "minute clinics," these clinics provide medical care without an appointment. This can include urgent care facilities, clinics located in stores and pharmacies, and free clinics or community health care clinics.

Integrated care: often refers to services that integrate primary care and behavioral health care including mental health and substance use. These services can be provided in a specialty behavioral health clinic or medical clinic.

Continued on next page...

Nurse line: is provided by phone and is sometimes called a health information line. These lines exist to help answer health questions and provide advice like whether or not to go to the emergency room, or how to manage a fever in the middle of the night. These lines are staffed by licensed nurses and are usually available 24 hours per day.

In-home health services: are provided in the home by licensed health care providers, or other professionals. They offer a range of services to assist in daily living activities for people who benefit from help with those tasks. Services may be performed by nurses, home health aides, physical therapists, respiratory therapists, and other medical professionals.

Pharmacies: are retail or medical facilities where people obtain medications. A pharmacist, or an expert in drug therapy oversees prescription medications. A pharmacist can be an excellent source of information and guidance regarding medications.

KEY POINT

There are many different types of services for medical needs.



Make It Your Own

Medical Health Care Services Checklist

The medical health care system offers a variety of services. This checklist is an opportunity to explore the types of services you have received, or are interested in getting.

Service	I have received this service	I am interested in getting this service
Primary Care		
Emergency care		
Specialty care		
Urgent care		
Dental services		
Mobile clinics		
Walk-in clinics (Minute clinics)		
Integrated care		
Nurse line		
In-home health services		
Pharmacies		



Let's Talk About It

Which services are you currently receiving?

Which services would you like to receive?

Do you know if the services you would like are available in your community?



Home Practice

Getting Services Through the Health Care System

Choose one of the following options to practice or make one up.

OPTION 1:

Do an Internet search or talk with a trusted person about a health care service you would like to know more about.

OPTION 2:

Find out what kind of health care coverage you have and what costs are associated with attending an office visit with a primary care provider.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

With whom

The step I will work on

"You have to practice something to make it your own!"



KEY POINTS • Topic 1

Getting Services through the Health Care System

There are many different types of services for medical needs.

Primary care is important in helping people prevent and manage medical issues.

Topic 2

Getting Services through the Mental Health System

It can be difficult to navigate the mental health system and get the services you need. Even though integrated care that treats co-occurring disorders at the same time is most effective, the mental health and substance use disorder systems often operate differently. This makes it especially difficult to find out what your options are, and to choose the right ones for you.

In this session, we will discuss two important subjects for helping you get the care you need:

-  Which mental health services can you get?
-  What are “integrated” services for mental health and substance use disorders?

Here are a few helpful things to know about mental health services:

- Most people in the United States receive services at a community mental health center.
- Some states allow people to choose which mental health center they want to receive services from, while others limit choices based on where people live.
- Your health insurance coverage determines where you can get care.
- Your health insurance can be public (like Medicare and Medicaid), or private (like Blue Cross/Blue Shield or Cigna).



Let's Talk About It

Have you ever been confused about how to get mental health services?

What questions do you have now about the mental health system?

Who has helped you answer questions in the past?

Which mental health services can you get?

The list below describes commonly available services that can be helpful for people with mental health needs.

Mental Health Evaluations focus on identifying people's strengths, needs and diagnoses, and identifying barriers to recovery.

Case Management services help people access and coordinate the healthcare services they need. They also provide assistance in other areas, such as housing, daily living skills, and transportation for appointments. In some places case managers provide other services as well, such as teaching skills for illness self-management.

Medication Management services are usually provided by doctors or nurses. They identify the most effective medications and dosages for treating mental health symptoms and preventing relapses. They also monitor the therapeutic effects and side effects of prescribed medications.

Individual Therapy involves meeting one-on-one with a therapist or counselor to work on things like achieving goals, managing symptoms, and improving relationships.

Group Therapy is similar to individual therapy, but is conducted with a group of individuals working together, and supporting one another. There are many different kinds of groups, such as support groups, skill-building groups, goals groups, recovery groups and psychoeducational groups. There are also groups with a specific focus, such as dealing with trauma or abuse (such as Seeking Safety groups), or learning how to regulate one's emotions (such as Dialectical Behavioral Therapy (DBT) groups).

Peer Support or Peer Mentoring involves meeting with people who have personal experience living with mental illness, and who have received specialized training in providing peer support.

Social Skills (or Interpersonal Skills) Training focuses on learning skills for improving relationships with other people, such as how to have rewarding conversations. Skills training is often conducted in groups, but may be done on an individual basis as well.

Occupational Therapy helps people improve basic living skills like cooking and budgeting. Recreational Therapy helps people find fun ways to spend free time.

Family Services can educate and support family members and friends so they are better able to support individuals with mental illnesses.

Continued on next page...

Day Treatment or Partial

Hospitalization programs provide groups, activities, and other services for people living in the community. These programs usually provide several hours of services per day (such as 4–7 hours a day), for several days per week (such as 3–5 days a week), and are intended for people who need more intensive services.

Crisis Services are typically available 24 hours a day by making a telephone call. Sometimes called “hotlines,” they help people whose stress or symptoms seem out of control, or who feel suicidal or like they want to hurt themselves or others. This may involve a team that goes out into the community, or an on-call support person that might meet an individual at the Emergency Room. Sometimes crisis services are available at a general hospital.

Supported Housing services provide practical support to help individuals live independently in their own homes in the community. This support may include things like money management, shopping, and apartment upkeep.

Supported Employment and other Vocational Rehabilitation services help individuals who want to find a job or enroll in school. They also help people keep jobs, and succeed in achieving their educational goals.

Assertive Community Treatment

(ACT) is a team-based approach to providing a wide range of services, mostly in the community instead of at the mental health center. ACT services are provided by a special team of mental health professionals, including case managers, nurses, clinicians, and psychiatrists, who work closely to help meet all of the person’s mental health and daily living needs. ACT teams are usually reserved for people who have recently had two or more psychiatric hospitalizations, a long inpatient stay at a psychiatric hospital (such as over 6 months), or problems related to homelessness. ■

KEY POINT

Integrated services help people receive services for all the issues they experience in one system.



Make It Your Own

Mental Health Services Checklist

Most community mental health programs offer many of the services listed earlier. This checklist is an opportunity to explore the types of services you have gotten, or are interested in getting.

KEY POINT

There are many different kinds of mental health services.

Service	I have received this service	I am interested in getting this service
Mental Health Assessment and Diagnosis		
Case Management		
Medication Management		
Individual Therapy		
Group Therapy		
Peer Support		
Social Skills Training		
Occupational Therapy		
Family Services		
Day Treatment or Partial Hospitalization		
Crisis Services		
Supported Housing Services		
Supported Employment Services		
Assertive Community Treatment (ACT) Teams		



Let's Talk About It

Look at the services you checked on the Mental Health Services Checklist.

Which services are you currently receiving?

Which services would you like to learn more about and possibly receive?

Do you know if the services you would like are available at your local mental health center?

What are “integrated” services for mental health and substance use disorder?

When someone has both mental illness and substance use disorder, we say they have “co-occurring” or “dual” disorders. Integrated Treatment for Dual Disorders (IDDT) treats mental illness and substance use disorder at the same time. In the past, people with co-occurring mental health and substance use disorders couldn’t get mental health treatment because of their substance use disorder. Likewise, they couldn’t get treatment for substance use disorder because of their mental health symptoms. That meant they often did not get the help they need. Integrated Dual Disorder Treatment (IDDT) is multidisciplinary. This means specialists from different fields work together to provide care. Different treatment strategies are also combined, including pharmacological (medication), psychological, educational, and social interventions.

Research shows that integrated services are best for co-occurring disorders. Integrated programs for mental health and substance use problems provide:

- Comprehensive services that address more than one need or illness
- Concurrent (at the same time) services for mental health and substance use problems

- Time unlimited services
- Client-centered goals and treatment that allow people to actively participate in their own treatment
- Shared decision-making between the client and the care provider
- Outreach that allows people to be treated in their own environment
- Help reducing the negative consequences of substance use
- Motivational enhancement to encourage clients to set their own goals and get support from care providers in achieving those goals



Let’s Talk About It

Review the list above describing services provided by integrated programs for mental health and substance use.

Which services does your mental health system provide?

How integrated are the services you receive? (Do you think your mental health and substance use problems are both being addressed? Are they being addressed at the same time?)



Home Practice

Getting Services through the Mental Health System

Choose one of the following options to practice or make one up.

OPTION 1: Explore a mental health service you are interested in getting. Ask your current provider, search online, or call another program to see if they offer it.

OPTION 2: Share your Mental Health Services Checklist with someone involved in your treatment. Describe what you do and don't like and find sources for additional services.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

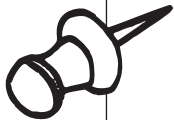
The step I will work on

With whom

KEY POINTS • Topic 2

Getting Services through the Mental Health System

There are many different kinds of mental health services



Integrated services help people receive services for all the issues they experience in one system.

Topic 3

Getting Services through the Substance Use Disorder Treatment System

Just like in the mental health system, getting the services you need in the substance use disorder treatment system can be challenging. Integrated care at substance use disorder agencies is equally important for people who have co-occurring disorders. Although the mental health and substance use disorder systems operate differently in many ways, some things are the same.

Here are a few similarities between systems:

- In order to receive care, you must attend an interview (often called a diagnostic assessment or evaluation) to identify your most important needs and receive a diagnosis.

- Payment for services usually happens through a third-party payer like, Medicaid, Medicare, or private insurance.
- A diagnosis is needed for payers to agree to fund services.
- Providers (such as doctors or counselors) need to complete a number of forms and paperwork.

In this session, we will discuss two important subjects for helping you get services through the substance use disorder treatment system:

-  Common substance use disorder treatment services
-  Substance use problems and the legal system (diversion programs)



Let's Talk About It

Have you ever been confused about how to get services for substance use problems?

Who has helped you answer questions in the past?

What questions do you have now about the substance use disorder treatment system?

Common substance use disorder treatment services

The list below describes some commonly available services for people with substance use problems:

Detoxification (detox) is the first step in treating substance use disorder for many people. Detox is the process of getting alcohol and drugs out of people's systems and getting them physically stable. It is best done under medical supervision. Detox lasts about 3 to 10 days, and is meant to help with the physical symptoms of substance dependence, such as withdrawal symptoms. Detox services are usually provided at specialized centers or hospitals, with medications used to reduce the unpleasant effects of stopping the use of alcohol or drugs. Detox may also take place at a regular hospital. Even though hospitals don't advertise detox services, they are required to provide them to those in need.

Inpatient services are provided in a hospital or hospital-like setting, and include detox as well as individual and group work focused on developing sobriety. Inpatient programs usually last about 30 days. They can be very helpful because they provide daily programming, and they give individuals time to develop new attitudes and skills in a substance-free environment.

Inpatient care is also a helpful option for people who have complex medical conditions, which can be addressed by the medical staff. However, in some areas inpatient programs are limited.

Residential treatment services

are delivered in a structured living environment where people have little or no access to alcohol or drugs, and they receive extensive support to stop using them. People may live in a residential treatment setting for 30 to 90 days, or longer. Residential treatment is limited in some areas, but is usually more available than inpatient programs.

Outpatient programs include group and individual sessions three or more days per week.

Recovery maintenance programs

offer ongoing support once people have achieved a significant period of recovery, and provide less frequent sessions than outpatient programs.

Sober housing is special housing for people in early stages of sobriety. It is often provided in a home or apartment for a group of people in recovery. Sober housing offers different levels of oversight, ranging from minimum to intensive. Sobriety is usually required to live in sober housing programs.

Housing First programs are different from sober housing because they focus first on getting people into their

Continued on next page...

own housing, regardless of substance use problems. There's good evidence that this approach is effective, and it helps many people take their first step towards getting treatment for substance use disorders.

Medication-assisted treatment

(MAT) involves medications that can be prescribed to help with cravings for substances. It is often helpful for people stopping substances such as alcohol and heroin (or other opioids, such as prescription painkillers). Methadone and Suboxone are examples of medications commonly used to treat heroin use. Medications can be used for a short period of time, or for long-term maintenance.

Recovery coaches are people in recovery from substance use problems who have received specialized training to support the recovery of others. They are also known as "peer specialists," and may work at inpatient or outpatient treatment programs.

Self-help groups are run by people with first-hand life experience, rather than trained professionals. There are many different kinds of groups, including Alcoholics Anonymous, Dual Recovery, SMART recovery, LifeRing, and Rational Recovery. These groups are free, and are generally not part of the substance use treatment system, although they may be offered in some treatment settings. Almost every

community has one or more free self-help groups for individuals with substance use problems.

Driving education programs are often required for people who have been charged with driving under the influence. These programs teach people about the problems associated with substance use, and the effect substances have on people's ability to drive safely. They also teach people about laws related to driving safety.

Substance use problems and the legal system (diversion programs)

Many counties in the U.S. offer special programs for people facing drug charges so they can receive treatment in the community instead of going to jail. They are often called "diversion programs" because they divert people from incarceration and get them into treatment instead. One type of diversion program, known as "Drug Court," uses a team approach. Drug court teams include a judge, social worker, probation agent, public defender, psychologist, and substance use specialist. Together, the team focuses on getting people help for their substance use problems, which are often at the root of their legal trouble.



Make It Your Own

Substance Use Disorder Treatment Checklist

The substance use disorder treatment community offers a variety of services. This checklist is an opportunity to explore the types of services you have received, or are interested in getting.

KEY POINT

There are many different services for treating substance use disorders.

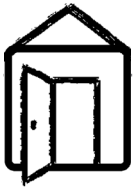
Service	I have received this service	I am interested in getting this service
Detoxification		
Inpatient Treatment		
Residential Treatment		
Outpatient Treatment		
Recovery Maintenance Programs		
Sober Housing		
Housing First		
Medication-Assisted Therapy		
Recovery Coaching or Peer Support		
Self-Help Groups		
Driving Education		
Jail Diversion Programs or Drug Court		



Let's Talk About It

Look at the services you checked on the Substance Use Disorder Treatment Checklist.

Which services are you currently receiving? Which services would you like to receive? Do you know if the services you would like are available at your local mental health center, at a substance use treatment facility, or in the community?



Home Practice

Getting Services through the Substance Use Disorder Treatment

Choose one of the following options to practice or make one up.

OPTION 1: Explore a substance use disorder treatment service you are interested in receiving. Ask your current provider, search online, or call another program to see if they offer it.

OPTION 2: Share your Substance Use Disorder Treatment Checklist with someone involved in your treatment. Describe what you do and don't like and find sources for additional services.

Make a plan for home practice this week:

What I will do

When

Where

With whom



"You have to practice something to make it your own!"

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



KEY POINT • Topic 3
Getting Services
through the
Substance Use
Disorder Treatment
System

There are many different services for treating substance use disorders.

Topic 4

Understanding Health Insurance and Financial Benefits

The cost of medical, mental health, and substance use care can be very high. That's why most people use health insurance. Many people without private insurance qualify for insurance through the County, State, or Federal Government.

Financial assistance can also help with living expenses. To find out if you qualify for some of the benefits described in this topic, it might be helpful to speak with a benefits counselor, case manager, or therapist.

Understanding your benefits can help you get the most out of them. In this session, we will discuss four important subjects to help you understand your health insurance and financial benefits:



Health insurance programs



Financial benefits



Applying for financial benefits



Appealing when benefits applications are denied

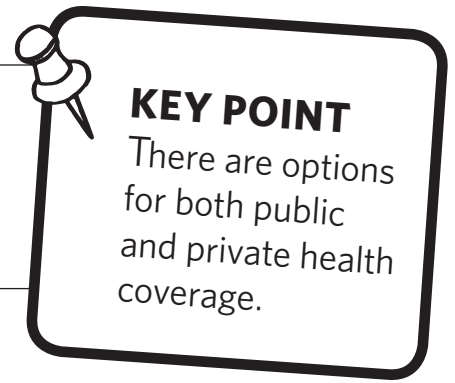
Health insurance programs

The list below contains the most commonly available insurance programs:

Medicare is the federal health insurance program for people 65 or older, and for people who have a disability and who have a significant work history. Generally, if people are approved for Social Security Disability Insurance (SSDI), they are eligible to receive Medicare.

Medicaid is a medical insurance program designed to assist in funding medical care for people who have a low income. The federal and state governments provide support for Medicaid. In most states people receiving Supplemental Security Income (SSI) automatically qualify for Medicaid.

Private health insurance companies require their customers to pay monthly premiums. These costs are paid for either by you, or your employer if you are working and insurance is part of your benefits. These plans vary in the services they will or will not cover. It is important to learn about these details if you are choosing a private plan. Blue Cross and Blue Shield, United Health, and Cigna are examples of private health insurance companies you might recognize.



Mental Health Parity and Addiction Equity Act

It is important to know that in 1996 Congress enacted the Mental Health Parity Act, and then in 2008 they enacted the Mental Health Parity and Addiction Equity Act. These two laws state that mental health and substance use disorder treatment will be covered at the same level as medical and surgical benefits by private insurance plans. In 2009, these rulings were extended to Medicaid and Children's Health Insurance.



Make It Your Own

Health Insurance Checklist

Use the checklist below to identify the types of insurance programs you have used in the past, or are interested in getting now.

Insurance Program	I have used this program	I am interested in this program
Medicare		
Medicaid		
Private Health Insurance		



Let's Talk About It

Review the services you checked on the Health Insurance Checklist.

Which type of health insurance do you currently have?

Do you think you might be eligible for a different, or an additional kind of insurance?

Financial benefits

The list below describes some commonly available financial benefits:

Social Security Disability Income (SSDI) is a federal program that allows workers who become disabled to receive their Social Security benefits early. In order for you to apply for SSDI, you need to have enough work credits based on taxable employment to be covered for Social Security purposes.

Supplemental Security Income (SSI) is a federal program with benefits awarded on the basis of financial need to adults and children who are disabled, blind, or have limited income and resources. When you file an SSI disable claim, make sure you can show the case reviewer that you have very few financial resources or assets and a low income.

Public Assistance is financial assistance provided by many states for individuals who have little or no income and cannot work. One common public assistance program is called Temporary Aid for Needy Families or TANF. Public assistance programs vary from state to state and have specific requirements. They are also often time-limited.

Supplemental Nutrition Assistance Program (SNAP) used to be known as the Food Stamp Program. SNAP is for people with little or no income. Eligible people receive SNAP vouchers to use when buying food at a grocery store or supermarket. Sometimes the vouchers are in the form of an “electronic” account. This system is called electronic benefits transfer or “EBT,” and eligible households receive a plastic card, which they can use to buy food.



Make It Your Own

Financial Benefits

This checklist is an opportunity to identify the types of financial benefits you have gotten or are interested in getting.

Benefit	I have received this benefit	I am interested in this benefit
Social Security Disability Income (SSDI)		
Supplemental Security Income (SSI)		
Public Assistance (like TANF)		
Supplemental Nutrition Assistance Program (SNAP)		



Let's Talk About It

Which financial benefits do you currently get?

Do you think you might be eligible for another kind of financial benefit?

Applying for financial benefits

As mentioned earlier in this topic, speaking with a benefits counselor, case manager, or therapist may help you find out if you qualify for specific benefits. You can also look online for information about eligibility and how to apply for financial benefit programs.

Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) are federal programs. For SSI, you can schedule an appointment to file an application by calling 1-800-772-1213, or contact your local Social Security Office. You can also file an application online.

For SSDI, you can apply for benefits, or start the application process by calling 800-772-1213. A representative can make an appointment to take your application over the telephone, or at a local Social Security Office.

Public Assistance and the Supplemental Nutrition Assistance Program (SNAP) are administered by individual states. The application process can be different depending on which state and which county you are in. You should start by contacting your



KEY POINT

There are many public programs available to help people financially.

local Department of Social Services (DSS). They should provide you with information on how to apply in your county.

Though Public Assistance is separate from SNAP and Medicaid, you may be able to apply for all three programs at the same time. (You don't have to apply for all three unless you want to.) Your local DSS should tell you about your rights and duties as someone receiving Public Assistance. Normally, you are given an appointment as part of your application process.

Appealing when benefits applications are denied

Most people have to apply for financial assistance more than once. If you are turned down for any benefits that are a part of a state or federal program, and you feel you are eligible, you may be able to appeal the decision. For federal programs, such as SSI and SSDI, you can find information about how to appeal online at Social Security.gov, or talk to someone at your local Social Security Office.

SNAP, the Supplemental Nutrition Assistance Program, is the program formerly known as food stamps. It is a federal nutrition program that helps you stretch your food budget and buy healthy food.

SNAP benefits can be used to purchase food at grocery stores, convenience stores, and some farmers' markets and co-op food programs.

SNAP is a federal entitlement program. This means anyone who is eligible will receive benefits. You will not be taking away benefits from someone else if you apply.

The United States Department of Agriculture (USDA) oversees SNAP at the federal level, you apply for benefits at the local agency that provides social services.

For state provided or administered programs such as SNAP and Public Assistance you should receive a written notice telling you if your application was denied. The notice should say why you were denied. You should read the notice carefully. If you still have questions about why you were denied, you should contact your local DSS. If you believe that the denial was incorrect, you can ask DSS for a Fair Hearing.

Important Contacts for Financial Benefits

Supplemental Security Income (SSI)

ssa.gov

1-800-772-1213

Contact your local Social Security Office at:

Social Security Disability Income (SSDI)

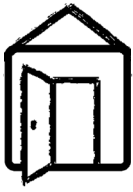
ssa.gov/disabilityssi

1-800-772-1213

Contact your local Social Security Office at :

Public Assistance or Supplemental Nutrition Assistance Program (SNAP)

Contact your local Department of Social Services (DSS) at:



Home Practice

Understanding Health Insurance and Financial Benefits

Choose one of the following options to practice or make one up.

OPTION 1: Explore a health insurance or financial benefit you are interested in receiving. Ask a benefits counselor, your current provider, search online, or call a program.

OPTION 2: Share your Health Insurance or Financial Benefits Checklist with someone involved in your treatment. Describe what you do and don't like. Find sources for additional services, and how to apply.

Make a plan for home practice this week:

What I will do

When

Where

With whom

"You have to practice something to make it your own!"



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom



KEY POINTS • Topic 4

Understanding Health Insurance and Financial Benefits

There are options for both public and private health coverage.

There are many public programs available to help people financially.

Topic 5

Advocating for Yourself

Sometimes people experience difficulties getting the mental health or substance use services they need. This may happen when the services are simply not available in their local area. Other times the services are available, but people need to advocate for themselves in order to get them. To advocate for yourself means to be assertive and speak up to get your needs met. Learning how to advocate for yourself can help you get the services that are available to you.

Here are some real-life examples of problems that could be improved by being a good self-advocate:

“When serious symptoms of depression came back, it took me over a month to get an appointment with a psychiatrist.”

“I don’t work well with my case manager, but they won’t give me someone new.”

“My mental health program won’t treat me for my alcohol problem because they say I need to work on my bipolar disorder first.”



Let’s Talk About It

Do any of these problems sound like one you’ve experienced?

Do you have a different problem that you would like to discuss?

Advocating for yourself

Many problems can be solved by speaking up for yourself. Here are some ideas that may help:

- Consider using peer support. Many mental health and substance use agencies include peer support services. Peer support specialists, or recovery coaches, can help guide people through the systems to get their needs met. Some programs even have “navigators” to help clients figure out how to get their needs met, and to support them in the process.
- Talk about your problem in a calm tone of voice. People may listen better and take you more seriously if you can discuss your issue in a calm, clear manner.
- Keep a record of the problems you experienced. Keeping track of

Continued on next page...

problems you have experienced may make it easier for someone to help address them with you. It may help to keep these notes in a special place, such as a spiral notebook or on your phone. Include notes about who you talked to and when, and what you did to follow up.

- Talk to someone you have worked well with in the past. If you have a good relationship with a staff member at the agency, tell them about your problem and see if they can help. If they can't help, ask if they know someone that may be able to assist you.
- Be an active participant in seeking a solution. If you have talked to someone about your problem and they asked you try something on your own, do your best to follow through with it. This will help if your problem was not solved and you need to go back to that person.
- If you have a co-occurring mental illness and substance use problem, you can ask to receive services for both in the same program. If your treatment provider asks you to go to another program to receive treatment for one of your illnesses, you can let them know you would like to receive integrated treatment for both illnesses at one facility. Ask the provider if they could learn about integrated care for co-occurring

disorders. You could show them Topic 1 in this module and highlight the section on integrated treatment.

- Don't get discouraged if your problem is not resolved right away. If the first person you talk to isn't able to help you, ask who may be able to. Try, and try again—and you most likely will succeed.
- Thank people for their help. Being appreciated for their effort is something that makes everyone feel good. When you thank people for help they give you, they will be more likely to try harder to help you again the next time you need something.



Let's Talk About It

Have you advocated for yourself in the past?

Did you use any of the suggestions above?

Was there something else you tried that was successful?

Are there any suggestions you would like to try, but want to practice first?



Try It Out

Asking for What You Need

Practicing can make you feel more confident, and it can help you be more effective in your life.

STEP 1

Review the steps of the skill:

- ▷ Tell the person that you are having a problem with your services.
- ▷ Identify the services that you are having a problem with.
- ▷ Explain what the problems you have been experiencing are.
- ▷ State what you would like to have happen with your services.
- ▷ Ask for help getting what you need.

STEP 2

Watch a demonstration of the skill

Your E-IMR practitioner will demonstrate how to use the steps of this skill.

STEP 3

Review the demonstration

Your E-IMR practitioner will ask for feedback about the demonstration. The practitioner will ask questions like: Did I follow the steps? How effective do you think I was?

KEY POINT

Advocating for your needs can help you get services that will support your recovery.

STEP 4

Try it out

Now is your chance to try out the skill. Describe with whom, when, and where you would use the skill. Your E-IMR practitioner will play the part of the other person.

STEP 5

Get feedback

After you try it out, your E-IMR practitioner will guide a discussion about: what you did well, how effective your performance was, and (possibly) how you could do it even better.

STEP 6

Continue practice and feedback

Your E-IMR practitioner will help set up more situations to try it out if needed. After each practice, your practitioner will guide a review.

STEP 7

Try it out on your own

Plan with whom, when, and where you could practice this skill on your own. ■



Recovery Corner

“I HAVE BIPOLAR DISORDER, and a few years ago I also had a drug and alcohol problem. I would use cocaine to pick me up, and then alcohol and pot to even things out when I hadn’t slept in awhile. I lived in an apartment with a couple of guys, and when I wanted to sleep they were blasting the stereo, and when I wanted to party they would get mad. I decided I needed my own place, but to do that I needed a job. I started looking at ads in the paper and on the Internet, but when I looked at the applications online they all asked for a drug test when you applied. I knew I couldn’t pass a drug test, and felt pretty discouraged. I told my therapist and he told me about the supported employment program at the center.

I made an appointment and met with a supported employment counselor and told him my problem. He helped me find a job that didn’t require a drug test. I started out working 10 hours a week, and I only worked at times I hadn’t used substances. I really liked the job and as time went on, I drank less and used fewer drugs. I also worked more hours. Then, I learned about a supported housing program at the center, which helps people find and keep their own apartments. Now, I’m completely sober, working full-time, and I just got my own apartment. I’m so glad I learned about these programs at my center. I feel proud to have come so far in my recovery.”

— Greg



*"You have
to practice
something to
make it your
own!"*

Home Practice

Advocating for Yourself

Choose one of the following options to practice or make one up.

OPTION 1: Share this module with someone involved in your treatment. Ask them to help you practice using the suggestions to help you advocate for yourself.

OPTION 2: Think of an example in the past where you needed to advocate for yourself. What went well? What didn't? Write down what you might do differently.

Make a plan for home practice this week:

What I will do

When

Where

With whom



Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

When

Where

The step I will work on

With whom

KEY POINT • Topic 5

Advocating for Yourself

Advocating for your needs can help you get services that will support your recovery.

